



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Blossom Garden Adult Family Home / David Zhang</b>	LICENSE NUMBER 757361
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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. <b>At Blossom Garden AFH, we prioritize the delivery of top-notch care while fostering independence for our senior and disabled citizens. Our commitment is to treat every resident as cherished family members, ensuring their well-being and comfort. We deeply respect diverse cultural and ethnic backgrounds, fostering an inclusive environment for all. Moreover, we actively promote the social and mental health of each resident, recognizing the holistic importance of their overall wellness.</b>	
2. INITIAL LICENSING DATE 6/18/24	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <b>11405 SE May Creek Park Dr., Newcastle WA 98056</b>
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:

**promote healthy food; set up; remind/escort to table; cut up food; feed including tube feeding (with nurse delegation task); supervise to prevent choking/aspiration; meals in room upon request.**

### 2. TOILETING

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

**remind/escort/transfer to bathroom; supervise; provide pericare; change incontinent products; monitor bladder/bowel movements; provide catheter/colostomy/ileostomy care.**

### 3. WALKING

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

**supervis; stand by assist; contact assist; monitor recovery progress; provide physical andd occupational therapy excercises instructed by professional providers.**

### 4. TRANSFERRING

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

**1-person; stand to sit**

### 5. POSITIONING

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

**provide cares to position in bed/chair/wheelchair in proper body alignment**

### 6. PERSONAL HYGIENE

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

**light to moderate assistance with all personal hygiene such as wash face, brush teeth, comb hair, shave, moisturize, trim finger and toe nails**

### 7. DRESSING

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

**remind/supervise/assist with choosing clothing, cuering and dressing upper and lower body**

### 8. BATHING

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

**remind/supervise/assist with transfer and bathing, assess skin in each bathing session, moisturize skin after bathing**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**we are offering care with a wide range of medical needs based on 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:

**remind/supervise/assist/provide total care administration of medication based on NCP.**

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:

**AFH staff provides skilled nursing services such as administer medication via oral route; crush medication; administer oxygen; provide tube feeding; monitor blood sugar level, administer insulin.**

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

**see above**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**The staff is willing to perform all nursing services by nurse delegation program under Washington State law**

**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: **As needed**
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **The AFH has 24/7 staffing**
- Awake staff at night
- Other: \_\_\_\_\_

ADDITIONAL COMMENTS REGARDING STAFFING

**Our nursing staff is licensed and maintained the 12 hrs/year of continuing education.**

**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:

**We are able to accommodate all culture and ethnic backgrounds, ethnic food, diets and special requirements upon request.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**We are able to accommodate all culture and ethnic backgrounds, ethnic food, diets and special requirements upon request.**

**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:

**MINIMUM OF 3 YEAR PRIVATE PAY BEFORE ACCEPTING MEDICAID PAYMENTS**

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:

**We tailor our daily based on NCP to promote the independence as well as social connection with our residents. We offer activities such as, but not limit to, arts/crafts, board game, newspaper/magazine, walk/dance in our beautiful backyard, movie night, coffee/tea time with birds/flowers around, gardening.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**We celebrate all holidays, birthdays, summer deck party, and family reunions.**

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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