



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Safari Adult Family Home LLC	LICENSE NUMBER 752374
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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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Received

MAR 31 2016

RCS/Public Disclosure

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. Strive to be the best, every body is family.	
2. INITIAL LICENSING DATE 10/14/2011	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 5803 N Drumheller Street, Spokane WA 99206
4. SAME ADDRESS PREVIOUSLY LICENSED AS: 24 carats	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input checked="" 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	

<p>If needed, the home may provide assistance with eating as follows: AFH Check for food allergies/sensitives, Prepare food and cut into small pieces,bring food to client, feed client, offer one item at a time provide calm enviroment, assistance with eating cuing and monitoring to total assistance.</p>
<p>2. TOILETING If needed, the home may provide assistance with toileting as follows: AFH to schedule toileting program for resident and assist to toilet/incontinent care a minimum of every 2 to 4 hrs, provide assist with all tasks at the toilet, assistance with toileting cuing and monitoring to total assistance.</p>
<p>3. WALKING If needed, the home may provide assistance with walking as follows: AFH to assure clean and safe working condition at all times to provide support to resident to move about indoor and outdoor living environment, keep walkways clear of clutter, assistance with walking from cuing and monitoring to a one or two person assist.</p>
<p>4. TRANSFERRING If needed, the home may provide assistance with transferring as follows: AFH to assure the following DME necessary for resident's comfort and safety in bed and for transfers is available, clean and in safe working condition at all times and all staff are properly trained, assistance with transferring from cuing and monitoring to one or two person assist.</p>
<p>5. POSITIONING If needed, the home may provide assistance with positioning as follows: AFH to monitor pressure points daily, position pillows between legs, reposition client every two hours. Train and cue resident to maintain functional self-positining and ther simple ADLs.</p>
<p>6. PERSONAL HYGIENE If needed, the home may provide assistance with personal hygiene as follows: AFH to provide care in grooming and hygiene assist including, but not limited to haircare, nailcare, oralcare, shaving; and provide enabling cueing to those who still have the ability to perform some ADLs.</p>
<p>7. DRESSING If needed, the home may provide assistance with dressing as follows: AFH will provide assistance with daily dressing needs and ensure resident has all essential saftey devices, e.g. gripper socks, shoes, and persnal functional orthopedic devices daily.Allow resident to choose clothing to wear as much as their cognitive abilities allow, assistance from cuing to setup to total assistance.</p>
<p>8. BATHING If needed, the home may provide assistance with bathing as follows: AFH provide assist for all bathing 2x weekly at approx. time varies when resident is willing or needs bathing due to incontinence, warm shower as needed, set-up collect needed items and lay out clothing.assist with bathing from cuing and setup to total assistance.</p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE AFH treats all the residents with privacy, respect and dignity, therefore becomes part of the family. we have 2 roll in shwers 4 rooms with shared 2baths and 2 rooms with private bathrooms</p>
<p>Medication Services</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)

The type and amount of medication assistance provided by the home is:

If a resident needs a medication to be administered, We do provide services through nurse delegation of Empowering people.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Empowering people will come in the facility and train staffs on very kind of medication to administer to the resident

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:

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

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: **Only as Needed**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **2 to 3 staff Around the clock**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

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: everyone is welcomed
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS none
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)
<input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments.
<input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions:
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: Movies, Group exercises , art craft, Baking , BINGO, WII SPORT, Chesse, cards, walking, garding,
ADDITIONAL COMMENTS REGARDING ACTIVITIES ,

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