



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <u>BONGALON'S HOME CARE LLC / FIDEL BONGALON</u>	LICENSE NUMBER <u>751574</u>
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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. <u>provide personalized quality care with compassion in a home like setting. Our values focus on care, dignity, respect safety and compassion, continuing education and regulatory compliance.</u>	
2. INITIAL LICENSING DATE <u>Feb. 2, 2010</u>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <u>St. Jude Adult Family Home 1219 NE, 152nd St., Shoreline, Wa. 98155</u>	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" 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)	
1. EATING	

<p>If needed, the home may provide assistance with eating as follows: One on one feeding, special food preparation (pureed food), Tube feeding, supervision</p>
<p>2. TOILETING</p> <p>If needed, the home may provide assistance with toileting as follows: Bed toileting, bedside commode toileting, Ostomy, indwelling catheter.</p>
<p>3. WALKING</p> <p>If needed, the home may provide assistance with walking as follows: One on one assistance, assistance with walker, assistance with wheelchair.</p>
<p>4. TRANSFERRING</p> <p>If needed, the home may provide assistance with transferring as follows: mechanical lift transfer, transfer board transfer, Pivot transfer</p>
<p>5. POSITIONING</p> <p>If needed, the home may provide assistance with positioning as follows: Every 2 hours, 4 hours and as needed positioning/turning.</p>
<p>6. PERSONAL HYGIENE</p> <p>If needed, the home may provide assistance with personal hygiene as follows: Brushing teeth, grooming shaving, filing/trimming nails,</p>
<p>7. DRESSING</p> <p>If needed, the home may provide assistance with dressing as follows: Choosing clothes to use, dressing upper and lower extremities.</p>
<p>8. BATHING</p> <p>If needed, the home may provide assistance with bathing as follows: Bed bath, sponge bath, bathroom shower</p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE The Home can provide care for residents with paraplegia, hemiplegia, stroke, dementia/ Alzheimer and mental health care.</p>
<p>Medication Services</p>
<p>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)</p>
<p>The type and amount of medication assistance provided by the home is: Self medication with assistance, medication administration</p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES preparation of medications when resident not in home.</p>
<p>Skilled Nursing Services and Nurse Delegation</p>
<p>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)</p>
<p>The home provides the following skilled nursing services: Administration of oral medication, topical creams, eye drops/ointments, Inhalers, sprays</p>
<p>The home has the ability to provide the following skilled nursing services by delegation: Indwelling foley catheter irrigation, insulin injection,</p>

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
- Dementia

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.
- 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: on call basis
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: Twenty Four hours/seven day a week
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING Regular long term care worker Reliever.

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: The home treats residents ~~equally~~ equally regardless of race, ethnicity and language

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS The home will seek all possible resources to understand the Residents' culture and language for better communication.

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: Safe and non-disruptive to other Residents.

ADDITIONAL COMMENTS REGARDING MEDICAID Residents	The home accepts heavy care 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: Coloring, Folding, magazines, photo Albums and photo books, look through. Bird feeder outside window,	
ADDITIONAL COMMENTS REGARDING ACTIVITIES Discussion with caregiver about daily news, Bible - ask them what they think about the passage. Videoke Singing. Music entertainment, sports discussions.	

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