



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER TLC Adult Family Home Inc.	LICENSE NUMBER 753807
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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 provide excellent care incorporate family concerns, consideration, and involvements: to provide patient with comfort and contentment that comes from the care received here. Making certain all medical needs are met. Our goal is peace, contentment and good health for all our patients.

2. INITIAL LICENSING DATE

9/6/18

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

3521 SW Thistle St, Seattle, WA 98126 This property was sold 10/13.

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

Same as above(TLC)

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- Other: **Incorporation**

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:

We strive to make the eating experience an outreach activity to help our patient keep as alert and aware as possible. Some patients require full eating assistance, be it eating or drinking, we encourage them to consume properly prepared good tasting meals. All preparation, regardless of diet limitation, fall under physician's guidelines.

2. TOILETING

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

Full care if necessary, as in bedridden patients. Mobility assistance for those more able. In the completion of toileting; making certain the patient is clean and dry; personal dignity and privacy being dealt with thru the entire process.

3. WALKING

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

Safety is our first concern. We strive to make all pathways and gathering areas neat and uncluttered. In the movement, we make a point to have one or two assistants depending upon each patient's level of mobility.

4. TRANSFERRING

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

As in walking, transfers are performed by one or two assistants; as determine by the patient's need. All caregivers are also trained in the use and safe handling of a hoyer lift; should it be a necessity.

5. POSITIONING

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

Positioning of any patient is determined by any physical limitation or need they may have. We strive to follow therapists/physician instructions. In doing so, comfort is always considered.

6. PERSONAL HYGIENE

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

Depending upon the patients ability to function, we attend to any level required...full care, full bed care, shower assistance, bathing/soaking assistance-----always attempting to maintain their dignity.

7. DRESSING

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

While dressing, we encourage patient's participation, we go between full assist to moderate assistance with encouragement and praise for the patient's accomplishment.

8. BATHING

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

We bath/shower every other day...bedridden patient gets bed bath everyday; and of course sponge or full bath/shower should there be any unexpected occurrence.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We try to keep our patient's skin healthy, moisturize, and the tissue strong and resilient.

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:

Our home has administered pills, liquid, saves, and ointments. Clients ability range from self administered to crushed/ mixed administered through eating. Those who self administer do so after meds are put in med cup/spoon. Those who need full assistance are administered through feeding/ drinking provided by caregiver. Otherwise medicine is administered by other professionals as authorized by physican.

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:

Provide assessments, monitoring caregivers with nurse delegation process to ensure guidelines are followed. On call as needed for any unexpected incident or issues that may require RN level intervention. The RN serves as an intermedaiator between the therapist, physican, and the home caregivers, clarifying any changes when necessary

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

Issuing / administering medication, attending to diabetic patients, ie.shots.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

To ensure records, medications, and any changes in patient/ care level are current to their needs.

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: **Mon-Thur 1600-on call. Fri-Sun on call 24hr...on call/ emergencies.**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24/7**
- 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:

English Speaking. Any ethnic background.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

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: _____

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:

Drives, music, sing along, sit and fit exercises, good weather picnic, garden walks, and gardening. Some clients are taken on outings by family.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Drives...along Alki, to arboretum, Xmas time, lights, decorations, etc.