Department of Social & Health Services
Transforming lives

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
Heavenly Acres AFH Inc. II / Christie Saywers	**510302**

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.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
~~12/17/1996~~ June 2002	27115, 27204 - 76th Ave. East. Graham, Wa. 98338.

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- ☐ Sole proprietor
- ☒ Limited Liability Corporation
- ☐ 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:

We accomadate: Independent to Total assistance, Tube Feeding, Diabetic Diet, Low Salt, Thickened liquids, Blended or Mechanically altered meals, other specialized diets to be determined.

2. TOILETING

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

We accomadate: Independent or standby assist to Total assist. Also Catheter Care, and Colostomy Care.

3. WALKING

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

We accomadate: Independent or standby assist to Total assist.

4. TRANSFERRING

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

We accomadate: Independent or standby assist to Total assist. We have a Hoyer lift if needed.

5. POSITIONING

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

We accomadate: Independent or standby assist to Total assist. We have hospital beds in every room, and alternating air mattress where needed.

6. PERSONAL HYGIENE

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

We accomadate: Independent or standby assist to Total assist.

7. DRESSING

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

We accomadate: Independent or standby assist to Total assist.

8. BATHING

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

We accomadate: Independent or standby assist to Total assist. We have a walk in shower and shower bench.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We accomadate Independent or standby assist to Total assist.

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:

We accomadate: Independent or standby assist to Total assist. cueing. we have Nurse Delegation, and diabetic administration if needed.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Medications to be bubble packed in weekly cards, or family or RN asked to fill a mediset.

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 have worked with a couple RN's for delegation of skilled nursing tasks which allows us to be able to: Administer medications (oral, topical, eye drops, diabetic monitoring, insulin, suppisitories, hospice medications, catheter flushes, wound care.) We work with agencies like Multi-care, Genetevia, Life care, for additional needs.

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

Same as above.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

There is an additional fee to the delegating nurses for skilled nursing services.

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: **On call as needed through nurse delegation.**
- ☐ Licensed practical nurse, days and times: _____
- ☒ Certified nursing assistant or long term care workers, days and times: **Between the three homes we have 12 caregivers that are either NAR's, NAC's, or HCA.**
- ☐ Awake staff at night
- ☒ Other: **All beds have call buttons or motion detectors, bed alarms, for night time needs.**

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:

We are open to recommendations, and preferences. We are an english speaking home.

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 try and maintain a balance of half medicaid and half private pay. If no medicaid opening at the time, we ask for two years of private pay and we will not ask them to move if converting to medicaid.

ADDITIONAL COMMENTS REGARDING MEDICAID

We offer only a shared room for medicaid. A private room can be offered at an additional cost.

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:

Activities are determined by what each resident can do. We also provide group activities like: games, sitting outside, lunches outside, gardening, outings(to restaurants, parks etc) house hold activites, parties for birthdays, Exercise/ walking, Tv/movies, Newstime, Newspaper, magizines, puzzles, music. bible studies for those who want to participate. Baking.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We encourage them to participate or even watching can be an activity for some. We try to even make just the daily routines an activity and incorporate their help and socialization as a life activity. We are not on a bus line and ask families to assist in transportation, or we can provide if needed.

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