



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Living Life Care Home at University Place / Chona Aquinde	LICENSE NUMBER 750889
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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 mission is to give the utmost respect, compassion, and excellent care to our residents. We embrace the "aging in place" philosophy and personalized care in a delightful home set environment thus the comfort of living life at home to the fullest.

2. INITIAL LICENSING DATE

04/24/2008

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

2136 Willow Lane West University Place, WA 98466

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

2138 Willow Lane West University Place, WA 98466

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:

Care home may assist with oversight, cuing and encouragement, minimal assistance to total assistance such as spoon feeding, tube feeding, textured diet, and provide necessary diet as stated in the care plan.

2. TOILETING

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

Care home may assist with oversight, minimal assistance to all toileting tasks, and total assistance such as bed bound and provide as stated in the care plan.

3. WALKING

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

Care home may assist from oversight, all stages of ambulation for safety, contact guard, one person stand by assist, and provide as stated in the care plan.

4. TRANSFERRING

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

Care home may assist with oversight for safety, full assistance from one to two person transfer, may provide use of hooyer lift, gait belt, and provide as stated in the care plan.

5. POSITIONING

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

Care home may provide with one to two person assist bed bound care positioning. The reposition schedule will be determined and follow as stated in the care plan.

6. PERSONAL HYGIENE

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

Care home may assist with set up of hygiene supplies, oversight, encouragement and cuing, assistance to complete the tasks, total hygiene assistance, and provide as stated in the care plan.

7. DRESSING

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

Care home may assist with oversight, selecting attire for the day, assist with donning attire, and all phases of dressing tasks, and provide as stated in the care plan.

8. BATHING

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

Care home may assist throughout the shower process for safety and to full assistance with all phases of showering, bed bath for bed bound resident, and provide as stated in the care plan.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Personal sink in each room for hygiene convenience, personal wall heater, and call button system.

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:

All residents receive medication management assistance and all staff members are qualified for nurse delegation administration.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Care home provides pharmacy call for medication follow ups, refills, and delivery.

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:

Care home may provide assistance with resident's POA to arrange for skilled nursing services such as PT,OT, Wound care, speech therapy with home health agencies, The Home Doctor, and Hospice care services. Skilled nursing services are paid from the resident's medical insurance.

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

Care home may provide nurse delegation tasks such as suppositories, transdermal patch, blood sugar testing, non-sterile dressing changes, tube feeding, catheter care, hospice medication, and oxygen administration.

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

Certificate from the University of Washington's Geriatric Health Promotion Series

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: **on call basis**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24 hour care**
- Awake staff at night
- Other: **2 caregivers usually throughout the day and one at night.**

ADDITIONAL COMMENTS REGARDING STAFFING

Provider works on shift and available during weekend and evenings.

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 welcome and support all ethnic, cultural, and religious backgrounds of our residents. English is primarily spoken with our residents and staff.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

To better serve and understand our resident's needs, we primarily prefer English spoken.

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:

Resident may convert from private pay status to Medicaid pay after 48 months of residence.

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:

Care home supports activities based on resident's interest, abilities, and desire. Wellness activities available are range-of-motion exercises, sit and fit exercises, beach ball throw and catch, and stretch out. For outside leisure when weather permits are supervised walks, garden patio for lunch and dinner, and gardening. Indoor commonly played are bingo every other Friday, card games, puzzles, and arts/crafts.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Care home celebrates with themes of major holidays. We host for residents' birthday, family reunions, major holiday party, and provide all party amenities for families and friends.