



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

JAN 22 2015

RCS/Public Disclosure

HOME / PROVIDER <i>L-Cam CORPORATION dba Logan Street Manor, AFH 1, 2, 3, 4</i>	LICENSE NUMBER <i>1-750224 2-750937 3-752154 4-752683</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. <i>Mission to provide personal care 24/7 for our elderly in a home like setting. My goal is to have each resident as an individual achieve their highest level of functioning allowing them to maintain their dignity + Independence as long as possible</i>	
2. INITIAL LICENSING DATE <i>1-1-2007</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>1410 Logan St, Centralia, WA 102 Pine Dr, Chehalis WA 1800 Logan St, Centralia, WA 150 Hemlock Dr, Chehalis WA</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Corporation <i>S-CORP</i> <input type="checkbox"/> Co-owned by: <input type="checkbox"/> 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 *YES 3 MEALS DAILY ALL SNACKS CAN BE FED TO RESIDENTS*  
If needed, the home may provide assistance with eating as follows: *IF NEEDED, RESIDENTS CAN EAT*  
*YES A PERSONAL ASST AS WHAT THEY LIKE*

2. TOILETING - *FULL ASSIST FOR ALL TOILETING NEEDS AS REQUIRED*  
If needed, the home may provide assistance with toileting as follows: *BY THE RESIDENT*  
*YES*

3. WALKING *FULL ASSIST WITH WALKING/AMBULATION AS NEEDED BY THE*  
If needed, the home may provide assistance with walking as follows: *RESIDENT CUES, REMINDERS*  
*YES LIFTING, USE OF MOBILITY AIDS WALKER, CANE W/C*

4. TRANSFERRING  
If needed, the home may provide assistance with transferring as follows: *TO & FROM W/C, BED, CHAIRS,*  
*RILAT*

5. POSITIONING  
If needed, the home may provide assistance with positioning as follows: *TURN, REPOSITION, SUPPORT*  
*OF LIMBS & SAFETY FOR RESIDENT*

6. PERSONAL HYGIENE  
If needed, the home may provide assistance with personal hygiene as follows: *FULL ASSIST/PERFORMANCE*  
*OF ALL PERSONAL HYGIENE NEEDS OF THE RESIDENTS 24 DAILY*

7. DRESSING  
If needed, the home may provide assistance with dressing as follows: *FULL ASSIST OF RESIDENT*  
*WHEN REQUIRED TO ~~BE~~ DRESS DAILY, UNLESS FOR HOME OR*  
*OUT OF FACILITY*

8. BATHING  
If needed, the home may provide assistance with bathing as follows: *- FULL BATHING (BED OR SHOWER)*  
*DAILY + PRN FOR ALL RESIDENTS WHO NEED BATHING.*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**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: *FROM CUES, REMINDERS TO*  
*A DELEGATED SERVICE FOR COMPLETE MEDICATION ADMINISTRATION*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES  
*RN DELEGATION PROVIDED WITH ALL ADMITS*

**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: *CATH CHANGE, INJECTIONS, WOUND CARE NEEDS, RN PROVIDER IN PLACE*

The home has the ability to provide the following skilled nursing services by delegation: *ORAL, TOPICAL, RECTAL ADM. OF MEDS, ORAL INHALATION MEDS, NEBULIZER TX, BGM, INSULIN ADM. PT/ENR,*

**ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION**

*RN PROVIDER/OWNER IS NURSE DELEGATOR X 20+ YRS*

**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**

*RN PROVIDER/OWNER CAN TEACH SPECIALTY CARE*

**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: *ON 24<sup>0</sup> DAILY IN HOME DAILY FOR VISITS*
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: *24/7*
- Awake staff at night
- Other: \_\_\_\_\_

**ADDITIONAL COMMENTS REGARDING STAFFING**

*3 HISPANIC WORKING WHO ARE AWARE OF ANY ISSUES THAT MAY ARISE WITH THIS POPULATION -*

**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 AT THIS TIME*

**ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS**

*ENGLISH ONLY AS WE HAVE NO ONE WHO SPEAKS ANY OTHER LANGUAGE / NO CULTURAL, ETHNIC, ACCOMMODATING NEEDS*

**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. # 4
- The home will accept Medicaid payments under the following conditions: 1, 2, 3

*After 2 years of private pay*

ADDITIONAL COMMENTS REGARDING MEDICAID

*clients are usually required to have 2 yrs of private pay before 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: *occasional transportation on emergency activities weekly, provide religious visits if needed per choice*

ADDITIONAL COMMENTS REGARDING ACTIVITIES