



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER 1st Blissful Abode AFH / Olajumoke Omobola Anigilaje	LICENSE NUMBER 753012
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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. Our mission is to make impact in our community by helping our elderly citizens live a beautiful deserving life while aging in place.	
2. INITIAL LICENSING DATE N/A	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: N/A
4. SAME ADDRESS PREVIOUSLY LICENSED AS: N/A	
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

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

Cueing, partial physical assistance and total assistance of 1 or more staff is provided as needed; Tube-feeding, e.t.c

2. TOILETING

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

Cueing, partial physical assistance and total assistance of 1 or more staff is provided as needed; Colostomy care, Incontinence care, e.t.c

3. WALKING

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

Cueing, partial physical assistance and total assistance of 1 or more staff is provided as needed; Guide walking, e.t.c

4. TRANSFERRING

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

Cueing, partial physical assistance and total assistance of 1 or more staff is provided as needed; Ambulation, Transfers from bed to wheelchair, wheelchair to bed, Sit to stand, e.t.c

5. POSITIONING

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

Cueing, partial physical assistance and total assistance of 1 or more staff is provided as needed; Positioning, Repositioning as needed in bed and wheelchair

6. PERSONAL HYGIENE

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

Cueing, partial physical assistance and total assistance of 1 or more staff is provided as needed; Grooming, Oral hygiene, Denture care, e.t.c

7. DRESSING

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

Cueing, partial physical assistance and total assistance of 1 or more staff is provided as needed; Choice of clothing, Dressing / Undressing, e.t.c

8. BATHING

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

Cueing, partial physical assistance and total assistance of 1 or more staff is provided as needed; Shower, Modified Bed-Bath, Peri-care, e.t.c

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We provide personal care due to each residents need and as stated in his/her Negotiated Care Plan (NCP)

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:

Cueing and reminders for medications, medication assistance and medication administration.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Medications are kept in a locked storage .

~~Nurse delegation is available and staff are qualified to perform nurse delegated tasks~~

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:

1st Blissful Abode AFH has a contracted RN delegator, Nurse delegation is available. Our staffs are qualified and trained to perform nurse delegation.

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

All delegatable services under WAC 246-8441-405

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

N/A

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

Our staffs and provider are well trained for these specialty care in other to meet the specific need of your loved ones.

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: _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 7 days a week, 24 hours a day.
- 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:

No particular focus at the moment but we can work with all backgrounds and languages.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

1st Blissful Abode AFH respects all cultures and will work with all 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)

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

The home will accept Medicaid payments under the following conditions:

We require that our residents be private pay for at least 3 years before conversion into Medicaid funding.

ADDITIONAL COMMENTS REGARDING MEDICAID

We require 60 days notice prior to clients conversion into 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:

Weekly Music Therapy, Exercises, Fun games & lots more.

Activities are individualized based on residents assessment & interviews

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We encourage our residents to be involved in activities to enable them to be active and relate with one another in an understanding and outstanding manner.

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