Washington State Department of Social & Health Services
Transforming lives

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
LOVING CARE AFH II LLC	753643

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 AFH II 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:
3/30/18	**None**

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- ☐ Sole proprietor
- ☒ Limited Liability Company
- ☐ 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: **When deemed appropriate by the provider, the adult family home may provide the following:** *** Supervising & Cueing clients who are at risk for the choking/aspiration** ***Altering texture of food. IE: cutting into bite sized pieces, chopping and/or pureeing of solid foods** *** Feeding clients as indicated** ***Providing diets and food choices specific to client needs and preferences**
2. TOILETING If needed, the home may provide assistance with toileting as follows: **When deemed appropriate by the provider, the adult family home may provide the following:** *** Remind clients to visit the bathroom regularly** ***Supervise or provide stand by assistance while toileting** ***Assistance with the use of a bedside commode, bed pan or urinal** ***Changing of briefs/pad and incontinence care as needed**
3. WALKING If needed, the home may provide assistance with walking as follows: **When deemed appropriate by the provider, the adult family home may provide the following:** *** Reminding clients to use their assistive devices** ***Cueing clients on correct use of all medical devices** ***Standby or contact assistance with or without the use of gate belt during walking**
4. TRANSFERRING If needed, the home may provide assistance with transferring as follows: **When deemed appropriate by the provider, the adult family home may provide the following:** ***Supervision or standby assitance with transfers** ***One person assistance with transfers** ***Provide Hoyer lift transfers as indicated**
5. POSITIONING If needed, the home may provide assistance with positioning as follows: **When deemed appropriate by the provider, the adult family home may provide the following** ***Cueing and reminding clients to change position or turn** ***One person assistance with changing position or turning while in bed or chair** *** Provide turning on a regular two hour schedule for clients at high risk for skin breakdown/bedsores**
6. PERSONAL HYGIENE If needed, the home may provide assistance with personal hygiene as follows: **When deemed appropriate by the provider, the adult family home may provide the following**

***Assistance with oral care**

***Assistance with shaving and hair styling**

***Application of deodorant, lotions and make up**

***Assistance with nail care.**

7. DRESSING

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

When deemed appropriate by the provider, the adult family home may provide:

*** Supervision and standby assistance during dressing**

*** Provide total assistance with dressing**

*** Provide cuing to promote self-reliance**

8. BATHING

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

When deemed appropriate by the provider, the adult family home may provide the following:

***Supervision during shower**

*** Cueing clients during showers**

***Provide total assistance with showers**

***Bed bath will be provided if resident unable to take shower**

***Skin assessment during each shower when indicated**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Staff Loving Care AFH II LLC encourage clients to be as independent as possible

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:

When deemed apppropriate by the provider, the adult family home may provide the following

***Reminding clients to take medications on time**

***Assist clients with administration of oral medications**

***Total assistance with medication Administration**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Staff Loving Care Afh II have been trained to be delegated in various tasks

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:

Loving Care Afh II is owned and managed by an RN. When deemed appropriated by the provider, the AFH may have RN on site and on call as needed to supervise, instruct caregivers or to deliver hands on care. When deemed appropriate by the provider, the AFH may provide care to a more clinically complex client that might require things like wound care, end of life care or diabetic management.

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

When deemed appropriate by the provider, the AFH may have delegation put into place to include medication assistance and/or administration of various medications. The cost of these services would be the responsibility of the client.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The provider will ensure there is appropriate staffing in the home

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

When deemed appropriate by the provider, the AFH may provide special care and attention to clients with a diagnosis related to mental illness and or dementia

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: **When the provider is not present in the home, the provider will schedule the appropriated days and times for a CNA or Long term workers in the home**
- ☐ Awake staff at night
- ☐ Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Our staff has received all required Washington State training

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:

The provider will offer appropriate activities and consider client's preferences

ADDITIONAL COMMENTS REGARDING ACTIVITIES

When deemed appropriate by the provider, the AFH may try to provide activities that would match with what a client's interest, abilities and desires.

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