Adult Family Home Disclosure of Services
Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
LOVING CARE AFH LLC	**A752713**

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.

Loving Care Adult Family Home is a senior living community that offers a wide range of services to provide the highest quality assisted living for the elderly. We are dedicated to serving the individual needs of our residents with round-the-clock attention, love, friendly service and the dignified support that they deserve in their golden years.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
09/11/2014	**None**

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

None

5. OWNERSHIP

- ☐ Sole proprietor
- ☒ Limited Liability Corporation
- ☐ Co-owned by:
- ☐ Other:

Personal Care
"Personal care services" meansboth physicalassistance 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: **Feeding, Tube Feeding, Pureeing, thickening, Specific diet per MD order.**
2. TOILETING If needed, the home may provide assistance with toileting as follows: **All bowel protocols, Incontinence assistance, including attending brief as needed, toileting, bedsite commode.**
3. WALKING If needed, the home may provide assistance with walking as follows: **Our home provides all kinds of walking assistance from standby assist to using assistive device.**
4. TRANSFERRING If needed, the home may provide assistance with transferring as follows: **We offer transferring based on the resident's condition, from manual lift to using lifting device such as hoyer lift.**
5. POSITIONING If needed, the home may provide assistance with positioning as follows: **We position our residents as needed during night time to prevent skin breakdown and we will position the resident accordingly per MD's request.**
6. PERSONAL HYGIENE If needed, the home may provide assistance with personal hygiene as follows: **We usually encourage our residents to help themselves to the best of their abilities. However, should their condition prevents them from doing so, our caregiver will help with changing their brief regularly, provide bed bath, shower, standby assist, shaving and fingernail clipping.**
7. DRESSING If needed, the home may provide assistance with dressing as follows: **We will assist our residents with minimal assist in dressing to total assist in dressings.**
8. BATHING If needed, the home may provide assistance with bathing as follows: **Bed Bath, shower and standby assist.**
9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE **We will provide all necessary care that our residents require**
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: **Crushed medications, insulin, eyedrops, topical and medication assistance per MD order.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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:

Registered Nurse living in the home who can provide all nursing services

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

Medications, nasal spray, eye drop, creams, and wound care

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

None

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: **24 hour/day-- lives in the home**
- ☐ Licensed practical nurse, days and times: _____
- ☒ Certified nursing assistant or long term care workers, days and times: **Monday-Sunday all day**
- ☐ 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:

Our home is open to different backgrounds and languages.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

None

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:

Our home usually accepts Medicaid payment after 3 years of private pay, but we will also open to re-consider it on a case by case situation

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:

Activities are arranged depending upon ability of resident. i.e., bbq at the backyard; discussion of current news that's happening in the world; watching sports event and movies on tv; playing board games such as scrabble, Bingo, etc; holiday celebrations, such as thanksgiving pumpkin cutting, christmas day celebrations with the resident's families invited.

ADDITIONAL COMMENTS REGARDING ACTIVITIES