

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER LIFE STAR ADULT FAMILY HOME	LICENSE NUMBER 753278
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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. To create value, set new standards and make a positive difference in the lives of our residents by providing quality and professional care.	
2. INITIAL LICENSING DATE 01/27/2017	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: N/A
4. SAME ADDRESS PREVIOUSLY LICENSED AS: N/A	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Company <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:

Supervision and cueing residents at risk of choking and aspiration.

Altered food texture, eg cutting to small pieces, mechanical soft or puree as needed.

Feeding assistance as needed.

2. TOILETING

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

Frequent toileting reminder to promote continence.

Physically assisting with toileting, transfers and hygiene as needed.

Assisting with bed pan, urinal, or commode

3. WALKING

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

Cueing resident with ambulation.

Stand by assist and contact guard.

Use of assistive devices eg walker, gait belt.

4. TRANSFERRING

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

Supervision cueing and contact guard.

Physical minimal to moderate assist

Use mechanical lift eg sit to stand and hoist lift

5. POSITIONING

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

Cueing and reminding residents to turn and position self.

One person assist with turning and repositioning.

Two hours turning and repositioning for residents at high risk of skin breakdown.

6. PERSONAL HYGIENE

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

Assist with oral care.

Assist with showers as needed

Shaving, hair styling

Assist with deodorant, lotions and make up application.

Assist with overall presentation .

Nail care and foot care done by podiatrist.

7. DRESSING

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

Supervision cueing and stand by assist during dressing.

Minimal to total assist with dressing.

8. BATHING

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

Supervision and cueing during showers.

Minimal to total assist with showers.

Skin assesement during showers.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We encourage our resident to be as independent and highly involve them to participate in their 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:

Staff trained and delegated to perform various tasks to include passing medication.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Medication reminders to total assist in medication administration.

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:

Nursing delegation in regard to care needs.

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

Medication delegation.

Diabetic delegation.

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

We ensure our staff are well trained to take care of our residents in cosideration to Dementia and mental health and they have all other required training so as to provide quality 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: **RN for nurse delegation**
- Licensed practical nurse, days and times: **Provider is a Licensed Practical Nurse**
- Certified nursing assistant or long term care workers, days and times: **24 Hours/ Week**
- Awake staff at night
- Other: **Resident provided with call button.**

ADDITIONAL COMMENTS REGARDING STAFFING

Home has an overnight asleep caregiver present.

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

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We understand our residents comes from different cultures and we respect that and involve them in their care decisions.

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:
Based on the level of care and the ability of the AFH to meet their care needs.

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:

Music, puzzle games, magazine / paper reading, outdoor activities when weather allows, prayer and church meeting for interested residents.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We encourage our residents to live an active life and always willing to factor their activity of choice while maintaining safety in the AFH

Please Return the completed form electronically to 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