



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Live a Legacy Vent Care Home, LLC.	LICENSE NUMBER 753084
--	------------------------------

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 _____ of Washington Administrative Code.

Table of Contents

Received

APR 07 2016

RCS/Public Disclosure

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. "Bridging the Gap Between Healthcare and Family!" Live a Legacy Vent Care Home, LLC. would like to provide a home where residents can continue to live a life of dignity even with a compromised medical condition. We would like to provide holistic care in a way for family can be more involved in resident care and be a part of their road toward recovery while they live a legacy!	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
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:

Personalized meal services (appropriate to resident diagnosis), whether the assistance be needed for oral feeds, tube feeds, total parental nutrition (TPN), or a combination of all listed above.

2. TOILETING

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

Stand by assist to toilet, incontinent resident perineal care on a scheduled and as needed basis, and foley catheter care.

3. WALKING

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

Stand by assistance with minimal assistance, stand by assistance with mobility assistive devices, active range of motion exercises, passive range of motion exercises, and any other prescribed physically therapeutic exercises.

4. TRANSFERRING

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

Bed to wheelchair and vice versa transfer assistance, wheelchair to toilet and vice versa transfer assistance, and any other assistance needed for resident transfers.

5. POSITIONING

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

Optimal positioning for resident comfort on an as needed basis and scheduled every two hour re-positioning for residents who are immobilized and need total assist with re-positioning.

6. PERSONAL HYGIENE

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

Morning care (brushing teeth, flossing, face wash, etc.), scheduled showers, as specified in resident current plan of care and on an as needed basis, hair care, eye care, perineal care every 8 hours and as needed.

7. DRESSING

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

Assistance with clothing choices every morning, total assist with resident dressing and undressing every morning and evening and on an as needed basis.

8. BATHING

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

Scheduled and as needed, or per resident request, showers provided, total care for residents who are immobilized and remain in bed.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We will protect resident's dignity and promote independence, while providing complete assist as needed.

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:

Resident medication assistance can range from reminders to round the clock medication administration, as nursing staff will be available to accommodate both.

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:

Wound care, sub Q and IM shots as ordered per physician, scheduled medication administration, review and update of resident plan of care on a scheduled basis and as needed basis, resident assessment every shift and with any resident change of condition, computerized documentation, as needed updates to approved family members per request on resident's progress, condition, and overall situation.

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

Personal hygiene, scheduled medication reminders, assistance with activities of daily living (ADLs), passive range of motion, active range of motion, prescribed physical therapy exercises, meal preparation, meal assistance, blood sugar monitoring, and scheduled, along with as needed vital signs and documentation.

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: **Sunday-Saturday 24 hour coverage**

Licensed practical nurse, days and times: _____

<input checked="" type="checkbox"/> Certified nursing assistant or long term care workers, days and times: Sunday-Sunday 24 hour coverage <input checked="" type="checkbox"/> Awake staff at night <input checked="" type="checkbox"/> Other: Respiratory Therapy
ADDITIONAL COMMENTS REGARDING STAFFING Respiratory Therapist will be on staff M - F and on call as needed throughout the weekend hours.
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: N/A-anyone is welcome
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS We will try and accommodate anyone of any background and language access, provided that communication is possible, whether patient chooses to use own language skills or a family member who is available to interpret as needed via telephone or in person.
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)
<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: Patient must be Medicaid approved and private pay can transition to Medicaid as needed, but must give home 30-60 days of notice before transitioning so that proper paperwork can be completed in a timely manner.
ADDITIONAL COMMENTS REGARDING MEDICAID Home will receive private pay, veterans affairs, and medicaid residents
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: Daily communication and activities with nursing staff, resident personal TV with basic cable access, WiFi capability throughout the house, volunteers and family visits welcome, scheduled bi-annual family and resident get togethers and seasonal parties promoted.
ADDITIONAL COMMENTS REGARDING ACTIVITIES Any special requests will be considered on a case by case basis.

Please Return the completed form electronically to

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