



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Bellevue Haven Adult Family Home	LICENSE NUMBER WA 750002
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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. Bellevue Haven Adult Family Home is dedicated to meeting the health-related needs of the elderly. The staff provides the highest level of professional care, respect, love and compassion to all residents as they journey through life. The goal at Bellevue Haven Adult Family Home is to keep residents healthy and happy and help them to remain independent for as long as possible.	
2. INITIAL LICENSING DATE 07/13/2006	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 13726 SE 23rd Lane, Bellevue, WA 98005
4. SAME ADDRESS PREVIOUSLY LICENSED AS: N/A	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input checked="" type="checkbox"/> Other: C Corporation	

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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:

CUING, SETUP AND MONITORING , PARTIAL TO TOTAL ASSISTANCE

2. TOILETING

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

CUING, SETUP AND MONITORING , PARTIAL TO TOTAL ASSISTANCE

3. WALKING

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

CUING, SETUP AND MONITORING , PARTIAL TO TOTAL ASSISTANCE

4. TRANSFERRING

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

CUING, SETUP AND MONITORING , PARTIAL TO TOTAL ASSISTANCE

5. POSITIONING

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

CUING, SETUP AND MONITORING , PARTIAL TO TOTAL ASSISTANCE

6. PERSONAL HYGIENE

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

CUING, SETUP, PARTIAL TO TOTAL ASSISTANCE

7. DRESSING

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

CUING, SETUP, PARTIAL TO TOTAL ASSISTANCE

8. BATHING

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

CUING, SETUP, PARTIAL TO TOTAL ASSISTANCE

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Podiatrist MD visit regularly for foot care; Hair-dresser visit; Facility has roll-in shower;

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:

SELF ADMINISTRATION , ADMINISTRATION WITH ASSISTANCE AND NURSE DELEGATED ADMINISTRATION

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

PROVIDER/OWNER IS ALSO RND

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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:

Bellevue Haven AFH provides all skilled services if negotiated in advance. Provider/Owner is RN/BSN and accepts LTC Insurances, Hospice care and Palliative care.

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

Bellevue Haven AFH delegates all skilled nursing services allowed by Washington State Law. These include but not limited to medication administration (oral, topical, suppositories, insulin and PRN meds), non-sterile dressing changes, blood sugar monitoring.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

PT/OT as ordered by MD

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: 1 RN daily, or as needed
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 2 NAs day shift; 1 NA night shift
- Awake staff at night
- Other: _____

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ADDITIONAL COMMENTS REGARDING STAFFING

RCS/Public Disclosure

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:

Any race, religion or ethnic background esp Caucasian, Asian

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Caregivers speaks fluent English, Tagalog and Ilocano

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:

MUST HAVE AT LEAST 36 MONTHS OF PRIVATE PAY

ADDITIONAL COMMENTS REGARDING MEDICAID

Admission on Medicaid is on case to case basis and acuity of care

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:

Walking inside facility and around neighborhood; sit and be fit exercises; passive/active ROM as ordered by Physician; games; movie night; Karaoke; Arts & Crafts, celebrate birthdays and holidays

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Field trips, shopping and joy ride depending on client's preference/interest

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