

# Adult Family Home Disclosure of Services

## Required by RCW 70.128.280

<b>HOME / PROVIDER'S NAME</b> <b>In Loving Care Adult Family Home</b>	<b>License Number</b> <b>754536</b>
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**06/01/2020**

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 About the Home Personal Care Medication Services Skilled Nursing Services and Nursing Delegation Specialty Care Designations Staffing Cultural or Language Access Medicaid Activities

<b>About the Home</b>	
Initial Licensing Date:  <b>5/21/2020</b>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <b>2215 So Sunrise Rd. Spokane Valley WA 99202</b>
Same address previously licensed as:	<b>Faulk Family Homes</b>
Ownership:	<b>Limited Liability Company</b>

<b>Personal Care</b>
<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)</p>
<p>1. EATING If needed, the home may provide assistance with eating as follows: <b>Caregivers will aid clients based on their specific needs and as indicated in the negotiated care plan.</b> <b>Examples include:</b></p> <ul style="list-style-type: none"> <li>• <b>Supervising and cueing clients who are at risk of choking/aspiration.</b></li> <li>• <b>Altering food such as cutting into bite sized pieces, chopping or pureeing solid foods.</b></li> <li>• <b>Generally, home does not provide care for clients who need fed but will provide temporary feeding assistance.</b></li> <li>• <b>Providing diets and food choices specific to client needs and preferences as outlined in negotiated care plan.</b></li> </ul>
<p>2. TOILETING If needed, the home may provide assistance with toileting as follows: <b>Client specific care provided as outlined in negotiated care plan.</b> <b>Examples include:</b></p> <ul style="list-style-type: none"> <li>• <b>Reminding client to visit the bathroom</b></li> <li>• <b>Supervision or stand by assistance while toileting</b></li> <li>• <b>Changing of briefs/pads and incontinence care as needed, but clients who are incontinent, not generally admitted. Temporary care regarding incontinent care will be provided, as needed.</b></li> </ul>
<p>3. WALKING If needed, the home may provide assistance with walking as follows and as outlined in negotiated care plan: <b>Examples include:</b></p> <ul style="list-style-type: none"> <li>• <b>Generally, those needing walking assistance are not admitted to facility, however, assistance with walking will be provided on an as needed and temporary basis. Reminding client to use temporary assistive devices such as reminders to use walkers or canes per physicians' orders.</b></li> <li>• <b>Cueing client on correct and safe use of devices such as a walker or cane.</b></li> <li>• <b>Standby or contact assist and/or use of gait belt during walking.</b></li> <li>• <b>Encouraging regular walking within the client's abilities.</b></li> </ul>
<p>4. TRANSFERRING If needed, the home may provide assistance with transferring as follows:</p>

The safety of our clients is our priority and transfers will be available as outlined in negotiated care plan. Generally those needing transfers are not admitted to facility, but assistance will be provided on an as needed and temporary basis.

Examples of the types of transfer assistance include:

- Supervision or standby assist with transfers.
- One-person assistance with transfers from bed to chair or commode.
- Facility is not set up for two-person assists
- Following and cueing clients regarding specific instructions from physician or physical therapist such as: No weightbearing or partial weightbearing to a healing limb.
- Facility does not accommodate needs for hoist-lifting.

#### 5. POSITIONING

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

Generally, In Loving Care does not have clients needing assistance with repositioning, but such care would be provided based on the client's needs and abilities, and per client negotiated care plan or per physicians' orders.

Examples of assistance provided by our caregivers include:

- Cueing and reminding clients to change position or turn.
- One-person assistance with changing position or turning while in bed or chair.
- Following specialized orders from physician or physical therapist for specific positioning.
- Turning on a regular two-hour schedule for clients at high risk for skin breakdown/bedsore.

