



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER NARISA ADULT FAMILY HOME/ SHIRLEY NABUA	LICENSE NUMBER A468100
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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. Providing quality care for your love ones.	
2. INITIAL LICENSING DATE 05/08/1998	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: None
4. SAME ADDRESS PREVIOUSLY LICENSED AS: N/A	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <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	

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<p>If needed, the home may provide assistance with eating as follows: Cueing to feed themselves, cut food into small pieces, or spoon feed clients.</p>
<p>2. TOILETING If needed, the home may provide assistance with toileting as follows: Toilet client regularly, change pad at least every 2 hours. Transfer client on/off toilet. Wipes bottom after every use of the toilet.</p>
<p>3. WALKING If needed, the home may provide assistance with walking as follows: Assist to walk with walker/cane with gait belt; use wheelchair. Hallway must be clutter-free.</p>
<p>4. TRANSFERRING If needed, the home may provide assistance with transferring as follows: Use gait belt to transfer. Assist all transfer, from wheelchair to bed, in and out of the shower and car; vice versa.</p>
<p>5. POSITIONING If needed, the home may provide assistance with positioning as follows: Position every 2 hours in bed and chair to avoid skin breakdown; elevate lower extremities while sitting in the wheelchair.</p>
<p>6. PERSONAL HYGIENE If needed, the home may provide assistance with personal hygiene as follows: Assisting oral hygiene, combing hair trimming and fingernails, wash hands and face, cleanse glasses, brush teeth, and shave facial hair.</p>
<p>7. DRESSING If needed, the home may provide assistance with dressing as follows: Assist client to dress/undress clothes, put on/take off shoes, and assist with buttoning shirts.</p>
<p>8. BATHING If needed, the home may provide assistance with bathing as follows: Assist client to shampoo and rinse hair. Wash back, legs, and feet. Assist with drying and dressing with clothes. Apply lotion after bath.</p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE The home providing providing the best personal care for each clients.</p>
<p>Medication Services</p>
<p>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)</p>
<p>The type and amount of medication assistance provided by the home is: self medication with assistance and administration by the consent of client's family member/representative</p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES All medications needs to be prescribed by client's physician.</p>

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:

Eye drops; ointment; check blood sugar; breathing treatments; and give insulin injections

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

Yes

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

LPN - 24/7 on duty in the home. and certified nursing assistance delegated by RN

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: on call
- Licensed practical nurse, days and times: daily
- Certified nursing assistant or long term care workers, days and times: daily
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

No problem - all trained and CEU's completed.

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:

Yes - English, various backgrounds.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Respect the holidays and beliefs.

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:

The home will accept both private and medicaid payments. Medicaid payments condition will be client's will be accepted after DSHS approved thier finances to pay their monthly payment .

ADDITIONAL COMMENTS REGARDING MEDICAID

The home will accept clients after their initial assessment by a qualified assessors

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:

. Home exercises, puzzles; walking outside; shopping, knitting, play cards; watching TV; listening to music

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Provide client/family preferences.

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