JAN 22 2015

RCS/Public Disclosure

Washington State Department of Social & Health Services
ALTSA Aging and Long-Term Support Administration

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER L-Cam CORPORATION dba Logan Street Manor, AFH 1,2,3,4	LICENSE NUMBER 1- 750224 2-750937 3-752154 4-752683

NOTE: The term "the home" refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through "reasonable accommodations." The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see Chapter 388-76 of Washington Administrative Code.

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About the Home

1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. mission to provide personal care 24/7 for our elderly in a home like setting. My goal is to have each resident as an individual achieve their highest level of functionity allowing them to maintain their dignity + Independence as long as possible

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
1-1-2007	1410 Logan St, Centralia, WA 100 Pine Dr, Chehalis WA 1328 Logan St, Centralia, WA 150 Hemlock Dr, Chehalis WA

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- ☐ Sole proprietor
- ☒ Limited Liability Corporation | S-CORP
- ☐ Co-owned by:
- ☐ Other:

Personal Care

"Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING YES 3 MEALS DAILY ALL SNACKS CAN BE FED TO RESIDENTS
If needed, the home may provide assistance with eating as follows: IF NEEDED, RESIDENTS CAN EAT ~~YES~~ A PERSONAL DIET AS WHAT THEY LIKE

2. TOILETING – FULL ASSIST FOR ALL TOILETING NEEDS AS REQUIRED
If needed, the home may provide assistance with toileting as follows: BY THE RESIDENT
~~YES~~

3. WALKING FULL ASSIST WITH WALKING/AMBULATION AS NEEDED BY THE
If needed, the home may provide assistance with walking as follows: RESIDENT CUES, REMINDERS ~~YES~~ LIFTING, USE OF MOBILITY AIDS WALKER, CANE W/C

4. TRANSFERRING
If needed, the home may provide assistance with transferring as follows: TO + FROM W/C, BED, CHAIRS, TOILET

5. POSITIONING
If needed, the home may provide assistance with positioning as follows: TURN, REPOSITION, SUPPORT OF LIMBS + SAFETY FOR RESIDENT

6. PERSONAL HYGIENE
If needed, the home may provide assistance with personal hygiene as follows: FULL ASSIST/PERFORMANCE OF ALL PERSONAL HYGIENE NEEDS OF THE RESIDENTS 24/7 DAILY

7. DRESSING
If needed, the home may provide assistance with dressing as follows: FULL ASSIST OF RESIDENT WHEN REQUIRED TO ~~DR~~ DRESS DAILY, UNDRESS FOR HOME OR OUT OF FACILITY

8. BATHING
If needed, the home may provide assistance with bathing as follows: – FULL BATHING (BED OR SHOWER) DAILY + PRN FOR ALL RESIDENTS WHO NEED BATHING.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Medication Services

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is: FROM CUES, REMINDERS TO A DELEGATED SERVICE FOR COMPLETE MEDICATION ADMINISTRATION

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES
RN DELEGATION PROVIDED WITH ALL ADMITS

Skilled Nursing Services and Nurse Delegation

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services: CATH CHANGE, INJECTIONS, WOUND CARE NEEDS, RN PROVIDER IN PLACE

The home has the ability to provide the following skilled nursing services by delegation: ORAL, TOPICALLY, RECTAL ADM. OF MEDS, ORAL INHALATION MEDS, NEBULIZER TX, BGM, INSULIN ADM, PT/INR,

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

RN PROVIDER/OWNER IS NURSE DELEGATOR X 20+ YRS

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- ☐ Developmental disabilities
- ☒ Mental illness
- ☒ Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

RN PROVIDER/OWNER CAN TEACH SPECIALITY CARE

Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- ☐ The provider lives in the home.
- ☐ A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- ☒ The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- ☒ Registered nurse, days and times: OC 24° DAILY IN HOME DAILY FOR VISITS
- ☐ Licensed practical nurse, days and times:
- ☒ Certified nursing assistant or long term care workers, days and times: 24/7
- ☒ Awake staff at night
- ☐ Other:

ADDITIONAL COMMENTS REGARDING STAFFING

2 HISPANIC WORKING WHO ARE AWARE OF ANY ISSUES THE MAY ARISE WITH THIS POPULOUS —

Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages:

ENGLISH AT THIS TIME

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

ENGLISH ONLY AS WE HAVE NO-ONE WHO SPEAKS ANY OTHER LANGUAGE/~~&~~ or CULTURAL, ETHNIC, ACCOMMODATING NEEDS HAS

Medicaid

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

☒ The home is a private pay facility and does not accept Medicaid payments. ~~#~~ 4

☒ The home will accept Medicaid payments under the following conditions: 1, 2, 3

After 2 years of Private Pay

ADDITIONAL COMMENTS REGARDING MEDICAID

Clients are usually required to Have 2yrs of private pay before medicaid

Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following: occasional Transportation on emergency activities weekly, provide religious visits if needed per choice

ADDITIONAL COMMENTS REGARDING ACTIVITIES