



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>Lily Adult Family Home</i>	LICENSE NUMBER <i>90100</i>
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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 [Washington Administrative Code](#).

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About the Home

1. PROVIDER'S STATEMENT (OPTIONAL) The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. <i>"Senior Living Made Better"</i>	
2. INITIAL LICENSING DATE <i>8/17/93</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>N/A</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>N/A</i>	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Corporation <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:
AFH will accommodate clients who are independent, needs minimal assist to total care. (ie) NG tube, feeding, special diet

2. TOILETING

If needed, the home may provide assistance with toileting as follows:
Independent, minimal assist to total care. (ie) incontinent clients

3. WALKING

If needed, the home may provide assistance with walking as follows: *(ie) walker, cane, wheel chair*
Independent, minimal assist to total care

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *Assistive device - to help w mobility: hooyer lift*
Independent, minimal assist to total care

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *Assistive device - to help w positioning task*
Independent, minimal assist to total care.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:
Independent, minimal assist to total care.

7. DRESSING

If needed, the home may provide assistance with dressing as follows:
Independent, minimal assist to total care.

8. BATHING

If needed, the home may provide assistance with bathing as follows:
Independent, minimal assist to total care

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Daily personal care will be provided by CG: Bathing, Bed Bath, pericare, dressing, dental care, hair care, Haircuts, manicure, pedicure offered @ clients expense, special Medication Services grooming/hygiene items to be provided by client

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:

Independent, minimal assistance to total care w medication administration

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

ARNP will set up medication with local pharmacy, verified by physician, meds stored in locked store ARNP will nurse delegate medication administration.

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: *residents & catheter, colostomy bag, Medication Administration, minor dressing changes, oxygen therapy*

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

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

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: _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: *1-2 CG 7a-6p, 1 CG live in*
- Awake staff at night
- Other: *ARNP*

ADDITIONAL COMMENTS REGARDING STAFFING *ARNP will visit / take care & answer questions regarding any nursing/medical concerns. ARNP will work closely with doctor in maintaining clients health. AFH has ARNP who is a PCP in the community.*

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: *N/A, AFH accepts all clients & no specific focus on cultural or ethnic background*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

AFH has a diverse staff, all CGs are fluent in English, speaking & writing.

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:

Total care clients; no motorize wheel chair

ADDITIONAL COMMENTS REGARDING MEDICAID *In the event client uses up finances & will have to be on Medicaid, AFH will continue to provide care for the client.*

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: *Piano in living rm. for enjoyment & use. TV provided
Board games, cards, puzzles, bingo, sing a long, Karaoke, movies
drawing, magazines, gardening, bible study groups.*

ADDITIONAL COMMENTS REGARDING ACTIVITIES *Birthdays celebrated & cake/ice cream
Barbecues during summer months, Thanksgiving Dinner.*

Activities are planned according to clients interest & appropriateness
• *visit from local library once a month to bring to the AFH
for requested books.*