



Adult Family Home Disclosure of Services Required by RCW 70.128.280

Received

OCT 29 2014

RCS/Public Disclosure

HOME / PROVIDER MOTHER EARTH AFH GREG NOURIGAT	LICENSE NUMBER 752307
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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. Provide a system of high quality care, to help our residents recover quickly and to reduce overall costs by providing the right care, right away. Put quality first, treat residents with respect & compassion. Exceed expectations. Work together, innovate and lead, create, value & celebrate achievements.

2. INITIAL LICENSING DATE

11/27/2012

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

2733 183rd AVE SE SNOHOMISH, WA 98290

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- 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: Monitoring, encouragement and / or cueing, set up (includes cutting up meat and opening containers). Hands-on assistance to guide or hand feed/drink item. Feeding if dependent.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: Assistance with cleaning / care / pads / clothing and / or stand-by assist for transfer. Use the commode, bedpan, urinal; manage catheter.

3. WALKING

If needed, the home may provide assistance with walking as follows: Help using assistive devices, or assistance if independent. Stand-by assistance for safety & cueing. Help who walks with weight bearing support from 1 or 2 people. Help to get up or down stairs if needed (using equipment).

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: Transfer on/off toilet, commode, assist dependent if requires lifting assistance to transfer. Transfer on/off wheelchair, stand to sit, sit to stand.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: Move about in bed or a chair, turn side to side, and position body for comfort in bed or chair. Reposition every hour, day time / night time, draw sheet; Standby for safety, cueing monitoring, or encouragement.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: Monitoring, encouragement and / or cueing, hands-on assistance to guide through task completion. Do make-up, wash hands, face and perineum; care for hair; teeth, dentures, hearing aids, glasses.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: Bath shower or sponge bath; dry off; transfer in / out of tub/shower. Put-up supplies, skin care; Monitoring, encouragement and / or cueing.

8. BATHING

If needed, the home may provide assistance with bathing as follows: Put on / take off, fasten / unfasten clothing, laying out clothes & retrieving from closet; Monitoring, encouragement and / or cueing. Help with shoe / socks / TEDs. Help with tying or buttoning upper & lower.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

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: Help taking medications, self-administration with assistance, put the medication into their own mouth, provide set-up assistance, self-admin. guiding a resident's hand while applying in instilling medications such as ointments, eye, ear, and

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES: metal preparations, but does not include the practice of 'hand-over-hand'. May include transferring the medications from one container to another to make a single dose such as pouring a liquid from the medication container to a calibrated spoon or measuring cup.

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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: *Skilled services by a RN - assessment, nurse delegation, skilled services of a RN in the training and/or education of a patient or family member of treatment in the home health or hospice setting.*
The home has the ability to provide the following skilled nursing services by delegation: *oral, topical, eye drops, ointments, inhalers, sprays, insulin injections*

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: *Retired Licensed Practical Nurse.*
- Certified nursing assistant or long term care workers, days and times: *Monday through Friday (1 eq.)*
- Awake staff at night *Saturday & Sunday (1 eq.)*
- Other: *We'll hire more caregivers, depending on how many residents we'll have.*

ADDITIONAL COMMENTS REGARDING STAFFING *All staff meet state requirements for training, CPR and First Aid Certification, CNA's or Long Term Care Worker, Food Handler Card, Nurse Delegation, CE and other training and knowledge to assist individual resident needs.*

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 do accept all diets, it doesn't matter background or languages.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

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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:

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ADDITIONAL COMMENTS REGARDING MEDICAID

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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: Celebrations of Residents 5-days and holidays, Decorate cookies, Sing favourite songs, look at new car brochures, Write a letter to a friend, work for crossword puzzle, make a wish list.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Give a head massage or a hand massage, fold towels or clothes, match up basket of socks, make a memory book, Rose picture to send to someone, etc.