



Adult Family Home Disclosure of Services Required by RCW 70.128.280

Received

JAN 23 2015

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| HOME / PROVIDER Ocean Beach Adult Family | LICENSE NUMBER 751232 |
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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 fill in the gaps of care for our residents. We want to see our residents live in the least restrictive way possible. We provide a home setting and family feel. We are in the thick of our community so that Residents may enjoy shopping and events occurring in the community. We have a large yard and deck with room to be out in nature. We encourage family and friends to come to our "Party room" for football games, Birthdays and family reunions.

2. INITIAL LICENSING DATE

02/19/2009

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

Larch St. Longview WA

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

Wilson Care Adult Family Home

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:

From Set up only to one to one assistance with eating including feeding residents who require maximum assistance.

2. TOILETING

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

From reminders only, to assistance with transfers and total incontinent care.

3. WALKING

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

From reminders to use assistive devices to hands on assistance with ambulation within the home.

4. TRANSFERRING

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

From Stand by assist, to max assist. We provide standby and pivot/weight bearing transfers as well as using equipment such as sit to stand machine.

5. POSITIONING

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

Provide scheduled repositioning as each resident requires from cues to max assist.

6. PERSONAL HYGIENE

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

From cueing to maximum assistance with brushing teeth combing hair etc.

7. DRESSING

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

From cueing to maximum assistance with dressing.

8. BATHING

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

From set up only to maximum assistance with Bathing is provided.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Care is provided as each resident needs. Encouragement to complete tasks as independently as possible is encouraged.

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 is provided from monitoring self medication to Delegation of medications, for residents unable to place medications in their own mouth. We also provide insulin and dressing changes as appropriate.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We have a Delegating Nurse available to those residents needing services.

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:

We do not have an RN on staff. Skilled Nursing Services are only provided through Nurse Delegation.

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

We do provide Skilled Nursing Services by Delegation. We can provide Insulin administration and Medication administration as well as tube feeding, ostomy care, dressing changes as delegated by our RN.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Our Staff do have Delegation Training and Insulin Training.

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: _____
- 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

One caregiver is on duty at all times. Additional staff are available by phone as needed.

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 provide care for a variety of residents including Hispanic English speaking residents. We currently

do not have staff who are Bilingual. We do provide activities and foods from different countries as appropriate.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We are able to access Spanish interpretation via internet.

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:

Reimbursement rate needs to be above \$75 a day and resident will be in a Medicaid room if available.

ADDITIONAL COMMENTS REGARDING MEDICAID

We reserve the right to move resident to a Medicaid room when available.

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:

Games, Puzzles, Reading Materials, BBQ's, Gardening, Shopping nearby.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Activities are based on the interests and abilities of the current Resident population.



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| HOME / PROVIDER <i>Beverly Lake Home Care, Inc.</i> | LICENSE # <i>75 1243</i> RCW Public Disclosure |
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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. <i>Beverly Lake Home Care, Inc. was designed to provide a safe, clean and secure home environment for residents. It is our mission to support our clients to live a dignified, comfortable, and active lifestyle.</i> | |
| 2. INITIAL LICENSING DATE <i>2-27-2009</i> | 3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED. <i>N.A.</i> |
| 4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>N.A.</i> | |
| 5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input checked="" type="checkbox"/> Other: <i>Corporation</i> | |

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:

Provide eating assistance from cueing and monitoring to total assistance

2. TOILETING

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

Provide assistance from cueing and monitoring to total assistance

3. WALKING

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

Provide walking assistance from cueing and monitoring to a one or two person assist

4. TRANSFERRING

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

Provide transfer assistance from cueing and monitoring to one or two person assist

5. POSITIONING

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

Provide assistance with positioning from cueing and monitoring to one or two person assist

6. PERSONAL HYGIENE

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

Provide assistance with personal hygiene from cueing and set up to total assistance

7. DRESSING

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

Provide assistance with dressing from cueing and set up to total assistance

8. BATHING

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

Provide assistance with bathing from cueing and set up to total assistance

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: *Beverly Lake Home Care provides medication assistance or medication administration. Medication administration is provided by through Nurse Delegation.*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

we nurse delegate for administration drops, oral and topical medications or as needed medications

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:

NONE

The home has the ability to provide the following skilled nursing services by delegation: *Medication administration, delegation on giving PRN medications, diabetic residents*

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: *AS needed provided by Home Health Care or Hospice Care*
- Licensed practical nurse, days and times: *AS needed*
- Certified nursing assistant or long term care workers, days and times: *care given 24/7*
- Awake staff at night: *when needed*
- Other:

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) *Beverly Lake Home Care, Inc. accepts checks from any cultural background.*

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

Yes

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Beverly Lake Home Care, Inc. serve Cultural foods and favorites

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:

Accept Private and Medicaid Pay.

ADDITIONAL COMMENTS REGARDING MEDICAID

*Beverly Lake Home Care, Inc.
always accept Medicaid as payment.*

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:

Home provides indoor activities such as music, or Karaoke, games and movies, crossword puzzle

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Playing cards