

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Lighthouse AFH	LICENSE NUMBER 752158
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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>Our mission is to provide care needed for our residents to thrive. Lighthouse Adult Family Home is located in a private road with great parking.</p>	
<p>2. INITIAL LICENSING DATE</p> <p>02/17/2012</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p>15415 40th Ave E Tacoma, WA 98446</p>	
<p>5. OWNERSHIP</p> <p><input checked="" type="checkbox"/> Sole proprietor</p> <p><input 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:

Per negotiated care plan, AFH may provide: supervising and cueing clients who are at risk for choking/aspiration, altered texture of food per MD orders, feeding clients as indicated.

2. TOILETING

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

If needed, the home may provide assistance with toileting as follows: Per negotiated care plan, AFH may provide: reminding clients to visit bathroom regularly, supervise or provide 1-2 person assist/ stand by assist, assistance with bedside commode/ bedpan/ urinal, changing of briefs/ pads and incontinent care as needed.

3. WALKING

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

Per negotiated care plan, AFH may provide: reminding clients to use assistive devices, cueing clients on correct use of all medical devices, 1-2 person assist or contact assistance with/without gait belt during walking, encouraging regular exercise

4. TRANSFERRING

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

Per negotiated care plan, AFH may provide: supervision or 1-2 person assist with transfers, one person assist with transfers, provide Hoyer Lift transfers as indicated

5. POSITIONING

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

Per negotiated care plan, AFH may provide: cuening and reminding clients to change position or turn, 1-2 person assist with changing positin or turning while in bed or chair, provide turning on a regular two hour schedule for clients at risk for skin breakdown/ bedsores

6. PERSONAL HYGIENE

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

Per negotiated care plan, AFH may provide: 1-2 person assist with showers, assistance with oral care/ shaving/ hair styling, bed bath if clint is unable to use shower, application of hygiene products (deodarant, lotions, makeup), assistance with fingernail care, toenail trimming by CNA or Podiatrist only (diabetics and other compromised conditions that require specialty care)

7. DRESSING

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

Per negotiated care plan, AFH may provide: cueing client if needing to change attire, supervision and 1-2 person assistance during dressing, provide total assistance with dressing

8. BATHING

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

Per negotiated care plan, AFH may provide: supervision during showers, cueing clients during showers, provide total assistance with showers, provide 1-2 person assist during showers, skin assesment during

each shower when indicated, will report to RN or family any skin changes, privacy and dignity is maintained at all times for resident.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We encourage residents to be as independent as possible in order to improve quality of life.

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:

Per negotiated care plan, AFH may provide: reminding clients to take their medication on time, assist clients with administration of oral medications, total assistance with medication administration, reporting all refusals to family or RN; licensed nurse to administer injections; staff will practice under their scope of practice and per nurse delegation

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Staff is trained to be delegated in various tasks or are current WA licensed/registered nurses

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:

Adult Family Home is owned and primarily managed by a Registered Nurse with over 30 years of experience (geriatrics and mental health care specialties) and co-managed with an LPN with >6 years experience (skilled nursing, subacute, family medicine); AFH may have Rn/LPN on site as needed and on call as needed. Wound care is performed by CNA. Nurse delegator are available for assessments or change of condition as needed per provider/ resident manager request.

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

Nurse delegation will be determined per resident's negotiated care plan

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: **Assist to Nurse Delegator 24/7 as needed & routinely throughout the week**

- Licensed practical nurse, days and times: _____

- Certified nursing assistant or long term care workers, days and times: **All other staff are WA CNA**

- Awake staff at night

- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Staff(s) awake at night as needed per Negotiated Care Plan for positioning/toileting/incontinence care

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:

English is the primary language spoken at the home, staff is to remain respectful of cultural and religious preferences, staffs native language may not be used when directed to patient or during patient care

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Cultural beliefs are important to our home, residents should feel comfortable in their own environment

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:

Medicaid is accepted as payment per provider approval and proper assesment; private pay must give advanced notice of 6 months prior to switching from private pay to Medicare, approval of Medicaid pay per provider notice of 6 months prior to switching from private pay to Medicare, approval of Medicaid pay per provider.

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:

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Lighthouse Adult Family Home may will provide activities that the clients will enjoy

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