



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Best Days Family Homes, Inc	LICENSE NUMBER 699700
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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 [blank] of Washington Administrative Code.

Table of Contents

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RCS/Public Disclosure

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.

Best Days Family Homes goal is to provide superlative personalized care to its residents in a home setting.

2. INITIAL LICENSING DATE
03/15/2010

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
**91 N Pheasant Run Coupeville, 719 Palisades Dr Coupeville, 2120 Barque Rd
Oak Harbor, 2480 Crestview PL. Oak Harbor, 600 NW Alexander St.
Coupeville**

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- Other: **S-Corp**

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 Prep customized diet, cutting up food, feeding resident

2. TOILETING

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

Reminders, physically helping take to restroom as needed or every two hours, Assistance with incontinent supplies

3. WALKING

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

Standby assist, Keeping devices close

4. TRANSFERRING

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

Standby and Physically transferring resident

5. POSITIONING

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

Helping to physically position resident in bed or chair

6. PERSONAL HYGIENE

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

Assisting residents with ADLs such as grooming hair/beard, shaving, assistance with teeth brushing and setting up, washing up am/pm or as needed.

7. DRESSING

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

assistance in picking up clothing and physical assistance to help dress resident

8. BATHING

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

Standby assistance, help with cleansing, rinsing, hair washing, shaving and drying

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We will design residents care plan individually to meet all their needs.

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:

Home keeps meds securely stored. We follow the prescribed order from their Physician's for dispensing meds, and well as their PRN medications. We will bring it to to them at the time they are due or when they ask for a PRN medication. We will document when we give medications.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We will reorder meds and coordinate with pharmacy and Doctor for refills, med changes and med delivery

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:

On call for an extra charge for private pay residents

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

Certain forms of feeding tubes, certain types of dialysis, enemas, diabetic care, eye drops, nose sprays, topical creams and patches, injections

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Delegation may not be required for certain things resident is able to do it themselves.

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

Home specializes in Mental Health but takes care of residents with other specialties

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: 7 days a week 24 hours a day
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Provider lives right next door and is available by phone is not physically at all times.

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:

Our AFH provides care for all and will always keep their background in consideration in their care.
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS Provider speaks Spanish
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: With a DSHS Medicaid contract
ADDITIONAL COMMENTS REGARDING MEDICAID Home Takes both private and 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: Movies, mobile library, games, walks, outings for shopping or personal needs
ADDITIONAL COMMENTS REGARDING ACTIVITIES We will cater activities to the residents likes and preferances

Please Return the completed form electronically to

The form may also be returned by mail at:
RCS – Attn: Disclosure of Services
PO Box 45600
Olympia, WA 98504-5600