



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER BON AFH @ MILL creek. / Bonaventure Okeke	LICENSE NUMBER 752663
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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. **The mission of Bon AFH is to make positive difference in every life we touch, promote health, safety and individual rights. Vision: Our vision is to provide a kind and loving home in which everyone is a family. Value: Resident and family centered, Love, respect, caring and compassion; - Continuous learning & improvement.**

2. INITIAL LICENSING DATE July, 7 th 2014	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 13212 30 th Dr. S E. MILL Creek WA - 98012 (Current Home)
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4. SAME ADDRESS PREVIOUSLY LICENSED AS:
NA

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by: **SABINA Okeke, RN**
- 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: Bon AFH provide eating assistance from cuing and monitoring to total assistance.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: Bon AFH provide toileting assistance from cuing and monitoring to total assistance

3. WALKING

If needed, the home may provide assistance with walking as follows: Bon AFH provide walking assistance from cuing and monitoring to a one or two person assist

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: Bon AFH provide transfer assistance from cuing and monitoring to a one or two person assist.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: Bon AFH provide assistance with positioning from cuing and monitoring to a one or two person assist.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: Bon AFH provide assistance with personal hygiene from cuing and set up to total assistance

7. DRESSING

If needed, the home may provide assistance with dressing as follows: Bon AFH provide assistance with dressing from cuing and set up to total assistance.

8. BATHING

If needed, the home may provide assistance with bathing as follows: Bon AFH provide assistance with bathing from cuing and setup to total assistance.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE Bon AFH have roll-in shower with shower chair, we have 3 bathrooms. Double rooms share one big bathroom, 2 private rooms, ~~with~~ one bathroom to share.

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: Bon AFH provides oral, topical, transdermal, insulin shots, blood glucose checks from cuing to total assistance.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES - All caregivers are trained and delegated to give medication assistance to our residents.

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: Bon AFH contracts with Legally authorized RN nurse delegator to delegate to staff for all resident medications. All other skilled nursing services will be through Home Health agency.

The home has the ability to provide the following skilled nursing services by delegation: Medication assistance, home physical therapy and Occupational therapy, dressing change.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION - BON AFF IS owned and operated by a licensed nurses - Lpn & RN who can give I.M injections or Lorenox shots -

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: As needed (Co-provider)
- Licensed practical nurse, days and times: 12hrs 5 days per week and as needed
- Certified nursing assistant or long term care workers, days and times: 24/7 with variables - 2 caregivers days, 1 caregiver at night.
- Awake staff at night
- Other:

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:

All ethnic group - preferably English speaking.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We accept residents with speech impairments -

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:

ADDITIONAL COMMENTS REGARDING MEDICAID - Direct Medicaid and or private pay with intent to convert to Medicaid with ~~one year~~ ^{minimum} of one year private pay.

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: News paper readings (daily), movie nights, Ice Cream Social, walking outside of the home, Arts and crafts, bowling, Manicure and pedicure with nail polish.

ADDITIONAL COMMENTS REGARDING ACTIVITIES - B-B Q during summer months out in the porch. In-home hair dresser and Barbies; Gutter player once per month.

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