

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Fleur de' lis II	LICENSE NUMBER 750902
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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	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.</p> <p>Fleur de' Lis Adult Family Homes @ Canyon Lakes; our goal is to help our residents achieve the best quality of life possible. We understand that one solution does not fit every situation so we take the time to listen and learn about each residents needs and preferences. This enables us to tailor a care program that maximizes independence and dignity.</p>	
<p>2. INITIAL LICENSING DATE</p> <p>04/30/2008</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p>3203, 3117 S. Fisher Court, Kennewick, WA</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p>3207 S. Fisher Court, Kennewick, WA 99337</p>	
<p>5. OWNERSHIP</p> <p><input type="checkbox"/> Sole proprietor</p> <p><input type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input checked="" type="checkbox"/> Other: S. Corp</p>	

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:

Independent, assistance, and total physical help daily.

2. TOILETING

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

independent but needs some assistnace, needs assistance, and total physical help daily

3. WALKING

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

indendent, some assistance required, total assistance daily.

4. TRANSFERRING

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

independent, some assistance, and physical help daily

5. POSITIONING

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

independent, some assistance, and physical help daily

6. PERSONAL HYGIENE

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

independent, some assistance, and physical help daily

7. DRESSING

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

independent, some assistance, and physical help daily

8. BATHING

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

independent, some assistance, and physical help daily

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

independent, some assistance, and physical help daily

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:

assistance, and physical help daily, nurse delegated and diabetic insulin

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

RN co owned and operated

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:

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

Diabetic services, tube feeding, topical orders, and all other nurse delegated tasks per WAC's.

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: **5 days a week, and on call 24/7** _____
- 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

We have 24 hour awake staff 8 hour shifts.

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

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Spanish

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:

ADDITIONAL COMMENTS REGARDING MEDICAID

If needing Medicaid services we will help locate a home within 50 miles geographical area.

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:

6 days a week activity director, including physical, spriatual, and educational activities

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

The form may also be returned by mail at:
RCS – Attn: Disclosure of Services
PO Box 45600
Olympia, WA 98504-5600