



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Lagonoy's Adult Family Home Care / Joseph N. Lagonoy	LICENSE NUMBER AFH-750249
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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.

Our home care mission is to provide the utmost care and services possible to maintain a balance life for the clients, caregivers and provider.

2. INITIAL LICENSING DATE

01/01/2000

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

5322 S. Wallace St. Seattle WA 98178

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- 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

If needed, the home may provide assistance with eating as follows:

We provide 3 meals a day which consist of breakfast, lunch and dinner. We also cuts meat into bite size before serving to resident. We serves our resident a balance meal.

2. TOILETING

If needed, the home may provide assistance with toileting as follows:

Cuing is provided to use Bathroom when needed and assistance cleaning when needed.

3. WALKING

If needed, the home may provide assistance with walking as follows:

We provide railings where needed to assist with walking stairs. Our home is license for High Ambulatory resident only.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

We will provide transfer assistance from cuing and monotoring to a one or two person if needed.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

We will provide assistance with positioning from cuing and monotoring to a one or two person if needed.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

We provide assistance with personal hygiene from cuing and set up to total assistance.

7. DRESSING

If needed, the home may provide assistance with dressing as follows:

Provider and Caregiver will make sure our residents are wearing appropriate attire for the elements.

8. BATHING

If needed, the home may provide assistance with bathing as follows:

We Provide assistance with bathing from cuing and set up to total assistance as needed.

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:

We Assist resident with their medications that was provided from the Pharmacy (Bubble Pack).

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Provider and Resident Manager (Caregiver) is Certified to Administer to our resident their medications as needed

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:

Our Home has a Registered Nurse on Call as needed per residents needs.

The home has the ability to provide the following skilled nursing services by delegation:

The Provider, Resident Manager and Caregiver has a Nursing Delegation Certifications.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

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

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: **Only As Needed**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: _____
- Awake staff at night
- Other: *Volunteer Caregiver with complete requirements*

ADDITIONAL COMMENTS REGARDING STAFFING

Our home has a additional volunteer staff who is also certified caregiver and live in our Care Home.

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:

We speak English and Tagalog (Filipino)

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We respect any religion that our resident might have and we will provide special diet due to their religion

per contract at extra cost paid by resident.

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.

The home will accept Medicaid payments under the following conditions:

We accept Medicaid payment for Resident who is in Medicaid Plan

ADDITIONAL COMMENTS REGARDING 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:

Our Home has a Pond for our Residents to enjoy watching koi fishes swims for relaxation also we encourage them to do some chores and excersize as part of their daily activities.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Our residents Attends activities from our Recreational Community with lots of different Program to choose.