#### 6. PERSONAL HYGIENE

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

All activities of daily living as outlined in negotiated care plan. Clients encouraged to participate as much as they are able in order to maintain optimal independence. Our caregivers can provide:

- Assistance with oral care.
- Assistance with hair styling.
- Assistance with showers or bath and shampoo offered at least twice weekly as client is able.
- Temporary assistance with bed bath if client unable to use bath or shower on own..
- Application of deodorant, lotions, make up.
- Assistance with nail care and toenail trimming.

#### 7. DRESSING

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

- Supervision and standby assistance during dressing as outlined in negotiated care plan.
- Assistance with dressing top and bottom as needed, stockings and shoes.
- Providing choice of clothing types and dressing and assisting them to decide.

#### 8. BATHING

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

Safety is priority while providing care during a shower. Assistance is provided based on the client's abilities and as outlined in negotiated care plan. Examples would include:

- Supervision during shower for safety and avoid slips or falls.
- Cueing client during shower.
- Providing total assistance with shower.
- Making the shower experience a positive one by keeping the water and room warm and not rushing.
- Assessing skin.

#### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

In Loving Care Adult Family Home encourages clients to be as independent as possible while providing support and care as needed, and if additional assistance is needed, temporarily, caregivers will provide it, but if long term assistance is needed which is not outlined in negotiated care plan, alternate accommodations may be sought. The health and well-being of client is first and foremost, and as daily living accommodations change, so will the care provide. If at any time the need of the client become more than facility can uphold, alternate living arrangements will be sought.

### 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:

The facility will ensure safe medication service for each resident in accordance with Negotiated Care Plan. Residents will receive medications as prescribed by pharmacy and all staff trained on medication assistance and shown competency in all areas of medication administration.

<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES</p> <p>Assisting the client with administration of oral medications by handing them to the client. Total assistance with medication administration.</p>
<p><b>Skilled Nursing Services and Nurse Delegation</b></p>
<p>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)</p>
<p>The home provides the following skilled nursing services:  <b>Facility will provide skilled nursing services as outlined in negotiated care plan.</b></p>
<p>The home has the ability to provide the following skilled nursing services by delegation:  <b>Facility is unable to provide delegated services currently. If only by temporary basis a licensed delegated provider is needed, facility will provide care, but long-term delegated needs not in negotiated care plan will need to be reviewed with family, resident and case worker.</b></p>
<p>ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION</p>
<p><b>Specialty Care Designations</b></p>
<p>We have completed DSHS approved training for the following specialty care designations:  <b>Developmental disabilities</b>  <b>Mental illness</b>  <b>Dementia</b></p>
<p><b>Staffing</b></p>
<p>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)</p>

<p><b>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.</b></p> <p>The normal staffing levels for the home are:</p> <p>Certified nursing assistant or long-term care workers, days and times:  <b>MONDAY-SUNDAY 24 hours a day, 7 days a week, 365 days a year.</b></p> <p>Awake staff at night  <b>No Awake staff needed</b></p> <p>Other:</p>
<p>ADDITIONAL COMMENTS REGARDING STAFFING</p> <p>There is a live-in caregiver who at In Loving Care Adult Family Home and scheduled 5 nights a week from 8 PM-7 AM in exchange for room and board. Caregivers works various shifts throughout the week, such as 7 am-1, 8 am-2, 2 pm-8 pm. On other two days that live in caregiver not on shift, there is overnight coverage for sleep and awake hours.</p>

<p><b>Cultural or Language Access</b></p>
<p>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)</p>
<p>The home is particularly focused on residents with the following background and/or languages: <b>English</b></p>
<p>ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS  <b>Our facility will accommodate any ethnic or cultural needs of our residents to the best of our ability.</b></p>
<p><b>Medicaid</b></p>
<p>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)</p>
<p>The home will accept Medicaid payments under the following conditions:  <b>60 days advanced notice</b></p>
<p>ADDITIONAL COMMENTS REGARDING MEDICAID</p>
<p><b>Activities</b></p>

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:

**Board games, puzzles, arts and crafts, outside games and activities, religious programs and groups, group exercise, talking exercise, television, music, and seasonal activities.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

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

PO Box 45600

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