Washington State Department of Social & Health Services
Transforming lives

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
Precious Haven AFH	753647

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.

At Precious Haven, it's a home that provides compassionate and quality care in a beautiful home setting. We resepect each persons'previledges, individual needs and interests while giving them independence and dignity

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
3/30/18	

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- ☐ Sole proprietor
- ☒ Limited Liability Company
- ☐ 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:

We prepare a balanced diet meal, serve food to clients, cut the food into small pieces, cue throughout meals.

2. TOILETING

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

Transfer in and out of toilet and change depends

3. WALKING

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

Encourage walking daily, provide assistane when walking and keep halway clear of clutter.

4. TRANSFERRING

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

Transfer to and from bed, transfet to and from wheelchair, tranfer to and from toilet.

5. POSITIONING

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

From cueing and monitoring to ~~be~~ one person transfer.

6. PERSONAL HYGIENE

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

Set up, cue, shave, comp hair, brushing teeth, pericare, washing hands and face.

7. DRESSING

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

Set up, cueing, help pick up outfit to wear, total help with getting cloths on.

8. BATHING

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

From set up, cueing, assistance with bed bath as needed

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

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

we keep a daily medication record and work with pharmacy to ensure prompt delivery of the same.

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 may vary in range, however, we can perform services that can be delegated. We also work with physicians to involve home health nurses to come and provide serives.

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

Application ointments, nasal spray, non-sterile dressing, oral inhalation, blood sugar tests, insulin administration and eye drops

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Feel free to contact us, as we may be able to offer and provide more services that we may have left out.

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: **24hrs as needed**
- ☐ Licensed practical nurse, days and times: _____
- ☒ Certified nursing assistant or long term care workers, days and times: **24hrs, 7 days a week**
- ☒ 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:

Precious Haven accepts all residents regardless of their background, however, they shoud be able to communicate in English

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We are open to provide meals to accommodate cultural background.

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:

we accept medicaid clients if we are aware of the rate before admission, and if they will have no problem sharing a room.

ADDITIONAL COMMENTS REGARDING MEDICAID

If the source of payment changes, notify us within 60 days for alternative arrangements

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:

Movie nights, holiday parties, board games, putting a puzzle togther, reading books to client, bingo. We try as much as we can to accommodate the desires of our clients

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We 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