Washington State Department of Social & Health Services
ALTSA Aging and Long-Term Support Administration

Adult Family Home Disclosure of Services Required by RCW 70.128.280

Received
OCT 24 2014
RCS/Public Disclosure

HOME / PROVIDER	LICENSE NUMBER
FAIRHAVEN AFH Kellie Hampton	41602

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.

To Promote Dignity, Safety and compassion for our Residents and to share our experience of 35 + years in hopes of helping to guide our Residents and their families during this difficult passage of life.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
11-09-2004	1003 Summit Loop #601 Coupeville, WA. 98239

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

FAIRHAVEN ADULT FAMILY HOME 1315 MORRIS LANDING RD OAK HARBOR, WA 98277

5. OWNERSHIP

- [X] Sole proprietor
- [ ] Limited Liability Corporation
- [ ] Co-owned by:
- [ ] Other:

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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:

We provide eating assistance from cuing + monitoring to total assistance.

2. TOILETING

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

Assistance from cuing + monitoring to total assistance.

3. WALKING

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

Assistance from cuing + monitoring to a one or 2 person assist.

4. TRANSFERRING

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

Assistance from cuing + monitoring to one or two person assist. And also using a hoyer lift.

5. POSITIONING

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

Assistance from cuing and monitoring to a one or two person assist.

6. PERSONAL HYGIENE

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

From cuing and set up to total assist.

7. DRESSING

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

From cuing and set up to total assist.

8. BATHING

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

From cuing and setup to total assist.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We provide whatever the resident needs and wishes.

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 set up to cuing to RN delagation for PRN meds.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Provider monitors and orders all med. + will give them up if unable to have them delivered.

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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:

RN ASSESSMENT AND DELAGATION WHEN NEEDED

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

PRN meds

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Hospice care when needed as well as Home Health Nurses

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: 6-2pm shift, 2-10pm + 10pm - 6am Shift. 1 CNA and
- ☒ Awake staff at night
- ☐ Other: provider during the day.

ADDITIONAL COMMENTS REGARDING STAFFING

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

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

If the resident does not speak English - we will use other resources in our community to help with that.

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:

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:

puzzels, craft days, exercise + social events. music daily.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Family members have always been our strength for helping c activities and music.