



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

HOME / PROVIDER <b>Felida Lodge Senior Living AFH, LLC/Traci Nelson</b>	LICENSE NUMBER <b>753811</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) Felida Lodge Senior Living is a resident-centered adult family home. Our goal is to ensure a lifestyle that is comfortable, secure and enjoyable. Our team performs our duties with confidence, commitment, cheerfulness and high quality care. We treat every resident with respect, kindness and dignity. We truly consider it an honor to serve them at this season of their lives.	
2. INITIAL LICENSING DATE 9/14/18	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP Sole proprietor Limited Liability Company/Traci Nelson  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: We may provide assistance with eating from cueing, reminders, cutting up, monitoring, hands on assistance to guide or hand food/drink total dependent feeding assistance with all foods/fluids including feeding tubes and pumps. We may provide therapeutic diets, diabetic diets, mechanical altered diets and adaptive diets.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: We may provide assistance with toileting from setting up, monitoring, encouragement, cueing, assistance with cleansing, pads, clothing and or stand-by assistance for transfe up to totally dependent care for all toileting tasks. We provide catheter and ostomy care.

3. WALKING

If needed, the home may provide assistance with walking as follows: We provide assistance with walking using assistive devices, wheelchair, stand-by assistance fo rsafety and cueing and monitoring. We are unable to accommodate motorized scooters.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: We may provide assistance with transfers including stand-by for safety, encouragement and cueing, hands on guidance, one person assist for gait belt, Hoyer lift and sit to stand lift.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: We are able to provide one-person assistance with positioning including stand-by for safety, cueing, monitoring or encouragement, repositioning at regular intervals.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: We may provide assistance with personal hygiene including set-up, monitoring, encouragement and cueing, hands-on assistance to guide through task completion and total assistance when dependent for all or parts of tasks. Assist with oral care, dentures, glasses and hearing aides.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: We provide assistance with personal hygiene for set-up, monitoring, encouragement, and cueing, hands-on assistance to guide through task completion to total assistance when dependent for all or portions of tasks.

8. BATHING

If needed, the home may provide assistance with bathing as follows: We provide assistance with showering for set-up of supplies, encouragement, cueing and monitoring, help getting in/out of roll-in shower, partial assistance to total assistance including complete bathing and bed baths.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE: We have a roll in shower with customized heat. All resident rooms have private bathrooms and customized heat.

**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: We provide assistance with medication up to and including administration of medications that are nurse delegated.

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: We provide medication assistance and medication administration through nurse delegation. We order, prepare, monitor, document and store medications in properly locked cabinet or containers.

The home has the ability to provide the following skilled nursing services by delegation: Medication administration including ear drops, eye drops, nasal drops or sprays, oral inhalation therapy, rectal suppositories, vaginal suppositories, non sterile dressing changes, glucometer testing, gastrostomy feedings, ostomy care, straight clean urinary catheterization, and insulin injections.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION: We provide services to individuals with mild, moderate and severe dementia. We also provide services for residents requiring hospice and end of life care.

**Specialty Care Designations**

We have completed DSHS approved training for the following specialty care designations:

- Mental illness
- Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

**We have training for end of life 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, 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 - advice Mon-Friday 8 am-5 pm.**

Licensed practical nurse, days and times: \_\_\_\_\_

Certified nursing assistant or long term care workers, days and times: **Depending on the level of care, we provide a minimum of one CNA per shift. Often there are two caregivers on shift.**

Awake staff at night There is one awake staff caregiver on night shift to provide for the resident's night time needs.

Other:

ADDITIONAL COMMENTS REGARDING STAFFING: ALL STAFF IS CERTIFIED IN DEMENTIA, MENTAL HEALTH, NURSE DELEGATION/ DIABETES, FIRST AIDE AND CPR. ALL STAFF GO THROUGH RIGOROUS TRAINING AND BACKGROUND CHECKS INCLUDING FINGER PRINTING.

**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: This is an English speaking home.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS: We strive to do our best to accommodate different needs and specialized diets for a particular religion and honor cultural or religious events in our home.

**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.

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: We offer numerous activities based on our resident's interests. A music therapist comes regularly, spa days, arts and crafts, pet therapy, gardening, exercises, baking and numerous stimulating activities.

ADDITIONAL COMMENTS REGARDING ACTIVITIES: We enjoy making special moments by celebrating life. We recognize birthdays, holidays, and special events, and occasions. We enjoy singing along with our piano, table games, cards, puzzles, bingo, reading and reminiscing. Our goals is to continually stimulate and discover positive interests that are purposeful for our residents.

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  
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Olympia, WA 98504-5600