



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>Grace Land Adult Family Home / Fe Cava</i>	LICENSE NUMBER <i>645400</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. <i>My goal is to make a difference with my residents. Life and to provide quality of life and services while residing under my care in my adult family home.</i>	
2. INITIAL LICENSING DATE <i>Jan 2, 2004</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>98604</i> <i>Bleeberry Adult Family Home, 20613 N. E. 176th Ave, Battle Ground</i> <i>Kalama AFH, 192 Mill Kelly Rd, Kalama, WA. 98625</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>N/A I own 3 AFH in the state of WA. still operation.</i>	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input 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)	
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1. EATING	

If needed, the home may provide assistance with eating as follows: Assist residents physically with spoon feeding, cue and prompting in chewing. Prepare all meals including snacks in between. Special diet are prepared

2. TOILETING
If needed, the home may provide assistance with toileting as follows: Handle Bars are installed for safety, seat raiser w/ side rail on toilets, assist in changing diaper clean + dry, Lotions or powdered. Apply 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:
Inform, cue and prompt residents before the 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 of 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 dry + clean.

7. DRESSING
If needed, the home may provide assistance with dressing as follows:
Assist resident AM + PM or as often as necessary + laundry,

8. BATHING
If needed, the home may provide assistance with bathing as follows:
Full bath or bed bath if needed,

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE
All care are given with Tender, Loving, Care in my 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 only as doctors order.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES Nurse delegation available
Special request by residents only approved by M.D. such as over the counter 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:
Nurse delegator (RN) visits on a regular bases, if needed

The home has the ability to provide the following skilled nursing services by delegation: Mental Health, Post operative care, Diabetic, Dementia, Catheter care + Wound.

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ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

We administer meds full assist to disable residents *nurse delegation if needed 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/WAC/MD are done in AFH.

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 provided
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 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 done by Social Worker / RN Before Admission

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ADDITIONAL COMMENTS REGARDING MEDICAID

I like medicaid residents specially with a good sense of Humor. (Note)

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 gatherings
Field trips + beach at good weather. Arts + craft. Games

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We provide activities depending on what residents are capable of doing.

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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