



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER St Bakhita AFH LLC/Annah Irungu 30654 11th Ave S Federal Way, WA 98003 Cell: 206-446-9031	LICENSE NUMBER <div style="font-size: 24pt; text-align: center;">753855</div>
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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.

Our Vocation is to maintain our Residents' connection to their Catholic Parish Life Active. At St Bakhita, we go an extra Mile to keep our Residents engaged in activities they enjoy by bringing them Home. Serenity, Peaceful and Quiet environment is Valued at St. Bakhita and we are committed to providing HOLISTIC care that improves quality of life for ALL our residents.

2. INITIAL LICENSING DATE

10/23/18

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- Sole proprietor
- Limited Liability Company
- 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:

We Prepare special diet meals, fulfill prescribed diet meals (including pureed mechanical soft, thickened liquids) with feeding We assist with cueing , monitoring, total assistance.

2. TOILETING

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

We Provide assistance by cueing , monitoring to total care with use of incontinence supplies . Assisting with using assistive devices like commodes, urinals, catheters and colostomy as delegated.

3. WALKING

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

We Provide assistance by cueing, stand by assist to use of assistive devices like canes, walkers and wheelchairs.

4. TRANSFERRING

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

We Provide assistance through cueing, monitoring to one person assist. We also provide stand to-pivot transfers, and hoier lift transfers. (Equipments are NOT Provided by Facility).

5. POSITIONING

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

We Provide assistance from cueing, monitoring to total one person assist with repositioning every 2hrs or as required/prescribed. We also use and monitor alternating pressure mattresses and other speciality beds like Hi-Lo or Tri-Cell mattresses.

6. PERSONAL HYGIENE

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

We Provide assistance from cueing to total assistance as needed by individual resident.

7. DRESSING

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

We provide assistance from cueing, set-up to total assist. We allow our resident to choose their preferred style and clothing unless they are unable to make these decisions then caregivers will assist with making choices.

8. BATHING

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

We always provide one on one supervision for all of our residents including those independent as a safety measure. We also provide cueing, monitoring to total assistance with showers, bed/sponge baths and baths.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

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:

We provide supervision to clients who are able to take medications independently. Our staff is also trained and delegated to assist with medication administration for oral, topicals and

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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:

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

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: _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: _____
- 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:

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

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

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:

ADDITIONAL COMMENTS REGARDING ACTIVITIES

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