



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER LC Adult Home ,LLC	LICENSE NUMBER 752586
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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>LC Adult Home, provides personalized care for aging adults. Placing your loved one in LC Adult Home is an alternative to costly institutional care for those who prefer to receive care in a warm home-like environment.</p>	
<p>2. INITIAL LICENSING DATE</p> <p>01/01/2006</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>LC Adult Family Home, LLC: 15651 SE 146th PL Renton, WA 98059</p>	
<p>5. OWNERSHIP</p> <p><input type="checkbox"/> Sole proprietor</p> <p><input checked="" 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:

One to one assist on special diet like textured or pureed, including feeding tubes. We provide homemade meals.

2. TOILETING

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

Provide all levels of assistance including incontinent of bowel and bladder to maintain adequate hygiene.

3. WALKING

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

Staff will provide all the assistance needed to ensure the safety of the resident.

4. TRANSFERRING

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

We provide moderate to maximum assist including use of hooyer lifts.

5. POSITIONING

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

Reposition every 2 or 3 hours during day and night.

6. PERSONAL HYGIENE

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

We offer assistance with all personal hygiene, to keep and maintain good skin care including simple dressing change from morning to bedtime.

7. DRESSING

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

We offer all assistance needed for all residents. We encourage, monitor and cue.

8. BATHING

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

We supervise our residents, from start to finish. We will provide one or two person extensive assistance.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

All personal care are individualized based upon the level of care and assistance.

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:

Staff are competent to do medication assistance and follow self directed care. Coordinate and follow nurse delegation training.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We provide insulin injection with nurse delegation.

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:

Our facility is owned and operated by a registered nurse and a nurse assistance certified.

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

All tasks that can be provided when client is stable and predictable.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

All services determined on pre admission and level of care assessment.

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

All staff are trained and certified.

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: **possible awake staff at night or as needed. Additional awake staff depending on care needed.**

ADDITIONAL COMMENTS REGARDING STAFFING

Our home has 2 caregivers on duty, providing care and assistance daily.

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 and we accept all ethnic backgrounds.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We accept all dialects including common traditions.

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:

Depending on the level of care.

ADDITIONAL COMMENTS REGARDING MEDICAID

Retains private pay residents who later become eligible for Medicaid and will sign new contract.

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:

Individual or group activities.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Our home will make available activities with careful consideration of each resident interests and capabilities.

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