Washington S
Department of S
& Health Service
ALTSA Aging and Long-T
Support Administration

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
HEAVEN AFH	**751870**

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 hom provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can through "reasonable accommodations." The home may also need to reduce the level of care they are able to based on the needs of the residents already in the home. For more information on reasonable accommodations a 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:
02/11/2011	**14501 47PL W LYNNWOOD, WA, 98087**

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

Received
NOV 16 2015
RCS/Public Disclosure

5. OWNERSHIP

xSole 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 dire personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed b licensed health professional. (WAC 388-76-10000)

1. EATING

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

Cuing, monitoring, to total assistance.

2. TOILETING

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

monitoring, cuing, to total assistance.

3. WALKING

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

one person assist, wheel chair, walker, monitoring

4. TRANSFERRING

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

hoyer lift, gait belts, one person assist, monitoring.

5. POSITIONING

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

one person assist, monitor, and reposition every two hours, total assist.

6. PERSONAL HYGIENE

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

cuing, set up to total assistance.

7. DRESSING

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

cuing, set up to total assistance.

8. BATHING

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

set up, one person assist, total assist

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

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 nee 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:

as per doctor order , self adminster, to be adminster, delegated medication, insulin injection.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

nurse delegation by contracted RN.

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 ch 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursir 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:

Dementia, mental health and DDD

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

Eye drops, topical ointments, insulin injection, medication.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

contracted RN.

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

X Developmental disabilities
X Mental illness
X 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 ma 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 sta coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

XThe 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 sta 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: _____

XCertified nursing assistant or long term care workers, days and times: _____

Awake staff at night

Other:

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:

All nationality, religon, and race

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

can speak, Amharic and english

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 el 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

Home accept both private and medicaid residants.

Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by th (WAC 388-76-10530).

The home provides the following:

ADDITIONAL COMMENTS REGARDING ACTIVITIES