

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Angels' Lighthouse AFH / Arnel Cajucom	LICENSE NUMBER /751788
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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.

2. INITIAL LICENSING DATE

10/20/2010

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

9808 Onyx Dr SW Lakewood, WA 98498

5. OWNERSHIP

- Sole proprietor
- Limited Liability Company
- 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:

The home provides home cooked meals, also accomodating residents with food preferences and medical specifications such as; diabetics, low sodium diet, mechanical soft, pureed food and tube feeding. Full assistance in feeding residents not able to do it for themselves.

2. TOILETING

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

The home is able to accommodate and assist residents to any toileting needs such as transfers to and from the toilets and or commode, assist with urinals and changing incontinent briefs.

3. WALKING

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

A caregiver is able to assist resident with walking using a gaitbelt and with a walker.

4. TRANSFERRING

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

The home will use a sliding board and a hoyer lift in accordance to the resident's care plan and transfer procedures.

5. POSITIONING

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

We turn our bed bound residents every two hours and reminders or cueing for those residents that can turn on their own.

6. PERSONAL HYGIENE

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

The home cues residents needing partial assist and full assistance to residents that are total care. ADL's include; showers, brushing teeth, combing hair and changing clothes.

7. DRESSING

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

The home provides dressing to residents that require total assistance.

8. BATHING

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

The home provides assistance with showers 2 to 3 times a week or as often as necessary.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

The home provides hair care, nail care to non diabetic residents.

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:

The home provides total assistance with medications administration. Medications are kept and locked in

a safe place and administered according to physician's order.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Insulins and medications needing refrigeration are stored and locked in a box in the refrigerator.

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 provides nurse delegation who the facility consults.

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

Medications, Lotions, Patches, Eye drops, Feeding tubes and inhalers.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The home will make sure that all caregivers are nurse delegated according to each of the resident's need.

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

The home will continue to have specialized training for behaviorally challenge residents on a case by case

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: **Caregiver will do rounds at night according to residents need and for emergency.**

ADDITIONAL COMMENTS REGARDING STAFFING

The home requires staff with required trainings and completed the annual 12 hours continuing education

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:

The home accepts all culture and ethic backgrounds, religion and languages for as long as the home can accommodate.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

The home will not discriminate residents based on their languages and or whether the resident speaks English or not.

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:

Follows what's written in the home medicaid policy agreement.

ADDITIONAL COMMENTS REGARDING MEDICAID

Accept private pay residents that are in the process of transitioning to medicaid.

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:

Movie times with popcorn, board games, birthday party.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

All residents are encouraged to participate in all kind of activities the home can provide.

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