

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Lake Hills Blvd Adult Family Home	LICENSE NUMBER 751784
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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>Lake Hills Blvd Adult Family Home provides a warm and loving home for seniors who need assistance with daily living. Our friendly, professional caregivers are dedicated to meeting each resident’s individual needs and providing a clean, safe and positive family environment.</p>	
<p>2. INITIAL LICENSING DATE</p> <p>10/01/2010</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p>none</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p>609 163rd Ave SE, Bellevue WA 98008</p>	
<p>5. OWNERSHIP</p> <p><input checked="" type="checkbox"/> Sole proprietor</p> <p><input type="checkbox"/> Limited Liability Corporation</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input type="checkbox"/> Other:</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:

assistance with modified diet, one on one feeding, cueing, encouraging independence, supervision/monitoring for choking.

2. TOILETING

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

assistance with toileting and incontinence needs; including, cueing to use the bathroom, assistance with transferring on/off the toilet, changing pads, routine peri-care assistance.

3. WALKING

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

assistane with walking in the home; monitoring, cueing, encouragement, standby assist for safety, with assistive devices like cane, walker, gaitbelt or other assistive devices.

4. TRANSFERRING

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

assistance with one person total transfers; monitor, cue, encourage, standby assist, hands on assist to stand/sit;

5. POSITIONING

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

repositioning every 2-4 hours if needed for residents with fragile skin or bed sores; monitoring, cueing, encouragement, standby assist, help to guide limbs in order to turn or reposition, support while moving or lifting part of body, hospital bed, special mattress, wedges, pillows; total assist.

6. PERSONAL HYGIENE

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

oral hygiene and denture care daily; shower and shampoo (weekly and as requested); dressing and undressing; monitor, cue, encourage, set up, hands on assist to guide thru task completion, dry skin care, fragile skincare, bruises, rashes, itchy skin, fingernails, lotion, soaps, skin barriers, etc; total assist.

7. DRESSING

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

assistance with daily dressing, provide options, monitor, cue, encourage, lay up appropriate clothings; help with shoes, socks, ted hose; assist /guide limbs; help in tying or buttoning; total assist.

8. BATHING

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

We provide total assistance with bathing.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We provide the high quality of care while ensuring safety and dignity at all times.

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:

Oral, drops, inhalation, ointments, topical/woundcare treatments as per MD orders and as delegated by RN. Medications are stored in locked storage, documented when given, monitor/report sideeffect/adverse reactions; re-order; proper disposal of unused medications;

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We follow 5Rs of med admin: Right medication; Right Resident; Right time; Right dosage; Right Route

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:

Medication Management. Wound Care. Hospice Care. Home health services that come to the home. We have a nurse delegator on call.

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

comfort kit, skin/wound treatment, constipation treatment; PRN medication administration, crushing medications, inhalors, topical, ear/eye drops, nasal spray

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Home has an RN/Nurse Delegator who does medication reviews/updates every 90 days or as needed

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: **on-call basis; RN Delegator every 90 days supervisory visit.**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: _____
- Awake staff at night

<input checked="" type="checkbox"/> Other: NAR
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: We welcome Residents from any Ethnic background.
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS English and Bosnian are spoken fluently in the home. Some Farsi
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)
<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: Depending on the level of care and if the home can meet the Resident's needs
ADDITIONAL COMMENTS REGARDING MEDICAID All rooms are shared rooms;
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: Range of motion exercises (as permitted by MD), reading, coloring, TV, social gathering, puzzles, birthdays, holiday celebrations, backyard picnics/BBQ-weather permitting.
ADDITIONAL COMMENTS REGARDING ACTIVITIES Activities outside of home are encourage and recommended to family.

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