



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Loving Sisters Adult Family Home	LICENSE NUMBER 754601
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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. <p style="margin-top: 10px;">Loving Sisters Adult Family Home is a family oriented facility. We strive to provide compassionate care while maintaining safe, healthy and warm environment for our residents. We are aware that each resident has individual needs and we seek to give a highest quality of nursing care.</p> <p style="text-align: center; margin-top: 5px;">" Loving Sister Adult Family Home Where Family is Everything."</p>	
2. INITIAL LICENSING DATE 7/8/20	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4. SAME ADDRESS PREVIOUSLY LICENSED AS: N/A	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Co-owned by: <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:

The home will provide assistance based on client needs:

- 1. Feeding Assistance: From Independent, Set Up Assist, Supervision and Monitoring of at risk clients, as well as Total Assist**
- 2. Modification of food and fluid texture : Pureed Diet, Mechanical Soft, Dysphagia and Thickened Fluids**
- 3. Providing meals following specific Diet needs based on Health Issues while also considering individual preferences**

2. TOILETING

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

The home will provide assistance based on client needs:

- 1. Reminders and/or Cueing**
- 2. Supervision, Stand by Assist and Contact Guard**
- 3. Assistance with the use of bedpan, urinal and bedside commode**
- 4. Incontinent Care as Needed**
- 5. Lines and Drains assistance such as Colostomy, Ileostomy and Foley Catheter**

3. WALKING

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

The home will provide assistance based on client needs:

- 1. Use of Assistive Devices**
- 2. Cueing, Stand By Assist, Contact Guard, 1-2 Person Assist (with or without use of gait belt as deemed appropriate)**
- 3. Complying and Encouraging Exercise Regimens and following PT/OT recommendations for rehabilitation**

4. TRANSFERRING

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

The home will provide assistance based on client needs:

- 1. Supervision and Stand By Assist**
- 2. 1-2 Person Assist as Needed**
- 3. Use of Medical Equipments-Hoyer Lift and Sit to Stand as needed**

5. POSITIONING

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

The home will provide assistance based on client needs:

- 1. Cueing and Reminders with position changes and turns**

2. 1 Person Assist while in chair and/or bed

3. Turning Every Two (2) hours as regularly scheduled for clients deemed at risk for skin breakdown and/or pressure ulcers

6. PERSONAL HYGIENE

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

1. Oral Care Assistance

2. Bathing and Skin Care such as lotion and deodorant application

3. Shaving and Hair Care Needs such as hair styling .

4. Bed Bath

5. Nail Trimming, Fingernail and Toenail Care: Nail Polishing

6. Make Up

7. DRESSING

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

The home will provide assistance based on client needs:

1. Supervision, Cueing and Stand By Assist during dressing

2. Total Assistance

8. BATHING

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

The home will provide assistance based on client needs:

1. Supervision during showers

2. Cueing during showers

3. 1-2 Person Assistance during showers

3. Total Assistance

4. Skin Assessment during each shower

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Loving Sisters Adult Family home will provide functional assistance as well as foster client independence.

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:

From Cueing to Supervision to Assist and to Administration.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Loving Sisters Adult Family Home LLC has RN On Staff to supervise and do nurse delegation as needed

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 are able to take care of complicated residents including, COPD,MS, DM, CVA,Brain Injury,Parkinson's,CHF etc as well as provide Resident Assessment and Delegating necessary services

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

The home may perform delegated tasks under WAC 246.841.405 if any resident needs assistance with full medication administration, Eye drops,Ointments,Nebulizer treatments, CPAP Assistance,Foley Catheter Insertion and Care, Rectal Suppository and Cream, Vaginal Cream,Oxygen Administration,Diabetic Management,Gastrostomy Feeding,Ostomy Care,Wound Care and Hospice Care

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The provider will ensure that there is appropriate staffing in the home.

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

Loving Sisters Adult Family home has Mental Health and Dementia Specialty Designation. Staff received proper training with dealing with this specific client population.

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: **One of the provider is an RN and available anytime as needed**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **When either provider is not present at home, the provider will schedule the appropriate days and times for a CNA or long-term care workers in the home.**
- Awake staff at night
- Other: **When deemed appropriate AFH may have awake staff.**

ADDITIONAL COMMENTS REGARDING STAFFING

Staffing is based on client needs. All staff received required Washington State Training.

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:

The home serves all clients regardless of background, ethnicity, language, culture beliefs and practices. The home is well verse in English language. The home will respect resident's cultural and ethnic backgrounds.

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:

We accept 1 Medicaid resident in our home. We require 2 years(24 months) of private pay before conversion to Medicaid. However, it is still the provider's discretion if able to accept more than 1 Medicaid client. It is imperative that we are made aware of Medicaid client's daily rate to determine if we can accept the client.

ADDITIONAL COMMENTS REGARDING MEDICAID

The home has a Medicaid policy that is disclosed to clients and families prior to admission.

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 strive to provide each resident with activities specifically tailored to their wants, unique desires and needs. We have Daily Exercise Activities, Spa Social, Music Bi weekly, Intergenerational and Pet visit, Movie Nights, Puzzles, Holiday Themed Programs, Birthday Celebrations, Arts and Crafts, Long Distance Family Communication(with the use of Skype or Facebook Video), Bingo, Gardening, Summer BBQ and Monthly Social Gatherings

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Loving Sisters Adult Family Home is based and love, compassion and understanding. We are open to suggestions and will assist residents with transporation management for events outside home when deemed appropriate.

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

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