



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Love and Laughter Adult Family Home-Jessica Watt	LICENSE NUMBER A751616
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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. We encourage our residents to live a full life of their choosing. We promote being active, safe, and independent and giving them as much choice as possible and support in reaching their goals.	
2. INITIAL LICENSING DATE 03/17/2010	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: None
4. SAME ADDRESS PREVIOUSLY LICENSED AS: None	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input 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:

Cutting food into smaller bites, portion control, monitoring, and more as per resident needs

2. TOILETING

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

Verbal cues, monitoring, reminders, one person physical assist.

3. WALKING

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

Verbal cues, monitoring, reminders, one person physical assist.

4. TRANSFERRING

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

Verbal cues, monitoring, one person physical assist, medical devices as prescribed.

5. POSITIONING

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

Verbal cues, monitoring, one person physical assist, medical devices as prescribed.

6. PERSONAL HYGIENE

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

Verbal cues, reminders, and one person physical assist if needed.

7. DRESSING

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

Verbal cues, reminders, and one person physical assist if needed.

8. BATHING

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

Verbal cues, reminders, and one person physical assist if needed, and medical devices as needed.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Personal care is individualized based on the resident's needs, personal preferences, and ability level.

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:

Verbal cues, reminders, monitoring, medication assistance, and administration under nurse delegation.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

None

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:

Should the need arise we would contact nurse delegation services.

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

With delegation the home will provide what the individual resident needs.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

None

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

None

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: _____
- Awake staff at night
- Other: **Minimal Staffing used- each staff member meets all requirements.**

ADDITIONAL COMMENTS REGARDING STAFFING

None

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:

Currently the dynamic in this AFH is English speaking individuals from different backgrounds.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

None

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:

We are contracted with the State of Washington to accept Medicaid as a payment source.

ADDITIONAL COMMENTS REGARDING MEDICAID

Please ask to see our Medicaid and Private Pay Policies.

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:

Cable television, computer access, DVD player, Wii, games and puzzles, and different activities throughout the year taking place both in and out of the facility.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Love and Laughter is located in close proximity to a public library, park, and bus stops. Individuals are encouraged to live and active life style and the facility will assist residents in partaking in community events if they choose.