

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Lake View AFH/Aurica Cuc RN	LICENSE NUMBER 752593
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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.

Lake View AFH is located in Kenmore, has a spectacular lake view of Lake Wa, and it is licensed for 6 residents, with 6 private rooms. Our goal is to care for your loved one by working directly with the doctors to meet each resident's medical, social, & personal

2. INITIAL LICENSING DATE

03/13/2014

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

3431 175TH PL SW, LYNNWOOD, WA, 98037

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

no

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- 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:

Total assistance

2. TOILETING

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

Total assistance

3. WALKING

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

Total assistance

4. TRANSFERRING

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

Total assistance

5. POSITIONING

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

Total assistance

6. PERSONAL HYGIENE

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

Total assistance

7. DRESSING

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

Total assistance

8. BATHING

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

Total assistance

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

From cuing and monitoring to total assistance personal care is provided.

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:

Medication assistance and medication administration are provided and the owner is a Registered nurse.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Owner is a RN and does the delegation as needed for residents at the 2 adult family homes.

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:

RN owner can provide any level of nursing care that is requested as needed.

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

Diabetes, insulin administration, wound care, tube feeding, colostomy, ostomy, oxygen care, catheter care, nebulizer use, inhalers, topical ointments, hospice care.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

RN owner and delegator able to provide assistance with any nursing skill.

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

Owner and care staff have training in Dementia and Mental Health.

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: **Registered Nurse live in owner at Lake View AFH**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: _____
- Awake staff at night
- Other: **Care staff available 24 hours**

ADDITIONAL COMMENTS REGARDING STAFFING

1-2 care staff available in the day time, and 1 care staff at night.

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:

**Both adult family homes are Christian oriented, and the owner is a Christian.
We can accommodate any type of food request based on religious beliefs.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Some other languages that can be accomodated per request are:English,Romanian and Russian

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:

If private pay for 3 years at Lake View AFH.

ADDITIONAL COMMENTS REGARDING MEDICAID

Contact owner for details, if resident is on Medicaid, or conversion to Medicaid is sooner than 2 years of private funding

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:

Exercises customize for each resident.

Arts and crafts: coloring, painting.

Play a variety of games per residents abilities/wishes: cards, chess, dominoes,etc.

Library on wheels: large print books, old movies, music, picture books.

Birthday Party for each resident with family invitation.

Holiday's celebration

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Summer time barbeque with residents or families.

Live musician for Christmas Carols and Christmas Party.