

## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Lowry's AFH LLC</b>	LICENSE NUMBER <b>751590</b>
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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.

**Here at Lowry's adult family home, we believe in providing our residents with high quality compassionate care. We attend to each residents individual needs. while providing a safe and friendly invironment for our residents to grow physically and mentally for an overall well-being.**

**2. INITIAL LICENSING DATE**

**02/18/2010**

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

**2614 NE 164<sup>th</sup> Ave, Vancouver, WA. 98684**

**4. SAME ADDRESS PREVIOUSLY LICENSED AS:**

**same as above**

**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 may provide assistance with eating from cuing, reminders, cutting up, monitoring to total assistance.**

### 2. TOILETING

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

**We may provide assistance with toileting from setting up, monitoring, encouragement, cueing, assistance with cleansing, care to totals.**

### 3. WALKING

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

**This home has stairs and resident has to be ambulatory.a**

### 4. TRANSFERRING

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

**We may provide assistance with transferring for stand-by for safety, cueing, and monitoring.**

### 5. POSITIONING

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

**We may provide assistance with positioning for stand-by for safety, cueing, monitoring or encouragement, one person assist.**

### 6. PERSONAL HYGIENE

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

**We may provide assistance with personal hygiene from cueing , to set-up, monitoring assistance to guide through task completion to total dependents of all tasks.**

### 7. DRESSING

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

**We may provide assistance with dressing for monitoring, encouragement, cueing, lay out of clothing, help with shoes, socks or buttoning upper and lower body dressing, to total assistance.**

### 8. BATHING

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

**We may provide assistance with bathing for set up supplies, monitoring,cueing, needs help getting in/out of the shower, partial assistance to toal dependent, to include requires complete bathing.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**We provide assistance with oral and denture care, eye glasses.**

## 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 may provide medication assistance for one or more medications and for one or more medications that require medication administration through nurse delagation. We may order, prepare, monitor,**

**document and store medications in properly locked cabinet or containers.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**We have nurse delegation in place and are trained and certified for delegation tasks.**

### 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 may provide skilled nursing services to include physical, through contracted home health agencies care services.**

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

**The home may provide skilled nursing services by delegation to include blood glucose monitoring, insulin injections, catheter and simple wound care.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**These services are contracted with outside home health or nurse delegators. Our staff are trained and certified to perform nurse delegated task**

### 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

**We may provide services for individuals with mild to moderate dementia or other memory loss.**

### 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: **staff member present 24 hours a day**
- Awake staff at night
- Other: **Owner in home all day**

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: <b>We respect all cultural, ethnic, and religious background. This is an English speaking home.</b>
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS <b>English is main language but pilipino is the second language</b>
<b>Medicaid</b>
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)  <input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments. <input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions:
ADDITIONAL COMMENTS REGARDING MEDICAID
<b>Activities</b>
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: <b>We enjoy celebrating holidays, birthdays , dancing, coloring, nice walk in the neighborhood, going to the beach, picnic, card games and crafts.</b>
ADDITIONAL COMMENTS REGARDING ACTIVITIES

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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