



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER LINA'S AFH #4 LINAP. NAVARRO WA 98166	LICENSE NUMBER 751760
---	---------------------------------

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.

Table of Contents

About the Home

Personal Care

Medication Services

Skilled Nursing Services and Nursing Delegation

Specialty Care Designations

Staffing

Cultural or Language Access

Medicaid

Activities

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. <i>Our mission is to provide the highest excellent quality of professional compassionate care to our clients to enhance the quality of their lives both physically, mentally, emotionally and socially for clients to be able to enjoy and have a decent, happy quality of life</i>	
2. INITIAL LICENSING DATE <i>Sept. 10, 2010</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input checked="" type="checkbox"/> Other: <i>CORPORATION FOR PROFIT</i>	

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: *Tube Feeding, 1:1 Assistance with Feeding, Prepare Puree Diet, Renal Diet, Diabetic Diet,*

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *Assist client to transfer to the commode or bathroom or toilet. Provide commode in the bathroom if requested. Assist with wiping, washing, cleaning or do perineal care after BM or after client urinate.*

3. WALKING

If needed, the home may provide assistance with walking as follows: *Standby Assistance with Ambulation, Provide escort when jogging or taking a walk outside the facility.*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *Transfer using Sernalift or Hoyer lift, 1 or 2 person pivot transfer, transfer using sliding board,*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *Full repositioning assistance every 2 to 3 hrs. to bed bound client who cannot do the repositioning or scoot up on bed.*

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *Assist with mouth care, brushing teeth, cleaning, brushing or soaking dentures, wash face, give shower or give sponge baths. Lotion application, Foot Care, Nail Care, Pericare, Hair Shampoo, Comb Hair, File Fingernails*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *Assistance with dressing both upper & lower extremities, Assist in choosing clothing appropriate for weather condition. Put on, take off clothes & socks, Put on Bra,*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *Assistance with shower 2x a week or daily when requested, Daily sponge baths, Soaking of feet, Lotion application p baths.*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Do range of motion per M.D./P.T. Order, Foot Care, Daily Sponge Baths, Shower 2x a week, Brush Hair, Nail Care, Soaking of Dirty Feet.

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 Administration from Bubble Packs, Insulin Injection, Nitro Patch Application, Eye Drop Administration - RN Delegation TASKS, Enema Admin. COLOSTOMY CARE, PEG TUBE Feeding, FOLEY CATHETER CARE.*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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: *In the event a client runs out of funds Lind's AFH will, should keep the client.*

ADDITIONAL COMMENTS REGARDING MEDICAID *Lind's AFH will not accept medicaid client if client is too heavy - over 300 lbs, if client threatens, physically & verbally abusive*

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: *Outings, Scenic Drive, Arts & Crafts, Play music, Games, Jogging with Escort, gardening, Going to church, going to the Beach & Libraries*

ADDITIONAL COMMENTS REGARDING ACTIVITIES *If it's a tour & other expensive trips or outings it's the client or families expenses, not shouldered by Lind's Adult Family Homes.*



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER LINA'S AFH #4 <i>340 S. W. 178th St. Normandy Park</i>	LICENSE NUMBER LINA P. NAVARRO WA 98166 <i>751760</i>
--	---

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.

Table of Contents

- [About the Home](#)
- [Personal Care](#)
- [Medication Services](#)
- [Skilled Nursing Services and Nursing Delegation](#)
- [Specialty Care Designations](#)
- [Staffing](#)
- [Cultural or Language Access](#)
- [Medicaid](#)
- [Activities](#)

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. <i>Our mission is to provide the highest excellent quality of professional compassionate care to our clients to enhance the quality of their lives both physically, mentally, emotionally and socially for clients to be able to enjoy and have a decent, happy quality of life</i>	
2. INITIAL LICENSING DATE <i>Sept. 10, 2010</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input checked="" type="checkbox"/> Other: <i>CORPORATION FOR PROFIT</i>	

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: *Tube Feeding, 1:1 Assistance with Feeding, Prepare Puree Diet, Renal Diet, Diabetic Diet,*

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *Assist client to transfer to the commode or bathroom or toilet. Provide commode in the bathroom if requested. Assist with wiping, washing, cleaning or do perineal care after BM or after client urinate.*

3. WALKING

If needed, the home may provide assistance with walking as follows: *Standby Assistance with Ambulation, Provide escort when jogging or taking a walk outside the facility.*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *Transfer using Sernalift or Hoyer lift, 1 or 2 person pivot transfer, Transfer using sliding board,*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *Full repositioning assistance every 2 to 3 hrs. to bed bound client who cannot do the repositioning or scoot up on bed.*

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *Assist with mouth care, brushing teeth, cleaning, brushing or soaking dentures, wash face, give shower or give sponge baths, Lotion application, Foot Care, Nail Care, Pericare, Hair Shampoo, Comb Hair, File Fingernails*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *Assistance with dressing both upper & lower extremities, Assist in choosing clothing appropriate for weather condition. Put on/take off clothes & socks, Put on Bra,*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *Assistance with shower 2x a week or daily when requested, Daily sponge baths, Soaking of feet, Lotion application p baths.*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Do range of motion per M.D./P.T. Order, Foot Care, Daily Sponge Baths, Showers 2x a week, Brush Hair, Nail Care, Soaking of Dirty Feet.

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 Administration from Bubble Packs, Insulin Injection, Nitro Patch Application, Eye Drop Administration - RN Delegation TASKS, Enema Admin. COLOSTOMY CARE, PEG TUBE Feeding, FOLEY CATHETER CARE.*

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: *RN DELEGATION TASKS prior to doing the delegated tasks: Tube Feeding, Insulin Injection, Topical Cream Application, Eye Drops application, ENEMAS, NASAL SPRAY, SIMPLE WOUND CARE.*
The home has the ability to provide the following skilled nursing services by delegation: *INSULIN INJECTION, TUBE FEEDING, EYE DROPS, TOPICAL CREAM APPLICATION, ENEMAS, NASAL SPRAY, SIMPLE WOUND CARE, COLOSTOMY CARE*

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 *LINA'S AFH Specialized in DDD, Mental Health and Dementia specialty care*

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: *24 Hours/7 Days a Week*
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

2 Caregivers 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: *ENGLISH, Accepts ALL RACE Both Male & Female*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Filipino, Tagalog, ENGLISH

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: *In the event a client runs out of funds Lina's AFH will, should keep the client.*

ADDITIONAL COMMENTS REGARDING MEDICAID *Lina's AFH will not accept medicaid client if client too heavy - over 300 lbs, if client threatens, physically & verbally abusive*

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: *Outings, Scenic Drive, Arts & Crafts, Play music, Games, Jogging with Escort, gardening, Going to church, going to the Beach & Libraries*

ADDITIONAL COMMENTS REGARDING ACTIVITIES *If it's a tour & other expensive trips or outings it's the client or families expenses, not shouldered by Lina's Adult Family Homes.*