



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	752174
<b>Family &amp; Company NW, LLC---Christa Lipe, R.N.</b>	

**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.	
<b>Family &amp; Company NW, LLC is a R.N. owned and managed facility with a family oriented atmosphere. We work hard to provide very personalized care and engage our residents through socialization, activities and exercise to ensure they get the most out of each day. We have monthly family luncheons or dinners, weekly music therapy, outings that are scheduled for the residents at least twice a month and scheduled activities throughout the week to meet the needs of our residents.</b>	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
<b>March, 2012</b>	<b>N/A</b>
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
<b>N/A</b>	
5. OWNERSHIP	
Limited Liability Corporation	
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: We provide cuing and monitoring to total assistance with eating.
2. TOILETING
If needed, the home may provide assistance with toileting as follows: We provide cuing and monitoring to total assistance with toileting.
3. WALKING
If needed, the home may provide assistance with walking as follows: We provide cuing and monitoring to a one person assist with ambulation. We have indoor and outdoor walking available.
4. TRANSFERRING
If needed, the home may provide assistance with transferring as follows: We provide assistance from cuing and monitoring to transfer via Hoyer lift.
5. POSITIONING
If needed, the home may provide assistance with positioning as follows: We provide assistance from cuing and monitoring to a one person assist with positioning.
6. PERSONAL HYGIENE
If needed, the home may provide assistance with personal hygiene as follows: We provide assistance with personal hygiene from cuing and set up to total assistance.
7. DRESSING
If needed, the home may provide assistance with dressing as follows: We provide cuing and set up to total assistance.
8. BATHING
If needed, the home may provide assistance with bathing as follows: We provide cuing and set up to total assistance.
9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE
<b>The level of care we are able to accept is dependent on the current needs of our residents. We have a large roll-in shower and jetted walk-in bathtub.</b>
<b>Medication Services</b>
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: Assistance with medication administration to complete administration through the nurse delegation process.
ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES
We are able to accommodate insulin-dependent diabetics and all of our medications are kept in locked storage as required by law.
<b>Skilled Nursing Services and Nurse Delegation</b>
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: Yearly assessment updates and updates done with changes in resident condition; replacing foley catheters as needed; administering oxygen; management of wounds up to stage 2; administering an occasional I.M. or subcutaneous injection if the on-site R.N. is available; tube feeding management; colostomy care; providing treatments via nebulizer

The home has the ability to provide the following skilled nursing services by delegation: Administering O2 or treatments via nebulizer; tube feeding management; colostomy care.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**Owner, Christa Lipe does provide occasional delegation but the home also contracts with other nurse delegators. We currently use Beth Paul with In it Together...Nurse Delegation. Nurse Delegation is an additional expense as described in the admission agreement.**

**Specialty Care Designations**

We have completed DSHS approved training for the following specialty care designations:

Mental illness

Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

N/A

**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.

The normal staffing levels for the home are:

Registered nurse, days and times: Owner, Christa Lipe is generally in the home for at least 10 out of 24 hours, 7 days a week. She is available by phone when not in the home.

Certified nursing assistant or long term care workers, days and times: There is always a certified caregiver in the home who has met the training requirements mandated by the state. There is always 1 caregiver on shift but has occasionally increased to 2 during certain hours based on resident needs.

Night needs: There is 1 caregiver available on the night shift to assist with resident needs. Residents have an individual call system to contact caregiver. Caregivers available for toileting, positioning, emotional support; medication management and assisting with oral intake if indicated.

ADDITIONAL COMMENTS REGARDING STAFFING

If residents are consistently awake and in need of staff assistance or monitoring more than 2-3 times each night, the residents are not appropriate candidates for our facility. Increased care needs at the end of life or during temporary illnesses can be accommodated.

We will help to detect why there is a sleep disturbance and assist in trying to come up with a solution in an attempt to solve the sleep disturbance.

**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:

**Our residents are from a variety of backgrounds. The staff and provider are English speaking.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**The provider and her family are Christians. All residents are welcome regardless of their personal religious or cultural beliefs.**

**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 will accept Medicaid payments under the following conditions: Resident pays privately for 3 years.

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: Weekly music therapy; outings to restaurants, library, stores, car rides, etc., holiday and birthday celebrations; reminiscing events; monthly family luncheons or dinners; daily newspaper; games; resident cooking and baking events; engaging residents in household duties as they desire; pet therapy; garden therapy (beginning spring of 2015); assisting in card and letter writing, etc.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Facility strives to create meaningful activities for residents to promote moments of joy and happiness in their lives. Activities are sometimes resident specific.**