



## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Lakeshore West Residential Care / Dede Dogbe, BS, LPN</b>	LICENSE NUMBER <b>752790</b>
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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. <b>Our commitment is to respect life and celebrate it daily. We provide a comprehensive health monitoring and continuous care managed by 3 nurses, assisted by trained caregivers. We go the extra mile to care for our residents, to get to know them, to see them smile, happy and to make them feel loved and cared for. We’ve been one of the top choice for many doctors, case managers, hospitals, hospice, nursing homes and assisted living in Moses Lake.</b>	
2. INITIAL LICENSING DATE <b>12/19/2014</b>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <b>8026 Road 2.4 NE, Moses Lake WA 98837</b>
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Corporation <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

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

**Up to total care is provided (including tube feeding, total parenteral nutrition). We provide homemade meals. We provide interventions, techniques and strategies that are tailored to each resident’s specific situation to optimize and promote positive nutritional status. This dramatically impact both immediate as well as long-term health and function.**

2. TOILETING

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

**Up to total care is provided to be able to get to and from the toilet,cleanses,changes incontinence pads, manage ostomy or catheter and to adjust clothing. One to two assist can be provided.**

3. WALKING

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

**Up to total assistance is provided to be able to move to and return from areas outside of their immediate living environment.**

4. TRANSFERRING

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

**Up to total assistance is provided to be able to move between surfaces, to/from of bed, chair, wheelchair or standing position.**

5. POSITIONING

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

**Up to total care is provided to be able to move to and from lying position, turn side to side, position body while in bed or wheelchair/chair.**

6. PERSONAL HYGIENE

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

**Up to total care is provided to be able to maintain personal hygiene, including combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hands, and perineum.**

7. DRESSING

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

**Up to total assistance is provided to put on, fasten, and take off all clothing, including donning/removing prosthesis.**

8. BATHING

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

**Up to total assistance is provided to be able to take a full-body shower, sponge bath, and transfer in/out of the shower.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Our residents are able to age in place if not against medical advice. One to two assist can be 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:

**All medication assistance including all Nurse delegated tasks.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Home has licensed nurses on staff to supervise**

#### **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 Provider is a Licensed Nurse (LPN) assisted by another LPN and one RN. Together, they can provide intermittent nursing task as long as, it remain within the scope of practice for Washington State Licensed Nurse and pre-arranged with family. But we do not provide 24h nursing care.**

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

**All State-allowed nurse delegated tasks can be provided.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**Private duty nursing, Home Health, Hospice and End-Of-Life care are welcome .**

#### **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

**Behavior management: We are able to understand one's needs in areas such as health and safety. Issues with confusion, disorientation, forgetfulness or wandering , etc.**

#### **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: **8hrs per week and on call 24 hours a day.**
- Licensed practical nurse, days and times: **Owner is a LPN. 7 days a week, in and out 24 hours a day for routine care and emergency as needed. Assisted by two additional nurses: LPN and RN**
- Certified nursing assistant or long term care workers, days and times: **24 hours a day.**

<input checked="" type="checkbox"/> Awake staff at night <input checked="" type="checkbox"/> Other:
ADDITIONAL COMMENTS REGARDING STAFFING
<b>Cultural or Language Access</b>
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: <b>The home serves all residents regardless of their background or language. The staff will honor and respect resident's cultural and ethnic backgrounds.</b>
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS
<b>Medicaid</b>
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)
<input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments. <input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions:
ADDITIONAL COMMENTS REGARDING MEDICAID
<b>Activities</b>
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: <b>Daily activities provided by staff: daily exercise, music, love and laughter, reading, card, coloring book, birthdays and holiday celebrations.</b>
ADDITIONAL COMMENTS REGARDING ACTIVITIES <b>Activities that seniors enjoy are varied and differ from one resident to the other.</b> <b>DISCLAIMER: The services described in this disclosure of services may change at anytime. This services should not be construed as a guarantee, unless specifically agreed upon admission or contracted afterward.</b>

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto:AFHDisclosures@DSHS.WA.GOV)

The form may also be returned by mail at:  
RCS – Attn: Disclosure of Services  
PO Box 45600  
Olympia, WA 98504-5600