



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>Blooming Rose Lodge, INC.</i>	LICENSE NUMBER <i>752641</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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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. <i>OUR PROMISE IS TO CARE FOR, LOVE & TREAT YOU WITH RESPECT, INTEGRITY AND COMPASSION. Thus, Preserving your Dignity, quality of life while pt age gracefully with us.</i>	
2. INITIAL LICENSING DATE <i>5-21-2014</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>71 CARSON Ave SE. PORT ORCHARD WA 98366</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>Above</i>	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input checked="" type="checkbox"/> Other: <i>S-CORPORATION</i>	

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:

1:1 Feed, supervision, we cook fresh foods + fruits + vegetables.

2. TOILETING

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

FOR Bowel/Bladder incontinent to BR, BSC = MOD Assist

3. WALKING

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

MOD Assist with FWD, Gaitbelt use

4. TRANSFERRING

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

Sliding Board transfer, stand by to MOD assist

5. POSITIONING

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

90° turn while in her pt + throughout the Day in bed.

6. PERSONAL HYGIENE

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

Total assist with Oral, Personal, Hair

7. DRESSING

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

BWE/BLE Dressing while in bed

8. BATHING

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

able to do total assist in the shower

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We make sure PT is DOLL UP looking nice, Smells Good every Day.

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: Allmin's has for + preparation of Insulin injections, Oral, inhalers, topical, sublingual, Ocular

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We use excellent pharmacy that is able to deliver to our doorstep the needed medication.

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:

TRIM TOENAILS + FINGER NAILS FOR NON-DIABETIC PT.

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

INSULIN ADMINISTRATION + CATHETER CARE

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Facility welcome Podiatrist, IN house service FOR HAND + FOOT Care

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

Provider specialize D/D STROKE CARE + INPATIENT REHABILITATION

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: AS OF THIS TIME RN LIVES @ THE HOME A CALL AWAY TO REST.
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: _____
- Awake staff at night
- Other: Round rooms at night is being done without disturbing PT'S sleep.

ADDITIONAL COMMENTS REGARDING STAFFING

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: AS LONG AS ENGLISH + TAGALOG AS SECOND LANGUAGES, PT IS ABLE TO SPEAK IN ENGLISH

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Home Accepts Tagalog + English speaking pts.

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:

Daily Rate should Be at least \$100/day + minimal Assisf.

ADDITIONAL COMMENTS REGARDING MEDICAID

Private Pay clients must pay privately for at least one year prior to being eligible for 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: Bible reading, watching movies, listening to music arts + crafts (depends on pt safety)

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We have various activities like watching movies, playing cards, making puzzles, listening to music; outside During summer we can take pt to concert by the Bay - if pt is able to tolerate the music + if pt is able to handle a to sit for quite a while

* Private pay to Medicaid Funding continuation of services will be based on Room availability + the Medicaid rate. The client may be given a 30 Day notice to transfer discharge to be Determined by the provider.