



Adult Family Home Disclosure of Services Required by RCW 70.128.280

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| HOME / PROVIDER BLUE HAVEN AFH LLC. / Mariza Naizgi | LICENSE NUMBER in-process 753150 |
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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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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.
Our goal is Care with Dignity, Security And Peace of Mind. Focus on reflection of each individual's lifestyle habits with support of independence, interests, preferences and health care approaches.

2. INITIAL LICENSING DATE

~~in-process~~ **7/11/16**

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

655 South 189th Street Burien WA 98148

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

n/a

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:

Almost all of our meals are freshly homemade. We plan meals with medical needs being met as a premise. This includes not only medically necessary needs but also individual preferences. As skill levels change, we will assist by "cut and butter", soft mechanical, puree, hand over hand feeding technique or full assistance.

2. TOILETING

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

Toilet scheduling is routine for resident's safety, dignity, and health. Nighttime bedside commodes are recommended when medications may affect ambulation or when there is a physical reason. Incontinent pads will be changed as needed. Assistance is available 24 hours daily and will change with the needs of each resident. NOTE: Staff monitors for signs and symptoms of urinary tract infections and keeps a record of bowel movements.

3. WALKING

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

Walking is part of our daily routine. Residents are encouraged to walk outside with walker or wheelchair with assistance on hardscape and under cover when weather is inclement. Indoors, we have enough area for walking exercise.

4. TRANSFERRING

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

Stand by, hands on, one person assist, total assistance. Staff is adept at safe transfers as well as resident's comfort with transfers. Staff has extensive experience with the use of hooyer lifts and sit to stand hooyer lifts.

5. POSITIONING

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

Residents will be positioned using pillow(s) for comfort and prevention of pressure areas. Staff is educated in the safe employment of pillows. Careful monitoring for signs of pressure areas is routine.

6. PERSONAL HYGIENE

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

Brushing teeth, denture care, brushing hair, washing, set up and cuing to support independence. Assistance will reflect the skill set of each resident. Equipment used will be kept clean and in good working order. Finger and toenails will be trimmed and cared for routinely (except for diabetes residents). Skin checks for signs of changes are routine. Hand washing encouraged. Hair kept clean and styled by stuff.

7. DRESSING

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

cuing, hands on, up to total assistance with all dressing and undressing tasks.

8. BATHING

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

Cuing, stand by, hands on, up to total assistance. We provide showers in a no curb, roll in shower. The shower has an adjustable handheld shower head for preference and height, and a roll in shower chair. Assistance is given for safety and skill set of each resident with focus on independence. Bed bound residents are given a bed bath as needed with linens changed daily. Bed linens are always changed on bath day.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Respect will be given to each individual's preference as to time of task, sequence of tasks and whether or not resident wishes to perform the task(s). Staff will offer assistance but will always respect resident's wishes.

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:

Up to total assistance and nurse delegated medications and tasks.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Medications are ordered and delivered to the door in pharmacy filled, tamper free, meds-on-time system. This system along with the caregiver are able to adhere most consistently with the 5 Rights of Medication. Caregivers are required to recognize each medication by name and know the reason it is being administered.

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:

Nurse delegation and additional as needed nursing services at the expense of the resident.

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

Administration of whole and/or crushed oral medications, administration of eye drops, patch medications, Insulin administration, simple dressing changes, topical creams or medications, inhalers and oxygen administration at maximum of 10 ml per minute of all residents currently living in AFH.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Nursing Services may be available to the resident pending on their medical needs and billed to resident's Medicare and/or insurance.

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

Hospice care

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: **RN Nurse delegator as needed**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **Round the clock staffing**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

24/7 qualified staff coverage

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:

Staff Speak 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

This home does not have a Medicaid Contract and will not accept Medicaid payment.

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).

Daily scheduled walking routine every couple of hours, small weights lifting, Sit and Be Fit, music, hand and feet massage with lotion, cooking and baking activities, reading stories/newspapers/magazines, movies and TV shows, puzzles, card games, gardening, summer bbq, socialize over tea parties. one to three routine scheduled outing per week to various places such as: local parks, Starbucks, Alki beach, Shopping Malls, etc.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We celebrate Thanksgiving and Christmas the day before so family may be able to participate with us and the residents may be able to join their family celebrations the next day. Families are asked to participate in the planning of anniversaries, national holidays and birthdays. We also take our cues from resident's individual interests and requests.

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

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