



Adult Family Home Disclosure of Services Required by RCW 70.128.280

2015

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| HOME / PROVIDER A BEAUTIFUL LIVING II / VIRGINIA C. YMNOS 4201 164TH STREET SW SUITE 101 LYNNWOOD, WA 98037 | LICENSE NUMBER 750671 |
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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. AT A BEAUTIFUL LIVING II, WE AIM TO ENHANCE THE QUALITY OF LIFE OF OUR RESIDENTS THROUGH SUPPORTIVE ASSISTED LIVING SERVICES, AND A CREATIVE BALANCE OF PHYSICAL WELLNESS PROGRAMS AND DYNAMIC SOCIAL INTERACTION. | |
| 2. INITIAL LICENSING DATE 10/19/2007 | 3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 4201 164TH STREET SW SUITE 101 LYNNWOOD, WA 98037 (CAB-I) 3912 172ND STREET SW LYNNWOOD WA 98037 (CAB-IV) |
| 4. SAME ADDRESS PREVIOUSLY LICENSED AS: N/A | |
| 5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> 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:

- 1) PHYSICAL ASSISTANCE WITH FEEDING WHEN REQUIRED
- 2) PROMPTING/CUEING

2. TOILETING

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

- 1) STAND BY ASSISTANCE
- 2) FULL ASSISTANCE WITH TOILETING WHEN REQUIRED
- 3) PARTIAL ASSISTANCE WITH PERI-CARE
- 4) BESIDE COMMODE

3. WALKING

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

- 1) SCHEDULED WALKS AT P.M.O., WITHIN HOUSE/HALLWAYS 2-3X/DAY
- 2) STAND BY ASSIST/PARTIAL/FULL ASSIST WITH USE OF ASSISTIVE DEVICES SUCH AS CANES, W/C, WALKERS, ETC...

4. TRANSFERRING

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

- 1) ONE TO TWO STAFF TRAPBAR ASSIST WITH USE OF GAIT BELT, PROPER LIFTING
- 2) FULL ASSIST WITH USE OF HYDRA LIFT.

5. POSITIONING

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

- 1) REPOSITIONING RESIDENT EVERY TWO HOURS
- 2) ENCOURAGE RESIDENT PROPER BODY POSITIONING TO RELIEVE PRESSURE AREAS

6. PERSONAL HYGIENE

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

- 1) ASSIST RESIDENT WITH BRUSHING OF TEETH 2-3X/DAY WHEN UNABLE TO DO
- 2) NAIL FILING/TRIMMING BY RN/PROVIDER/PODIATRY SERVICES

7. DRESSING

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

- 1) ALLOW RESIDENT CHOICE + SELF INDEPENDENCE WITH DRESSING
- 2) ASSIST PARTIALLY OR TOTALLY DEPENDING ON CAPABILITIES.

8. BATHING

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

- 1) ALLOW RESIDENT TO CLEAN BODY TO BEST ABILITY INDEPENDENTLY
- 2) ASSIST PARTIALLY OR TOTALLY WHEN RESIDENT UNABLE TO BATH SELF.

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:

- 1) CURRENTLY STORE ALL INCOMING MEDICATIONS
- 2) ALLOW RESIDENT TO PLACE MEDS IN OWN MOUTH WITH MEDICATION CUP
- 3) FULL ASSIST WITH PRPRT OF MEDS AND ADMINISTRATION (NURSE DOSSIER)
- 4) CRUSH MEDICATIONS WITH MD'S ORDER.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

- 1) PHARMACY HOMEDELIVERY DELIVERS TO HOME
- 2) GROUP HEALTH LOW REEL CORE PHARMACY DELIVERS VIA MAIL 90 DAY SUPPLY MEDS.
- 3) READY-MIX PHARMACY DELIVERS FOR GROUP HEALTH RESIDENTS.
- 4) RN/PROVIDER DOES MEDICINE PREPARATION

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: 1) POUZY CARE 2) TOPICAL CREAMS 3) EYE DROPS
4) TUBE FEEDING VIA PEG TUBE 5) INSULIN INJECTIONS 6) COLOSTOMY CARE 7) BLOOD GLUCOSE CHECKS
8) SUPRAPUBLIC CATHETER CARE 9) STERILE DRESSING (RN/PROVIDER TO DO)

The home has the ability to provide the following skilled nursing services by delegation: 1) POUZY CARE 2) TOPICAL CREAMS
3) EYE DROPS 4) TUBE FEEDING VIA PEG TUBE 5) INSULIN INJECTIONS 6) COLOSTOMY CARE
7) BLOOD GLUCOSE CHECKS 8) SUPRAPUBLIC CATHETER CARE 9) NON-STERILE DRESSING

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION N/A

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: RN 0800AM - 2000PM MONDAY - FRIDAY; ON CALL ALL OTHER DAYS AND TIMES
- Licensed practical nurse, days and times: NA
- Certified nursing assistant or long term care workers, days and times: 0800AM - 2000PM & 2000PM - 0800 SHIFTS
- Awake staff at night STAFF ON SITE AT ALL TIMES, AVAILABLE WHEN CALLED UPON WITH CALL; AWAKE STAFF AT NIGHT WHEN REQUIRED.
- Other: NURSING ASSISTANT - REGISTERED

ADDITIONAL COMMENTS REGARDING STAFFING

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:

- 1) ENGLISH SPEAKING
- 2) OPEN TO ALL CULTURES AND BACKGROUNDS

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS
SOME STAFF SPEAK CHINESE, MANDARIN, ILOCANO, TAGALOG, JAPANESE

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:

AFTER THREE YEARS OF PRIVATE PAY.

ADDITIONAL COMMENTS REGARDING MEDICAID

CURRENTLY HAVE TWO MEDICAID RESIDENTS IN HOME. ONCE SERVICES ARE DISCONTINUED WITH THESE TWO RESIDENTS WHO ARE MEDICAID, WILL NOT RENEW MEDICAID CERTIFICATION.

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: 1) WEEKLY GUITAR MAN WHO SHARES MUSIC WITH FLUTE, SONGS, GUITAR, DANCE WITH RESIDENTS AS A GROUP OR 1:1. 2) DAILY MON-FRIDAYS HEAD TO THE LIGHT EXERCISES WITH EYE-HAND COORDINATION HANDS ON GAMES LIKE:

ADDITIONAL COMMENTS REGARDING ACTIVITIES 1) BALL THROWING 2) TIC-TAC-TOE 3) FISHING WITH MAGNETS 4) COLORFUL HANDKERCHIEF THROW + CATCH 5) COLORFUL BOWLING PINS 6) BASKETBALL HOOP THROWS 7) TRIVIA 8) ARTS & CRAFTS ON HOLIDAYS 9) BINGO WITH TROUSERS CROSS PIZZAS ON WEDNESDAYS/FRIDAYS 10) KARAOKE SINGING ON SATURDAYS 11) BIRTHDAY CELEBRATIONS 12) THANKSGIVING PARTY 13) CHRISTMAS PARTY CELEBRATIONS 14) 4TH OF JULY CELEBRATION