



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER

**EMERALD LUV-N-CARE, LLC / Merlina
Bumanglag**

LICENSE NUMBER

750078

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.

We are state licensed AFH with 24/7 monitoring and supervising adults in their activities with compassionate care to enhance good mental, emotional, physical and social quality throughout their lives. We also believe that everyone deserves love, respect, and encouragement.

2. INITIAL LICENSING DATE

June 3, 2006

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

NONE

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

10617 18th Avenue SW, Seattle, WA 98146

5. OWNERSHIP

Sole proprietor

Limited Liability Corporation

Co-owned by: Other:
Personal Care
<p>“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)</p>
<p>1. EATING If needed, the home may provide assistance with eating as follows: We provide eating assistance by cutting into small pieces, pureeing foods and spoon feeding.</p>
<p>2. TOILETING If needed, the home may provide assistance with toileting as follows: We provide total assistance; or give bedside commode or bottles/urinals.</p>
<p>3. WALKING If needed, the home may provide assistance with walking as follows: We provide walking with 1 person assist or in a wheelchair to go out for exercise, fresh air, and sunlight.</p>
<p>4. TRANSFERRING If needed, the home may provide assistance with transferring as follows: We provide 2 persist assist in transferring from chair to bed and vice versa, etc.</p>
<p>5. POSITIONING If needed, the home may provide assistance with positioning as follows: We provide 1 or 2 person assist in positioning/repositioning clients in bed every 1 or 2 hours turning from left to right 24/7.</p>
<p>6. PERSONAL HYGIENE If needed, the home may provide assistance with personal hygiene as follows: We provide total assistance if resident can no longer do themselves.</p>
<p>7. DRESSING If needed, the home may provide assistance with dressing as follows: Client selects his/her clothes but total assitnce can be provided if needed.</p>
<p>8. BATHING If needed, the home may provide assistance with bathing as follows: We provide bathing with help and cueing. Total assistance if needed.</p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE We have 1 shower bathroom and 1 back-up bathroom. We provide 2X/week shower for residents or PRN and sponge bath daily. Resident changes their clothes daily.</p>

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: I have nurse delegator for all residents. All medicines are in Bubble Packs and in a locked cabinet.
ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES Ready Meds Pharmacy delivers all medicines on time. I have a Visiting Physician that comes regularly and PRN.
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: The home/DSHS contacts a nurse to provide the nursing care and service for Hospice and Home Health residents.
The home has the ability to provide the following skilled nursing services by delegation: The home has a Nurse delegator to delegate the eye drops, ear drops, ointment/lotion, suppositories, nasal sprays, blood pressure and blood glucose monitoring.
ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION The provider is a NA-C and had experiences working with some skilled nursing facilities before having an AFH license since 2006. Nursing Delegation is always in place.
Specialty Care Designations
We have completed DSHS approved training for the following specialty care designations: ** Developmental disabilities YES ** Mental illness YES ** Dementia YES
ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS The Provider has been active and taking continuing education for refresher and updates.
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. YES**

****A resident manager lives in the home and is responsible for the care and services of each resident at all times. YES**

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: PRN**

Licensed practical nurse, days and times: _____

****Certified nursing assistant or long term care workers, days and times: 24/7**

****Awake staff at night: YES**

****Other: My son, NAR is my back up caregiver.**

ADDITIONAL COMMENTS REGARDING STAFFING

I am the licensee provider and caregiver. My son, NAR is my back up. My daughter, RN works at Overlake Hospital in Bellevue and she comes as 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 residents give their "wish food" including ethnic foods. The residents help prepare the menu.**

The home is particularly focused on residents with the following background and/or languages:

English, Tagalog, Cebuano and Ilocano.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Residents are free to their cultural and language access; just NO PETS and NO SMOKING.

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: YES**

ADDITIONAL COMMENTS REGARDING MEDICAID

Emerald Luv-N-Care AFH, LLC will gladly accomodate private pay residents who are transferring to Medicaid Program.

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:

The home provides walking around the block on summer time with residents on wheel chair and also with one person assist for sunlight, fresh air and exercise. We do celebrate birthdays, July 4, Christmas, New Year and other celebrations. We also have puzzle, bingo, drawing and coloring, playing cards, listening to music, current news discussions, gardening, light exercise and stretching, watching TV in their own rooms and in the living room. The home also provides internet WIFI and local phone calls.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

The activities are of the resident's choice.

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