Adult Family Home Disclosure of Services
Required by RCW 70.128.280

HOME / PROVIDER
BLUEBIRD BUNGALOW AFH

LICENSE NUMBER
750807

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.

WITH GREAT RESPECT FOR THE ELDERLY, THE LOVE OF OUR WORK IN CARING FOR THE ELDERLY, THE QUALITY OF LIFE, THE LAUGHTER, HOPE, AND GOOD FOOD.. OUR HOME IS THEIR HOME.

2. INITIAL LICENSING DATE
MARCH 2008

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP
Sole proprietor
Limited Liability Corporation XX
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

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

MEAL TIMES 8AM, 12NOON, 5PM. ENCOURAGE RESIDENTS TO HAVE MEALS IN DINING ROOM TOGETHER. CUEING, ENCOURAGE,OFFER MINIMAL TO FULL ASSIST.

2. TOILETING

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

MINIMAL, STAND BY ASSIST TO TOTAL ASSISTANCE

3. WALKING

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

STAND BY ASSIST WITH GAIT BELT, WALKER , CANE . WHEELCHAIR AS WELL

4. TRANSFERRING

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

1-2 PERSON ASSIST , ABLE TO BEAR WEIGHT

5. POSITIONING

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

ASSIST WITH REPOSITIONING IN CHAIR AS WELL AS IN BED EVERY 2 HRS AND AS NEEDED.

6. PERSONAL HYGIENE

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

CUEING, MINIMAL TO MAXIMUM ASSISTANCE AS NEEDED WITH BRUSHING TEETH, DENTURES, WASHING FACE, HANDS, BRUSHING HAIR, MAKE-UP ETC.

7. DRESSING

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

ENCOURAGE TO CONTINUE TO BE INDEPENDENT , CUEING, MINIMAL TO MAXIMUM ASSISTANCE AS NEEDED.

8. BATHING

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

CUEING, STAND-BY ASSISTANCE, MINIMAL TO FULL ASSISTANCE.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

MEET THE INDIVIDUAL CARE NEEDS OF OUR RESIDENTS

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:

ORAL, TOPICAL-OINTMENTS, LOTIONS, EYE DROPS, EAR DROPS, INJECTIONS

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

MEDICATION ADMINISTRATION BY CAREGIVERS-RN DELEGATED OR BY LPNS. MEDICATIONS BUBBLE PACKED AND SUPPLIED BY AFH SPECIFIED PHARMACY

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:

TUBE FEEDINGS, FOLEY CATHETERS, OXYGEN, BLOOD SUGAR CHECKS, HOSPICE CARE

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

AS ABOVE

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 XX
Dementia XX

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

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.

XX 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: DAYS AND NIGHTS VARY. 8AM-8PM, 8PM-8AM AND OR VARIED TIMES DURING DAYS AND EVES. ON CALL 24HRS.

Certified nursing assistant or long term care workers, days and times: **12 hr shifts**

Awake staff at night X

Other: **nursing aid registered**

ADDITIONAL COMMENTS REGARDING STAFFING

24/7

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 SPEAKING

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

ALL WELCOME AND DO OUR BEST TO RESPECT MULTICULTURAL BACKGROUNDS

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)

X The home is a private pay facility and does not accept Medicaid payments.

The home will accept Medicaid payments under the following conditions:

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:

EXERCISE, WALKING IN AND OUTSIDE-WEATHER PERMITTING. GAMES, PUZZLES, MUSIC-PIANO AVAILABLE TO RESIDENTS AND FAMILIES, PAINTING CLASSES, LIBRARY, READING, MOVIES, HOLIDAY CELEBRATIONS, CRAFTS

ADDITIONAL COMMENTS REGARDING ACTIVITIES

WE HAVE A CAT