

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Dore Haven AFH, Jayson and Bobbi Hills	LICENSE NUMBER 519000
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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	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.</p> <p>It is the Mission of the Dore’ Haven Adult Family Home to provide Care with Dignity, Compassion, Companionship and Purpose to every resident.</p>	
<p>2. INITIAL LICENSING DATE</p> <p>04/05/2000</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p>	
<p>5. OWNERSHIP</p> <p><input checked="" type="checkbox"/> Sole proprietor</p> <p><input type="checkbox"/> Limited Liability Corporation</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input type="checkbox"/> Other:</p>	
Personal Care	
<p>“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)</p>	
<p>1. EATING</p>	<p>Received</p> <p>JUL 27 2015</p>

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

When deemed appropriate by the provider, the adult family home may provide the following:

- *Supervising & cueing clients who are at risk for choking/aspiration
- *Altering texture of foods. IE: Cutting into bite sized pieces, chopping and /or pureeing of solid foods
- *Feeding clients as indicated
- *Providing diet and food choices specific to client needs and preferences

2. TOILETING

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

When deemed appropriate by the provider, the adult family home may provide the following:

- *Remind clients to visit the bathroom regularly
- *Supervise and provide stand by assistance while toileting
- *Assistance with the use of a bedside commode, bed pan or urinal
- *Changing of briefs/pads and incontinence care as needed

3. WALKING

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

When deemed appropriate by the provider, the adult family home may provide the following:

- *Remind clients to use their assistive devices
- *Cueing clients on correct use of all medical devices
- *Standby or (1) person contact assistance with or without the use of gait belt during walking

4. TRANSFERRING

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

When deemed appropriate by the provider, the adult family home may provide the following:

- *Supervision or standby assistance with transfers
- *One person assistance with transfers

5. POSITIONING

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

When deemed appropriate by the provider, the adult family home may provide the following:

- *Cueing and reminding clients to change position or turn.
- *One person assistance with changing position or turning while in the bed or chair.
- *Provide turning on a regular 2-3 hour schedule for the clients at high risk for breakdown/bedsores.

6. PERSONAL HYGIENE

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

When deemed appropriate by the provider, the adult family home may provide the following:

- *Assistance with oral care
- *Assistance with shaving and hair styling.
- *Application of deodorant, lotions, and make-up
- Assistance with nail care, toenail trimming by a foot licenced specialist.

7. DRESSING

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JUL 27 2015

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

When deemed appropriate by the provider, the adult home may provide the following:

- *Supervision and standby assistance during dressing.
- *Provide total assistance with dressing.
- *Provide cueing to promote self reliance.

8. BATHING

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

When deemed appropriate by the provider, the adult family home may provide the following:

- *Supervision during showers.
- *Cueing clients during showers.
- *Provide total assistance with showers.
- *Bed bath will be provided if resident is unable to take a shower.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Staff at the adult family home encourage clients to be as independent 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:

When deemed appropriate by the provider, the adult family home may provide the following:

- *Reminding clients to take their medications on time
- *Assist clients with administration of oral medications
- *Total assistance with medication administration

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Staff at the adult family home have been trained to be delegated in various tasks

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:

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

The costs associated with nurse delegation and assessments are the responsibility of the client. When deemed appropriate by the provider, the AFH may provide care to a more clinically complex client that might require things like wound care, end of life care or diabetic management.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The provider will ensure 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

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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: **When the provider is not present in the home, the provider will schedule the appropriate days and time for a CNA in the home.**
- Awake staff at night
- Other: **When deemed appropriate by the provider, the AFH may have awake staff.**

ADDITIONAL COMMENTS REGARDING STAFFING

Our staff has received all 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:

English is the primary language in the Dore'Haven AFH. The AFH is sensitivity and respect of our client's ethnicity, culture beliefs and practices is important to our staff. When deemed appropriate by the provider, the AFH may assist with specific requests surrounding ethnic requests.

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:
Dore' Haven AFH does not accept Medicaid upone admission. The Adult Family home requires two (2) years of private pay prior to medicade conversion In addition, the facility requires a 180 day notice in advance of conversion. If a resident, or the DPOA, or Guardian verbally notifies the Dore Haven AFH, the Home will confirm such notice in writing.

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ADDITIONAL COMMENTS REGARDING MEDICAID

Dore' haven 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:

The provider will offer appropriate activities and consider client's preferences. The home provides pet therapy thru the resident Golden Retrievers.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

When deemed appropriate by the provider, the AFH may try to provide activities that would match with what a client's interests, abilities and desires.

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