



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <p style="text-align: center;">Lifeguard AFH</p>	LICENSE NUMBER <p style="text-align: center;">HELEN T. UY</p>	754011
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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. [Table of Contents](#)

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About the Home	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.</p> <p style="margin-left: 40px;">This is a Registered Nurse (RN) operated home. We pride ourselves in providing holistic care and your family member's safety.</p>	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4-4-2019	
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
<p>5. OWNERSHIP <input checked="" type="checkbox"/></p> <p>Sole proprietor</p> <p><input type="checkbox"/> Limited Liability Company Co-</p> <p><input type="checkbox"/> owned by:</p> <p><input type="checkbox"/> Other:</p>	

"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 are capable of helping from set up, supervision, to total assistance in feeding. Modified diets based on assessed need by licensed assessor is accepted.

2. TOILETING

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

This home is runned by one staffed resident coordinator at all times. Can help with supervision or total incontinent care.

3. WALKING

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

This home is runned by one staffed resident coordinator at all times. Can help with supervision and one person assist in ambulation. Resident should be able to help with 50% of the task with minimal continuous lifting by the staff or wheelchair would be used in the home.

4. TRANSFERRING

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

This home would provide one person assistance in transferring, which could include safe transferring devices (e.g., hoier lift, sit to stand, slide board) as assessed by licensed assessor for safety. Resident should be able to help with 50% of the task unless being lifted by a hoier lift.

5. POSITIONING

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

This home would provide one person assistance in turning. Resident should be able to initiate turns safely with minimal assistance.

6. PERSONAL HYGIENE

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

A bathing schedule would be discussed with the resident and the resident's representative (e.g., family members, POA). Showers are offered for a resident that is able to help with 50% of the task. If unable to do so, the resident would be offered bed baths with staff assistance. Please see positioning compliance

7. DRESSING

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

Resident should be able to help with 50% of the task, further assistance will be offered if needed.

8. BATHING

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

Full baths are not offered in facility. The facility only provide walk-in showers.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Personal care equipments/ supplies not covered by insurance will be provided by the family or charges would be added to the resident's monthly payment.

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:

All medications would be given by the staff members that have been trained or licensed.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

All medications should have a doctor's prescription and only given by the staff or special considerations if it is part of the resident's negotiated care plan. Any violations will not be tolerated.

Skilled Nursing Services and Nursing 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:

Medication administration, simple wound care dressing changes, intramuscular/ subcutaneous injections, gastric tube feedings, tracheostomy care, subrapubic catheters, foley catheters with doctor follow up.

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

See offered skilled nursing services.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

More skilled nursing services are offered but are done by case by case assessment of a licensed assessor and Safeguard AFH RN manager.

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: 1-7 days of the week. depending on RN schedule

Licensed practical nurse, days and times: _____ Certified nursing assistant or long term care workers, days and times: 2-7 days of the week (variable) depending on RN schedule Awake staff at night

Other: Care assistance coordinators can be awake at night pending on resident's needs and RN availability.

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:

Everyone is welcomed as long as staff members are able to provide safe care. Safety to be assessed by licensed assessor and Safeguard AFH RN manager

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

N/A

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

Safeguard AFH reserves the right to decline any admission depending on facility safety and capability to take care of the resident.

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:

Resident has the right to express his or her creativity. Various activities would be offered with reasonable restrictions in resident's safety. Prior to activity, agreed expenditure responsibility would be discussed with the resident and resident's representatives (e.g., resident's family members, POA).

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Family is welcomed to join the activities. Waivers might be needed for family members to address potential safety concerns/ issues.

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