

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Twin Lakes AFH1	LICENSE NUMBER 751964
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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>At Twin Lakes AFH1, we treat the Residents like our own family. Be assure that your loved one will receive the best care especially since the provider is one of the main caregivers and resides at the home.</p>	
<p>2. INITIAL LICENSING DATE</p> <p>06/01/2011</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>N/A</p>	
<p>5. OWNERSHIP</p> <p><input type="checkbox"/> Sole proprietor</p> <p><input checked="" type="checkbox"/> Limited Liability Company</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:

Prepare food; bring food to resident; keeps liquid available; cut food for resident; feed resident as needed; cue resident on swallowing; watch for choking

2. TOILETING

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

Assist to toileting/restroom; provide perineal care; transfer on/off toilet or commode; adjust clothes; change incontinence pads and adult undergarments; manages ostomy or catheter; maintain supplies

3. WALKING

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

Assist as needed when walking by walking with the resident or keep an eye on him/her; keep walkways clear; if equipment is used like cane, walker or wheelchair, provide it to the resident; keep equipment within reach by the resident; propel wheelchair for resident as needed; if it's a motorized wheelchair, keep it charge; assist during evacuation

4. TRANSFERRING

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

Maintain contact until steady when transferring; monitor resident while he/she transfers; assist with all wheelchair transfers

5. POSITIONING

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

If unable to position by himself/herself or if resident is bed bound, reposition resident every 2 hours; elevate his/her legs as needed; keep sheets clean and smooth; monitor pressure points daily

6. PERSONAL HYGIENE

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

Set up supplies for resident; comb, brush teeth, shave, wash/dry face, hands and perineum as needed; always ask resident if he/she needs assistance; encourage resident to do it himself/herself; maintain supplies

7. DRESSING

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

If resident is unable, put on, fastens and takes off all items of clothing and footwear

8. BATHING

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

Transfer in/out of shower; monitor water temperature; shampoo hair; wash body including perineal care; dry and dressing; apply lotion after bath; dressing; maintain supplies

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Always provide personal care and assist as needed; encourage resident to do as much as he/she can; always ask if he/she needs help

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:

Supervision; assistance; set up; re-order medications; remind resident to take medications; place medications in resident's hand; with delegation from a nurse, crush medications, apply topical medications, monitor blood sugar, give insulin injections; blood pressure monitoring

ADDITIONAL COMMENTS REGARDING MEDICATION 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:

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

Monitor blood sugar; give insulin injections; apply topical ointments, eye drops and inhalers; tube feeding; empty and clean catheter; crush medications;

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: **on call as needed** _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: _____
- Awake staff at night
- Other: **two caregivers on duty all the time**

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:

All background and/or languages

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

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:

None

ADDITIONAL COMMENTS REGARDING 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:

As required by their assessment or agreed before admission such exercise time or story time

ADDITIONAL COMMENTS REGARDING ACTIVITIES

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