



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Harbor Heritage Adult Family Home	LICENSE NUMBER 753721
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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. It is our mission to provide professional, compassionate, and dignified care in a comfortable home setting. We provide a full range of care needs from minimum assistance through end of life care. It is our philosophy that "Our home is your home". Each resident becomes part of our family.	
2. INITIAL LICENSING DATE 6/11/18	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 7614 55 th Ave. Ct. NW Gig Harbor WA 98335
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Co-owned by: Patricia & Jason Weron <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:

Meal preparation, meal service, specialized diets, verbal cue and set up and full assistance.

2. TOILETING

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

Verbal cue, toileting schedule, stand by assistance, contact assistance, incontinence care, bedside comode, seat risers and grab bars.

3. WALKING

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

Verbal cue, monitoring, stand by assistance, contact assistance, walker assistance, wheel chair assistance, gait belt assistance

4. TRANSFERRING

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

Verbal cue, stand by assistance, contact assistance, 1 person full transfer, Hoyer lift, Pivot lift, transfer pole.

5. POSITIONING

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

Awake staff 24 hours a day. We can reposition in bed or chair as often as needed.

6. PERSONAL HYGIENE

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

Verbal cue, set up, stand by assistance, contact assistance, 1:1 assistance, full caregiver assistance with all daily hygiene tasks. This includes but is not limited to skin care, dental care, shaving, peri care, shower assistance, bed or sponge bath assistance.

7. DRESSING

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

Verbal cue, set up, laundry service, stand by assistance, contact assistance, 1:1 assistance, full caregiver assistance.

8. BATHING

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

Shower with hair washing and/or bed bath assistance daily. Can include verbal cue, set up, stand by assistance, contact assistance, 1:1 assistance, full caregiver assistance. Roll in shower service available.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We can personalize the care plan to meet any needs the client may have.

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:

We provide medication management, ordering, keeping medications locked in secure cabinet, and administration of oral, topical, rectal, sprays, creams, patches, ointments and eye drops. We can provide insulin care.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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:

24 hours on call RN

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

We can administer all delegated medication, oxygen and minor stable wound care

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

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

Our staff is a highly trained and provides excellent dementia & Alzheimer's 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: **On call 24 hours a day**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **7 days a week, 24 hours a day**
- 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: American, English and Spanish
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)
<input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments.
<input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions: 3 years of private pay
ADDITIONAL COMMENTS REGARDING MEDICAID
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: TV, Gardening, Exercise, Games, Crafts, Puzzles, Music, and Occasional outings per resident interest and staffing.
ADDITIONAL COMMENTS REGARDING ACTIVITIES There is no additional charge for any activity in away from the home.

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