



Adult Family Home Disclosure of Services Required by RCW 70.128.280

Handwritten initials/signature

HOME / PROVIDER <i>Paradise Haven AFH / Edralene Donia</i>	LICENSE NUMBER <i>750644</i>
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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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Received

JAN 21 2016

RCS/Public Disclosure

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.

*Paradise Haven AFH - accept Medicaid and Private pay.
specialty in - Dementia and Mental Health.*

2. INITIAL LICENSING DATE

09/26/2007

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

None

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: Caregiver will set-up food for the client. Client has preferences if they want to eat in a certain time.

2. TOILETING Make bathroom easy to find for client.
If needed, the home may provide assistance with toileting as follows: Caregiver will help client for toileting as needed or need help totally.

3. WALKING
If needed, the home may provide assistance with walking as follows: Caregiver will help client if they need it when walking. Leave assisted device up in reach.

4. TRANSFERRING
If needed, the home may provide assistance with transferring as follows: Caregiver will provide assistance for transferring for the client if needed.

5. POSITIONING
If needed, the home may provide assistance with positioning as follows: Caregiver will assist client for repositioning if they need it.

6. PERSONAL HYGIENE - Caregiver always available to help
If needed, the home may provide assistance with personal hygiene as follows: Caregiver will assist client for personal hygiene if needed.

7. DRESSING
If needed, the home may provide assistance with dressing as follows: Caregiver can provide for dressing if needed or totally help for client.

8. BATHING Can provide bathing to client if needed or total help.
If needed, the home may provide assistance with bathing as follows: Caregiver will wash back legs & feet. Shampoo client hair. Assist w/ drying and dressing.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE
AFH - Can provide all needs for client Assist or total help.

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: Caregiver will document medication taken. Caregiver will put meds to a lockbox. Re-order meds for client.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES: Remind client to take meds for client.
medications. Caregiver will re-order meds for client.

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: Provider and caregiver has an NAP Training and all training that needs for AFH

The home has the ability to provide the following skilled nursing services by delegation:
Home has ~~contract~~ nurse delegator to come every two months.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

to delegate caregiver and provider

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: _____

Awake staff at night

Other: One person ^{staff} awake at night if client need help at night.

ADDITIONAL COMMENTS REGARDING STAFFING

Staff check client 3 to 4x at night or as needed

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:

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:

Home can accept Medicaid & Private Pay

ADDITIONAL COMMENTS REGARDING MEDICAID *Paradise Haven will not tolerate discrimination against clients or potential clients who may become eligible for Medicaid services. Should private pay become Medicaid all services provided*

Activities will remain unaffected.

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:
Home can provide transportation for shopping if client is Ambulatory

ADDITIONAL COMMENTS REGARDING ACTIVITIES
Home can provide assist to go to Doctor's Appt and Activity to go out 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