



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER BLUE GOOSE CARE CENTER 3/VERONICA WANJIKU NGANGA	LICENSE NUMBER 755912
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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	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home. BLUE GOOSE CARE CENTER 3 STRIVES TO PROVIDE THE HIGHEST QUALITY FAMILY HOME CARE TO ELDERLY AND DEVELOPMENTALLY DISABLED ADULTS IN A RESPECTFUL, COMPASSIONATE AND COMPETENT ENVIRONMENT</p>	
<p>2. INITIAL LICENSING DATE</p> <p style="text-align: center;">10/19/22</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p>1. 7340 BLUE GOOSE RD NE MOSES LAKE WA 98837 2. 3781 THAYER RD NE MOSES LAKE WA 98837</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p>	
<p>5. OWNERSHIP</p> <p><input type="checkbox"/> Sole proprietor</p> <p><input checked="" type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input type="checkbox"/> Other:</p>	

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 PROVIDE 3 BALANCED DIET COOKED MEALS AND 3 NUTRITIOUS SNACKS IN-BETWEEN MEALS. WE WILL FOLLOW PHYSICIAN ORDERS FOR EACH RESIDENT

2. TOILETING

If needed, the home may provide assistance with toileting as follows: RESIDENTS REQUIRING ASSISTANCE WITH TOILETTING WILL BE ASSISTED AS NEEDED. BRIEFS, GLOVES, WIPES, PADS WILL BE AVAILABLE FOR CARE. RESIDENTS WITH INCONTINENCE CARE NEEDS WILL BE ASSISTED AS NEEDED

3. WALKING

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

WE WILL USE GAIT BELTS FOR SAFETY WHILE WALKING RESIDENTS

4. TRANSFERRING

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

WE SHALL USE GAIT BELTS FOR SAFETY WHILE TRANSFERRING OUR RESIDENTS

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: RESIDENTS WILL BE POSITIONED EVERY TWO HOURS OR AS NEEDED WHILE IN BED OR IN A WHEEL CHAIR FOR THOSE WHO CANNOT POSITION THEMSELVES

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: RESIDENTS WILL BE BATHED AND SHOWERED REGULARLY TO ENSURE THAT THEIR BODIES ARE CLEAN AND TO PREVENT THE SPREAD OF GERMS. GROOMING OF HAIR (SHAVING & STYLING) AND FINGER NAILS (TRIMMING AND PAINTING) WILL BE PERFORMED AS NEEDED. DENTAL CARE WILL BE DONE DAILY IN THE MORNING AND AFTER MEALS

7. DRESSING

If needed, the home may provide assistance with dressing as follows: RESIDENTS WILL BE ASSISTED WITH DRESSING AS NEEDED AND GOING WITH RESIDENT INDIVIDUAL CHOICE. APPROPRIATE DRESSING FOR THE OCCASION (e.g. DOCTOR'S APPOINTMENTS, CHURCH PARTY etc) WILL BE OBSERVED MAINTAINING A RESPECTFUL INTERPERSONAL COMMUNICATION WITH RESIDENT. CLEAN CLOTHES WILL BE PROVIDED AS NEEDED

8. BATHING

If needed, the home may provide assistance with bathing as follows: RESIDENTS WILL BE ASSISTED WITH BATHING THEM REGULARLY AS NEEDED. BATH CHAIR WILL BE AVAILABLE FOR SAFETY. LOTIONS AND DEODORANTS WILL BE APPLIED FOR SKIN INTEGRITY

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE PERSONAL CARE ASSISTANCE WILL INVOLVE MAINTAINING A RESPECTFUL, COURTEOUS AND INTERPERSONAL INTERACTION

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: THE HOME WILL ADMINISTER ORAL MEDICATIONS, TOPICAL MEDICATIONS, EAR AND EYE MEDICATIONS, NASAL AND INHALATION MEDICATIONS FOR RESIDENTS WHO CANNOT PUT THEIR MEDICATIONS IN THEIR MOUTH, CARE GIVERS WILL BE DELEGATED

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES TO PROVIDE THIS ASSISTANCE - SUBCUTANEOUS INJECTIONS LIKE INSULIN WILL BE DELEGATED. TUBE FEEDING WILL BE DONE WITH DELEGATION BY A REGISTERED NURSE

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:

RESIDENTS WITH FOLEY CATHETER OR OSTOMIES WILL BE ASSISTED

The home has the ability to provide the following skilled nursing services by delegation: INSULIN INJECTIONS
TUBE FEEDING, WOUND CARE ASSISTANCE WILL BE PROVIDED THROUGH DELEGATION
BY A REGISTERED NURSE

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: DAILY 24 HOURS
- Certified nursing assistant or long term care workers, days and times: MORNINGS, EVENINGS AND NIGHTS
- Awake staff at night
- Other: FULL TIME STAFF AT NIGHT

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:

RESIDENTS FROM ALL BACKGROUNDS OR LANGUAGES ARE WELCOME

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:

NO 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: LIST OF ACTIVITIES PROVIDED IN THE HOME
INCLUDE PLAYING CARD GAMES, WORD PUZZLES, WATCHING FAVOURITE TV SHOWS

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