



Adult Family Home Disclosure of Services Required by RCW 70.128.280

Received

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RCS/Public Disclosure

HOME / PROVIDER <i>Lauren's Adult Family Home / Susan P. Valdez</i>	LICENSE NUMBER <i>4752617</i>
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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.

2. INITIAL LICENSING DATE

April 14, 2014

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

2728 144th St SW Lynnwood WA 98087

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

Lauren's Adult Family Home

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- Other *S 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)

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| <p>1. EATING
If needed, the home may provide assistance with eating as follows:</p> | <p>Meals Assistance, Queuing Resident to slow down eating to avoid choking, Assist Residents with special diet per doctor's order (Follow directions per doctor's order). Cut food into small portions to avoid choking.</p> |
| <p>2. TOILETING
If needed, the home may provide assistance with toileting as follows:</p> | <p>Follow the toileting schedule if Needed for the Resident's Provide Bedside commode for the resident if Needed</p> |
| <p>3. WALKING
If needed, the home may provide assistance with walking as follows:</p> | <p>The Home will assist Resident in walking if using a walker Assist in Gait Belt for safety if Needed (per instructions)</p> |
| <p>4. TRANSFERRING
If needed, the home may provide assistance with transferring as follows:</p> | <p>Transfer Residents in gait belt to avoid Fall. Follow safety precautions from transferring Residents. Always take precaution when transferring Residents for safety.</p> |
| <p>5. POSITIONING
If needed, the home may provide assistance with positioning as follows:</p> | <p>Reposition Bed Bound Residents according to doctor's order (every 2 hours etc.) if Needed. From side to side.</p> |
| <p>6. PERSONAL HYGIENE
If needed, the home may provide assistance with personal hygiene as follows:</p> | <p>Personal Hygiene needs to be followed daily or per scheduled Shower according to the Resident's Needs. Daily Personal Hygiene for each individual needs to follow in the NCP.</p> |
| <p>7. DRESSING
If needed, the home may provide assistance with dressing as follows:</p> | <p>Dressing Residents daily with clean clothes</p> |
| <p>8. BATHING
If needed, the home may provide assistance with bathing as follows:</p> | <p>Bathing Residents can be scheduled according to the Resident's Needs or wants.</p> |
| <p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE</p> | |

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: When providing medication assistance or medication administration for any resident, the home must ensure each resident:
a) Assessment indicates the amount of Medication assistance Needed by the Resident.

- ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES
- ⓐ Negotiated Care Plan identifies the Medications services that will be provided to the resident.
 - ⓑ Medication Log is kept current as Required in WAC 388-76-10475
 - ⓒ Received Medication as Required
 - ⓓ Records are kept which include a current List of prescribed and over-the-counter medications including, Name, dosage, frequency and the name and phone number of the practitioner as Needed.

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: *uses Home Health Service if Needed*
Mental Health Service, RN, PT, OT, Speech pathologist, Pediatric, Home Doctor

The home has the ability to provide the following skilled nursing services by delegation:
RN delegator Gina Giefer

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: _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: *Daily 24/7*
- Awake staff at night
- Other: _____

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)

Preferences, Food allergies and sensitivities, Caloric Needs, Physical condition that may make food intake difficult such as being hard to swallow or chew.

The home is particularly focused on residents with the following background and/or languages: *English Language*

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: *if it will ^{cover} my expenses.*

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). *daily*

The home provides the following: *EXERCISE, BOARD GAMES, 10 Bingo Movie Night, Karaoke, Residents Get pickup → Full Life (Adult Day Services) and gets drop off daily.*

ADDITIONAL COMMENTS REGARDING ACTIVITIES