



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Doina Mirza	LICENSE NUMBER 752995
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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 [Washington Administrative Code](#).

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Received
DEC 02 2015
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.	
2. INITIAL LICENSING DATE 11/15/2007	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
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	

<p>If needed, the home may provide assistance with eating as follows: Feeding is provided if resident is unable to feed self.</p>	
<p>2. TOILETING If needed, the home may provide assistance with toileting as follows: Assist with toileting, incontinent briefs, peri-care as needed.</p>	
<p>3. WALKING If needed, the home may provide assistance with walking as follows: Stand by assist with walker as needed. Wheel chair assist as needed.</p>	
<p>4. TRANSFERRING If needed, the home may provide assistance with transferring as follows: Transfers from bed to w/c or to stand as needed.</p>	
<p>5. POSITIONING If needed, the home may provide assistance with positioning as follows: Repositioning residents in chair or bed as needed. Usually every two hours.</p>	
<p>6. PERSONAL HYGIENE If needed, the home may provide assistance with personal hygiene as follows: Assist with all activities of daily living. personal care, teeth brushing, combing hair, lotions, etc.</p>	
<p>7. DRESSING If needed, the home may provide assistance with dressing as follows: Assist with dressing and undressing as needed.</p>	
<p>8. BATHING If needed, the home may provide assistance with bathing as follows: Assist with bathing as needed.</p>	
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE</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)</p>	
<p>The type and amount of medication assistance provided by the home is: Both medication assistance and administration are provided. RN available for nurse delegation.</p>	
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES</p>	
Skilled Nursing Services and Nurse Delegation	
<p>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)</p>	
<p>The home provides the following skilled nursing services: Nurse Delegation.</p>	
<p>The home has the ability to provide the following skilled nursing services by delegation: Medication administration, blood glucose checks and insulin administration, tube feedings, urinary</p>	

catheter 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:	
<input type="checkbox"/> Developmental disabilities <input checked="" type="checkbox"/> Mental illness <input checked="" type="checkbox"/> 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)	
<input checked="" type="checkbox"/> The provider lives in the home. <input checked="" type="checkbox"/> A resident manager lives in the home and is responsible for the care and services of each resident at all times. <input type="checkbox"/> 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:	
<input checked="" type="checkbox"/> Registered nurse, days and times: As needed. <input type="checkbox"/> Licensed practical nurse, days and times: _____ <input checked="" type="checkbox"/> Certified nursing assistant or long term care workers, days and times: 48 hours per week (4 days per week, 12 hours per day) <input checked="" type="checkbox"/> Awake staff at night <input type="checkbox"/> 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:	
English speaking.	
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS	
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: Medicaid patients accepted.	
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: Coffee hour every afternoon. Snacks daily. Social time every day. Patio available in warm weather. Television. Music. Puzzle/Game table.	
ADDITIONAL COMMENTS REGARDING ACTIVITIES	

Please Return the completed form electronically to

The form may also be returned by mail at:
RCS – Attn: Disclosure of Services
PO Box 45600
Olympia, WA 98504-5600