

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Echo Lake AFH LLC	LICENSE NUMBER 752704
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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.

The mission and intent of Echo Lake AFH is to provide a quality care in a positive home environment for elderly and vulnerable adults. Echo Lake AFH strives to bring positive environment to whole being of its resident by providing a compassionate, proficient resident centered-care with dignity, loving and respect.

2. INITIAL LICENSING DATE

08/22/2014

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

N/A

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

N/A

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:

From independent to Cue to Supervision to Total assist 1:1 feeding

2. TOILETING

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

Standby/Cue/Supervision during toileting, Change incontinence pads as needed, Perform peri-care after toilet use as needed, Provide Total assist 1:1 / 1:2 as needed

3. WALKING

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

Keep within sight, Assist in guidance, Assist in standing, from Cue to Supervision to Total assist 1:1 / 1:2 with gait belt, walker and wheelchair as needed

4. TRANSFERRING

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

From Cues to Supervision to Total assist 1:1 / 1:2 as needed to Hoyer lift

5. POSITIONING

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

From Cue to Supervision to Total assist; Repositioning every 2 hours as needed

6. PERSONAL HYGIENE

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

From reminding to Cue to Supervision to Total assist

7. DRESSING

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

From independent to Cue to Supervision to Total Assist.

8. BATHING

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

Set up bathing supplies, Encourage to take bath, Provide bath as needed, assist in drying and dressing after bath ; Overall provide assistance from Cue to Supervision to Total bathing care

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We will work at ensuring all resident's needs on the care plan is met.

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:

Independent to Nurse Delegation including Insulin Administration

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Manages and organizes the supply of PRN meds.

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:

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

PRN meds, Topical Creams, eye drops , Insulin shots, Oxygen

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: **24 hours a day 7 days a week, round-the-clock**
- 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)

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

Staff Speak English

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We will work at ensuring care plan is met

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:

The home has dedicated rooms for medicaid pay residents. Accepts medicaid conversions for private pay residents after being in the facility at least for 2 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:

Card games, Puzzles, daily news paper subscriptions, Library book & DVD/CD supplies, Cable TV/movies, Christmast Party, Birthday Parties, Summer BBQ, Coffee/tea socials

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We make sure we follow the care plan with what the resident used to love doing.