



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Bright Care Homes, LLC/ Jalika Touray	LICENSE NUMBER 755267
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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.

Bright Care Homes was founded on the idea of giving quality long-term care, without losing the social aspect of one's life.

Here at Bright Care Homes, we strive to assist our residents with their day to day lives, in an efficient and timely manner. In doing so we make it a point to keep our residents engaged in social activities, as well as involved in their healthcare. With a smaller home like environment, our staff are given the time to provide the best care possible to your loved Ones.

2. INITIAL LICENSING DATE

11/12/21

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

N/A

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

23715 134th PL SE Kent, WA 98042

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:

Meal prep, 1:1 feeding, special diets, mechanical pureed, dysphagia diets, cuing, and minimal to total assist

2. TOILETING

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

Toileting schedule, reminder, partial and total assistance with peri-care, standby assistance

3. WALKING

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

Standby assistance, cuing, gait belt, cane or walking devices (cane)

4. TRANSFERRING

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

1- person and 2- person assist, mechanical lifts, wheelchair and bed bound clients

5. POSITIONING

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

1- person and 2- person assist

6. PERSONAL HYGIENE

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

supervised, cuing, set up, partial and total assist

7. DRESSING

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

Supervised, cuing, total and partial assist

8. BATHING

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

Supervised, cuing, partial and total assist

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Laundry and housekeeping services provided for each resident

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 preparation and administration

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Caregivers are delegated for all medication administration

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:

Oral, rectal, topicals, eye and ear drops

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

Ostomy care, wound care, insulin administration, applying and removing catheters

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

We work with home health nurses on additional nursing tasks

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

All staff receive annual education to continue enhancing their skills

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: on call Registered nurse
- Licensed practical nurse, days and times: _____

<input checked="" type="checkbox"/> Certified nursing assistant or long term care workers, days and times: <u>24hr/7 days</u> <input checked="" type="checkbox"/> Awake staff at night <input type="checkbox"/> Other:
<p>ADDITIONAL COMMENTS REGARDING STAFFING</p> <p>Staffing will increase to accommodate the amount of residents and to meet each of their care needs as they progress.</p>
Cultural or Language Access
<p>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)</p>
<p>The home is particularly focused on residents with the following background and/or languages: English speaking home that welcomes bilingual residents who have limited English skills.</p>
<p>ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS</p> <p>We are willing to work with the client and their families in order to ensure understanding and involvement in their care.</p>
Medicaid
<p>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)</p> <p><input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments.</p> <p><input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions: Private pay residents who wish to transfer to medicaid status, must reside as private pay status for a minimum of 12 months before transitioning</p>
<p>ADDITIONAL COMMENTS REGARDING MEDICAID</p>
Activities
<p>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).</p>
<p>The home provides the following: Daily enrichment time, walks to the park, activities, birthday celebrations, holiday parties, puzzles, reading, dancing, sing along, coloring, movie nights, gardening, ethnic celebrations</p>
<p>ADDITIONAL COMMENTS REGARDING ACTIVITIES</p> <p>This home does not provide transportation</p>

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

Signature of resident/representative:

Date

Signature of Provider:

Date: