



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Blessed Care AFH, LLC c/o Abdoulie Kassama	LICENSE NUMBER 754368
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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. Blessed Care AFH is dedicated to provide a peaceful, caring and supportive environment for its residents. Our goal is to provide quality of life care to enhance the life of each individual, to encourage independence, advocate for them and promote the resident's rights while they age in place.	
2. INITIAL LICENSING DATE 1/29/2020	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Company <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:

Set-up, cueing, monitoring to total assist with feeding. We are equipped to provide mechanically altered food textures and speciality diets may be provided, discuss prior to admit.

2. TOILETING

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

Set-up, cueing, monitoring, supervision to total assist. Incontinence care and Catheter care can be provided.

3. WALKING

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

Set-up, cueing, monitoring, one-person stand by, contact assist to total assistance.

4. TRANSFERRING

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

Set-up, cueing, monitoring, steadying, stand by to one person lift assist. Hoyer lift care will be evaluated individually per care needs and based on the individual assessment.

5. POSITIONING

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

Set-up, cueing, monitoring to total assist with turning and repositioning as needed or in routine/regular intervals while sitting or laying down.

6. PERSONAL HYGIENE

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

Set-up, cueing, monitoring, supervision, fill in to one-person total assist. This is including, but not limmited to: oral care, peri-care, applying/assist with make-up, hand/face washing, bed-bath/showers, shaving, hair styling, nail filing, application of deodrant and lotion.

7. DRESSING

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

Cueing, monitoring, set-up, clothing adjustments to total/full assistance by one person.

8. BATHING

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

Set-up, cueing, monitoring, stand-by assist & one-person total assistance with showers. Washing hair, upper and lower extremites at least once per week.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Main bathroom is equippes w/ a shower chair, hand held shower and grab bars to aid with 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:

Medication assistance is based on the resident's needs as outlined in the assessment. Cues, reminders, self-administration with assistance (like opening containers, pour medication, handing the resident medication) to total assist as provided through Nurse Delegation (WAC 388-76-10455).

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We have a preferred pharmacy, open 7 days a week and delivers. We document medication use in a log.

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 Registered nurse delegator (RND) can assess the resident's needs, delegate medication administration, trouble shoot issues and coordinate with the physician as needed.

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

Medication administration through oral, inhalation, eye drops, injection (insulin), topical and rectal route, oxygen use, catheter care and blood Sugar monitoring.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Ask specific questions when taking a tour!

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

Reference separate Admission agreement and policies for further information.

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: **RND available as needed and every 90 days for administrative needs.**
- Licensed practical nurse, days and times: _____

Certified nursing assistant or long term care workers, days and times: **A caregiver/ long term care worker will be available in the AFH 24/7**

Awake staff at night

Other: **CG on call at night and will do routine rounds; each resident has a call bell; other monitoring devices available as needed. Can have awake staff as needed for additional cost.**

ADDITIONAL COMMENTS REGARDING STAFFING

Staffing credentials are based on Dept. of Health caregiver requirements; they remain current and up to date

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:

Blessed Care AFH is accepting of cultural diversity and backgrounds.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

English is the primary language spoken by staff/caregivers.

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 accept Medicaid as a payment source after 24 months of private pay and 90 days advanced notice in writing.

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:

Puzzles, newspapers, books, board games, music, magazines, cable TV, popcorn/movie nights, bingo, arts & crafts. We encourage to continue activities you are accustomed to.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Residents are encouraged to stay active throughout the day. Activities are specialized to individual needs, interests and abilities.

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