



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER PRECIOUS 2 ELDERS AFH LLC	LICENSE NUMBER 752875
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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.

Table of Contents

- [About the Home](#)
- [Personal Care](#)
- [Medication Services](#)
- [Skilled Nursing Services and Nursing Delegation](#)
- [Specialty Care Designations](#)
- [Staffing](#)
- [Cultural or Language Access](#)
- [Medicaid](#)
- [Activities](#)

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. Precious Elders 2 consist of well trained Care Takers who are willing to go above and beyond to make sure your loved ones are well taken care off. Our mission is To serve individuals and Families in need of care.	
2. INITIAL LICENSING DATE 05/21/2015	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 4511 S HOGAN ST SPOKANE, WA 99223
4. SAME ADDRESS PREVIOUSLY LICENSED AS: CARE AND COMFORT AFH	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> 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:

Per Resident's assessment. Cueing, cutting food to small bites, feeding, food set up.

2. TOILETING

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

Total assist available depending on Resident's level of mobility.

3. WALKING

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

Stand by assist at all times per Resident's plan of care.

4. TRANSFERRING

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

Per Resident's care plan. Stand by assist available, two people assistance, Hoyer/Sit to stand machine available for non weight bearing Residents

5. POSITIONING

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

Every 2 hours for Residents who cannot turn themselves or are at risk of skin break down.

6. PERSONAL HYGIENE

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

Per Resident's plan of care. Oral care twice a day. Peri care assistance as/when needed.

7. DRESSING

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

Per Resident's level of care. Assist residents with dressing if unable to.

8. BATHING

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

Bathing/showers per Resident's plan of care/request. We offer showers every other day or every day depending on Resident's request.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Hair appointments can be made by the facility if the Resident prefers to go out. Or the facility has a stylist who comes once a month to do hair.

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:

Staff are delegated/can be delegated to administer medications by a nurse delegator. All residents medications are kept in a safe and locked place. Staff assist residents with their medications.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

The facility may crash medications(with a physician order) if the a resident cannot swallow them whole.

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:

Medication assistance, blood sugar monitoring, Tube feeding, Skin/wound care, Physical/Occupational therapy, Physician services, Beauty/barber services, Assesments and care plans, Nurse delegation per Nurse delegator.

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

Blood sugar checks, Insulin administrations, Tube feeding assitance, Medication crash, and wound care.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

All delegations are done by a Registered Nurse approved by the state of WA.

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: **On call or As Needed** _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24/7** _____
- Awake staff at night
- Other: **Dietician on staff to help with food menus/special diets**

ADDITIONAL COMMENTS REGARDING STAFFING

Well trained staff with up to date certification/continuing Education

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:

N/A

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

N/A

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:

Puzzles, Bingo, Crafts, Movie nights and many more.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Per Resident request, willingness, or level of participation.