

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER RADIANT LIVING FAMILY CARE, LLC / ELIZABETH KEGOYA	LICENSE NUMBER
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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. At Radiant Living Family Care LLC, our mission is to provide exceptional, individualized care in a supportive and family-like environment. We are dedicated to ensuring the comfort, safety, and dignity of each resident while promoting their independence and enhancing their quality of life.	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: N/A
4. SAME ADDRESS PREVIOUSLY LICENSED AS: N/A	
5. OWNERSHIP ☐ Sole proprietor ☒ Limited Liability Company ☐ Co-owned by: ☐ 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 adult family home offers the following services:

- **Supervision and cueing for residents at risk of choking or aspiration**
- **Modification of food texture, including cutting into bite-sized pieces, chopping, and/or pureeing solid foods**
- **Comprehensive assistance with eating**

2. TOILETING

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

The adult family home provides the following services:

- **Reminders for residents to use the bathroom regularly**
- **Supervision or one-person stand-by assistance during toileting**
- **Assistance with bedside commodes, bedpans, or urinals**
- **Changing briefs/pads and managing incontinence as needed**
- **Full assistance by one caregiver when required**
- **Perineal care**

3. WALKING

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

The adult family home offers the following services:

- **Reminders for residents to use assistive devices**
- **Guidance and cueing on the proper use of medical devices**
- **One-person standby or contact assistance during walking, with or without the use of a gait belt**
- **Encouragement and support for regular exercise**

4. TRANSFERRING

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

The adult family home provides the following services:

- **Supervision or standby assistance with transfers**
- **One-person assistance with transfers**
- **Staff trained in the use of Hoyer lifts**
- **Staff trained in the use of sit-to-stand devices**

5. POSITIONING

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

The adult family home offers the following services:

- **Cueing and reminding residents to change position or turn**
- **One-person assistance with repositioning or turning while in bed or a chair**

- **Regular turning on a two-hour schedule during waking hours for residents at high risk of skin breakdown or bedsores**

6. PERSONAL HYGIENE

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

The adult family home provides assistance, including full assistance, with:

- **Oral care**
- **Shaving**
- **Hair combing and brushing**
- **Bed baths for residents unable to use the shower**
- **Application of deodorant, lotions, and makeup**
- **Nail care and toenail trimming (excluding residents with diabetes)**

7. DRESSING

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

The adult family home provides the following services:

- **Supervision and standby assistance during dressing**
- **Full assistance with dressing as needed**

8. BATHING

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

The adult family home offers the following services:

- **Reminders to take a shower**
- **Supervision during showers**
- **Cueing residents during showers**
- **One-person full assistance with showers**
- **Bed baths when needed**
- **Skin assessments conducted during each shower**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Staff actively encourage residents to maintain as much independence as possible.

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 adult family home provides the following medication management services:

- **Reminders for residents to take their medications on time**
- **Assistance with the administration of oral, topical, and eye drop medications (Delegated task)**
- **Full assistance with medication administration as needed (Delegated Task)**
- **Ordering and refilling prescriptions to ensure timely availability of medications**
- **Administration of insulin injections (Delegated Task)**

• **Monitoring blood sugar levels (Delegated Task)**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

All delegated tasks are carried out under the guidance of licensed healthcare providers.

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:

When deemed appropriate by the provider, Radiant Living Family Care, LLC may contract with a Registered Nurse (RN) delegator to oversee and delegate nursing tasks, ensuring residents receive the highest standard of care in compliance with state regulations.

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

When deemed appropriate by the provider, staff may perform all delegatable tasks as outlined under WAC 246.841.405. The cost of these services will be the responsibility of the resident.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The provider will ensure there is appropriate delegated staff 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

The provider will obtain the necessary specialty care designations. When deemed appropriate, the home may provide specialized care and attention to residents with diagnoses related to mental illness and/or dementia, ensuring their unique needs are met with compassion and expertise.

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: **When the provider is not present in the home, the provider will schedule the appropriate days & times for a CNA or long-term workers in the home.**
- ☐ Awake staff at night
- ☒ Other: **When deemed appropriate by the provider, the home may have awake staff**

ADDITIONAL COMMENTS REGARDING STAFFING

The provider will ensure there is appropriate delegated staff in the home.

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:

English is the primary language spoken in the home. Staff prioritize sensitivity and respect for residents' ethnic, cultural beliefs, and practices. When deemed appropriate by the provider, the home may accommodate specific requests related to cultural or ethnic preferences.

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:

This adult family home requires atleast 36 months of private pay funds and 180 days of advanced notification prior to the start of a to Medicaid conversion.

ADDITIONAL COMMENTS REGARDING MEDICAID

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:

The provider will offer appropriate activities while considering each resident's preferences. Both the provider and staff encourage residents to stay active, engaging in activities within the home and participating in the community whenever possible.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

When deemed appropriate by the provider, the home may strive to offer activities that align with residents' past interests and hobbies. Based on experience, it is understood that everyone benefits from having a sense of purpose—whether big or small—that brings motivation and inspiration to their lives. Activities are thoughtfully designed to foster this sense of purpose and enhance overall well-being.

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