



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>Blueberry Hills Adult Family Home / Fe Cava</i>	LICENSE NUMBER <i>573 700</i>
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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. *My goal is to make a difference with my residents life and to provide quality of life and services they deserve while residing in my adult family home.*

2. INITIAL LICENSING DATE

Dec. 7, 2001

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

Graceland in Battle Ground and Kalama AFH in Kalama

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

*N/A
Only for this one for Blueberry Hills AFH*

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

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If needed, the home may provide assistance with eating as follows: *Assist residents with physically spoon feeding, cue and prompting in chewing. Prepare all meals including snacks in between meals. Provide special diets.*

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *Handle bars are installed for safety, Toilet seat raised w/ side rails. Assist in changing diapers, clean + dry and apply cream, ointment + talcum powder.*

3. WALKING

If needed, the home may provide assistance with walking as follows: *cue and prompt in walking for residents safety*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *Use of community health service. Inform, cue + prompt residents before they move to safety and proper transfers.*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *Inform, cue + prompt residents when positioning q 2 hours.*

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *Personal hygiene is done as often as necessary + kept clean + dry.*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *Assist AM + PM dressing/laundry daily. Full bath or bed bath available/given.*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *Full bath or bed bath rendered.*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

All care given w/ TLC in our homes.

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 medications given as doctors order only*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES *Nurse delegation available for special needs. Over the counter meds approved by M.D.*

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: *Home health community by M.D. order nurse delegatory (RN) visits on a regular bases.*

The home has the ability to provide the following skilled nursing services by delegation: *Mental Health, Post operative care, diabetic, dementia, catheter care + D.D.P.*

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ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

*Nurse delegator RN
we administer med full assist to disable residents delegated by RN*

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

All care approved by DSHS/MD/Nurse del. rendered in AH.

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: _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: _____
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Two person assist are rendered, awake staff at night can be provided if needed.

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:

English and Tagalog

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We can provide meals of individual culture if needed

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:
Assessment in place before admission by case manager to RN

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ADDITIONAL COMMENTS REGARDING MEDICAID

Accept medicaid residents.

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: Community functions if able. Church gathering
Field trips at good weather, Arts & Craft & games, Music.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We provide activities depending on what residents are
Capable of participation.

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

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