

Adult Family Home Disclosure of Services Required by RCW 70.128.280

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| HOME / PROVIDER BLISSFUL ABODE, LLC | LICENSE NUMBER 758414 |
|-----------------------------------------------|--------------------------|

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 | |
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| <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.</p> <p>At the heart of our care is compassion. Our adult family home is more than a place of support — it’s a place of comfort, dignity, and genuine connection. We’re honored to walk alongside individuals as they age, recover, or navigate daily challenges, always within the warmth and safety of a familiar home environment. With each interaction, we bring kindness, understanding, and a deep commitment to enriching the lives of those we serve.</p> | |
| <p>2. INITIAL LICENSING DATE</p> <p>8/19/25</p> | <p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p>7512 NE 123RD COURT VANCOUVER, WA 98682</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:

The facility provides home-cooked meals three (3) times daily, in accordance with established dietary guidelines. Snacks are available and served upon client request.

Special dietary accommodations, including modified and mechanically altered diets, are provided as outlined in each client’s individualized care plan.

Staff may provide assistance with total feeding as needed. Assistance with enteral (tube) feeding and Total Parenteral Nutrition (TPN) will be performed only as delegated.

2. TOILETING

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

Staff provide assistance with toileting based on individual needs, ranging from monitoring and verbal cueing to full physical assistance. Incontinence care is provided as needed to maintain client comfort, hygiene, and dignity. Ostomy care and catheter care are performed in accordance per delegation.

3. WALKING

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

Staff provide support with walking and mobility based on each client’s individual needs and abilities. Assistance may include supervision, verbal prompts, and full physical support as needed to ensure safety.

4. TRANSFERRING

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

Staff provide transfer assistance based on individual needs, including stand-by assist, contact guard, pivot transfers, and full transfers using a mechanical lift.

5. POSITIONING

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

Staff assist with positioning clients in chairs, positioning while in bed every 2 hours for skin compromised, using pillows to tilt them to the side and support bony areas.

6. PERSONAL HYGIENE

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

Staff provide setup, monitoring, cueing, and full assistance with oral care, shaving, perineal care, nail care, hair care, and skin care as needed.

7. DRESSING

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

Staff assist with dressing, including setup, monitoring, cueing, and full assistance.

8. BATHING

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

Staff assist with bathing, including setup, monitoring, cueing, and providing bed baths.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

In-home hair cutting and hairstyling (additional charge), along with non-diabetic nail care services.

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:

All medications will be assisted by staff and require a doctor's order. Medications must be stored in a locked drawer or cabinet and are not permitted in the resident's room or possession. Staff may administer medications as delegated.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Insulin shots can be administered by staff as delegated. Private residents pay extra for this delegation.

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:

Our home will contract with a licensed nurse to provide services that require professional nursing expertise.

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

Wound care, ostomy care and management, catheter care and management, and insulin-dependent diabetes care and management

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Our home will contract with a licensed nurse to provide nurse 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

N/A

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: **At all times** _____

Awake staff at night

Other:

ADDITIONAL COMMENTS REGARDING STAFFING

We have 2 female and 1 male live-in staff at all times.

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 who communicate in either English or Tagalog, ensuring we can connect and support them in a language they feel most comfortable with.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Our home is a warm and inclusive place where everyone is valued and treated with the dignity and respect they deserve, regardless of background. To ensure clear and caring communication, we proudly offer bilingual support in both English and Tagalog.

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 dedicate four beds specifically for residents receiving Medicaid, in our commitment to serving a diverse community. If all designated Medicaid beds are occupied, we reserve the right to evaluate transfers or admissions for residents transitioning to Medicaid, while doing our best to support each individual with care and respect.

ADDITIONAL COMMENTS REGARDING MEDICAID

We kindly request that private-pay residents provide a 90-day notice prior to transitioning to 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:

Our home offers a variety of engaging and heartwarming activities to bring joy and connection to our residents. From movie nights with popcorn, bingo, karaoke and card games to creative pastimes like Sudoku, coloring, painting, and making thank-you cards — there's something for everyone to enjoy. We also love hosting BBQs when the weather allows, creating special moments and shared memories outdoors.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

While we lovingly encourage our residents to take part in our activities, we understand that not every activity will suit everyone. We deeply respect each resident's personal preferences and honor their choices when it comes to participation.

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