



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER

Desert Grace AFH LLC

LICENSE NUMBER

724900

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.

It has been the continuing goal of Desert Grace to provide a home like environment for residents, with as much interface with the family and community as possible. We primarily focus on DD clients but have done Geriatric as well. End of life is not an issue, other than the ability of staff and home to meet the care needs.

2. INITIAL LICENSING DATE

27 Feb 2006

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

Licensed as Desert Grace AFH 1996 to 2006, changed to LLC in 2006.

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

Adjust clothing, transfer, peri-cleaning, changing depends, readjust clothing etc.

3. WALKING

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

Stand by assist, stabilizing, hands on when walking.

4. TRANSFERRING

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

Hands on assistance, stabilizing, partial lifting for weight bearing, hoist lift available.

5. POSITIONING

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

Hand on assistance, turning in bed, repositioning in chair.

6. PERSONAL HYGIENE

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

Hands on assistance or doing, showers, brushing teeth, shaving, hair care, finger nails, application of lotions and perfumes.

7. DRESSING

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

Hands on assistance, up to and including putting on all clothing. All laundry is done inhouse, with hanging and placing in closets.

8. BATHING

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

Hands on assist with showering, performing showers, shampoo's, peri-cleaning. Walk in shower with bars and shower chair.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Home will assist with and perform all ADL's. We do not provide special products. Home products are used unless family provides.

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 388-76-1043D)

The type and amount of medication assistance provided by the home is:

Preparation (individual cups), crushing if approved by MD, handing to resident or administering as prescribed and delegated.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Home provides locked central storage for all meds. Residents that choose to self administer must provide individual lock box.

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:

Delegated nursing only. Visits as required by resident.

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

Application of Topicals, Administer Medications, Suppositories, preparation of injections. All services that may be delegated.

- 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: 24/7 - Staff/Owner sleeps at night
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Provider/Owner lives in facility. makes rounds 1 or 2 times nightly after 10:00pm

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.

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:

ADDITIONAL COMMENTS REGARDING MEDICAID

The home primarily does DD residents which almost always are medical

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:

Central TV. Games time permitting (Bingo, Uno etc), Adult Day Health provides large part of activities.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Residents are in groups of 2 or 3 taken to movies, out to lunch (they pay for themselves).

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