

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER LAKWOOD ADULT FAMILY CARE HOME Inc.	LICENSE NUMBER 754413
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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. Dedication to give the best care	
2. INITIAL LICENSING DATE 03/06/2020	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 type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Co-owned by: Lakewood Adult Family Care Home Inc. <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:

Full assistance in feeding residents not able to do it for themselves

2. TOILETING

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

Taking resident to the bathroom, pericare, change briefs if needed and wash their hands.

3. WALKING

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

Use gait belt to support and guide resident at a safe pace

4. TRANSFERRING

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

Use gait belt or sliding board, hoier lift according to the resident care plan's transfer procedure

5. POSITIONING

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

Turn every 2 hours for residents who are bedfast and those needing reminders or cueing.

6. PERSONAL HYGIENE

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

Cueing for those resident needing partial assistance and hands on for those needing full assistance

7. DRESSING

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

Cueing for those resident needing partial assistance and hands on for those needing full assistance

8. BATHING

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

Full assistanse to resident needing total care and cueing with minimal assist to those needing percial assistance . Giving bedbath to the bedfast residents.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Assisting resident with activities of daily living, hair care and nail care for non diabetic residents.

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:

Only physisian prescibed medication with 5 rights on the label and nurse delegated medication assistance.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

All medication in a locked area, medication needing refrigeration stored in a locked refrigerator

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:

Owner is an RN and has a state licence, and will have a nurse deligator who the home will consult

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

Medication administration assistance, diabetic care,wound care and Catheter care and colostomy care

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

None

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

The manager is well equiped with all the speciality materials to meet standard careto all kind of speciality

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: Monday -Friday 4pm to 6pm
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24/7 leave in
- Awake staff at night
- Other: **Visiting RN**

ADDITIONAL COMMENTS REGARDING STAFFING

All staff will have required training and delegation needed

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:

We will accept all cultures, ethnic, religion and languages as long as we can accommodate. No discimination to residents based on their background, religioun, sex or language.

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:

Following home's medicaid agreement

ADDITIONAL COMMENTS REGARDING MEDICAID

Medicaid residents will be treated equally with private pay residents.

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:

Playing cards, Domino, watching movies, puzzles, sodokus, reading magazine, Exercise hour, Bingo weekend, birthday parties time.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

All resident will be encouraged to particvipate in all kinds of activities they prefer eg, gardening, reading , folding, crochetting, exercise

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