



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Comfort Haven 1 Adult Family Home LLC	LICENSE NUMBER 41 753070
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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
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 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. Comfort Haven is an adult family home that provides compassionate and quality care in a beautiful home setting where every resident matters. We respect each person's privileges, individual needs and interests while giving them the independence and dignity they deserve.	
2. INITIAL LICENSING DATE 06/16/2010 3/2/16	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
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:

prepare a balanced diet meal, bring food to client, cut food into small pieces, cue throughout meal, puree food, tube feeding.

2. TOILETING

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

transfer in and out of toilet, provide a bedpan or urinal as needed, change depends.

3. WALKING

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

encourage walking daily, provide assistance when walking, keep hallway clear, make sure client wears shoes or slippers.

4. TRANSFERRING

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

transfer to and from bed, transfer to and from wheelchair, transfer in and out of shower, hooyer

5. POSITIONING

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

from cueing and monitoring to one person transfer

6. PERSONAL HYGIENE

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

set up, cue, shave, combing hair, brushing teeth, pericare, washing face and hands

7. DRESSING

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

set up, cueing, help select clothing, total help with wearing of clothes, put on and take off shoes and socks.

8. BATHING

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

from set up, cueing, some assistance to bedbath,

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 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:

All our caregivers are nurse delegated for any medication administration that requires delegation. We provide assistance by handing meds, giving insulin shots, crushing meds, applying creams and patches.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We keep a daily medication record and work with the pharmacies to ensure prompt delivery of medications

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:

skilled nursing services vary in range, however we can perform those services that can be delegated. We also work with physicians to involve home health nurses to come to the home and provide service.

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

Application of ointments, nasal sprays, suppository, non-sterile dressing, oral inhalation, blood sugar tests and insulin administration, tube feeding, ostomy care, crushing meds, eye/ear drops.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Please contact us, as we may be able to offer and provide more services that we may have left out of the list above.

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: as needed.
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24hrs a day, 7 days a week.
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

We can have an awake staff at night if we have a client who needs care during the night.

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:

Comfort Haven accepts all residents regardless of their background, however they should be able to understand some 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:

Comfort Haven will accept medicaid clients if we are aware of the daily rate before admission, and if they will be okay to share a room.

ADDITIONAL COMMENTS REGARDING MEDICAID

If a private pay client converts to medicaid, we require a 90 days written notice prior to change.

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:

We have a weekly music hour where a team of entertainers come to play harp music. Residents also watch TV shows of their choice. We involve them in the home by having them help fold laundry (those who like). We have a garden that most residents participate in the growing of tomatoes and other vegetables. We also have a flower garden in which most of our residents participate. Those that can read enjoy a weekly trip to the library. There are times it's not possible to do group activities due to the different levels of care needs. We have large jig-saw puzzles which some clients will put together. Clients are provided with pictures to color. We try to accommodate residents desires.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We try to accommodate activities to the capabilities of our residents. We also welcome suggestions.

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

ADULT FAMILY HOME – INFORMATION CHANGES

Facility Name Parkside Adult Family Home II LLC	License No. 752712	Region & Unit 3-E
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DID FACILITY INFORMATION CHANGE? Yes No

New Facility Name (attach letter from licensee and copy of WA Business License showing registered trade name)

Street Address (attach official letter from the city or post office)	City	State	Zip Code	County
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Mailing Address	City	State	Zip Code
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Facility No.	Fax No. (360) 836-8345	Cell Phone No.
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E-mail Address	Website
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DID SPECIALTY DESIGNATIONS CHANGE? Yes No

(If yes, attach copy of specialty certificate for individual provider/co-provider, entity representative and resident manager – only if added)

Dementia	<input type="checkbox"/> Added	<input type="checkbox"/> Ended
Mental Health	<input type="checkbox"/> Added	<input type="checkbox"/> Ended
Developmental Disabilities	<input type="checkbox"/> Added	<input type="checkbox"/> Ended

DID RESIDENT MANAGER CHANGE? Yes No

Outgoing Resident Manager Name (REQUIRED)	End Date (REQUIRED)
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Incoming Resident Manager Name (REQUIRED)	Social Security No. (REQUIRED)	Date of Birth (REQUIRED)	Start Date (REQUIRED)
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DID ENTITY REPRESENTATIVE CHANGE? Yes No

Outgoing Entity Representative Name (REQUIRED)	End Date (REQUIRED)
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Incoming Entity Representative Name (REQUIRED)	Social Security No. (REQUIRED)	Date of Birth (REQUIRED)	Start Date (REQUIRED)
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DSHS MEDICAID CONTRACT? Add Terminate

DID OTHER INFORMATION CHANGE? Yes No (Identify changes on separate sheet and attach)

Prepared By C. Burinsky	Date Prepared 03/03/2016
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BAAU Use Only

<input checked="" type="checkbox"/> FMS	Entered By <i>Annette Curry</i>	Date Entered <i>3/3/16</i>
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New License Required (street address or specialties updated)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date License Mailed
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Contracts Notified of Changes (facility name or address)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date Contracts Notified <i>N/A</i>
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Contracts Memo Required (add or terminate)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Contracts Memo Mailed
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Not processed - incomplete and returned to field office:	Date Returned to Field Office
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