

## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>ARIANNA AFH LLC/JOHNSON NJOROGE</b>	LICENSE NUMBER <b>754579</b>
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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.

### 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](#)

<b>About the Home</b>	
<b>1. PROVIDERS STATEMENT (OPTIONAL)</b> The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home. <b>Arianna AFH LLC strives to provide the highest quality of care while protecting resident's rights and allowing them to live as of they are home.</b>	
<b>2. INITIAL LICENSING DATE</b> 6/23/2020	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> N/A
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> N/A	
<b>5. OWNERSHIP</b> <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Company <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

If needed, the home may provide assistance with eating as follows:

**Assistance with eating such as by steadying hands while cueing and encouraging residents. We can also spoon feed when needed. We prepare food by cutting into small bite sizes. We accommodate preparing all types of food which includes altered such as mechanically soft or blended.**

### 2. TOILETING

If needed, the home may provide assistance with toileting as follows:

**All toileting needs from standby care to full perineal care such wiping and cleaning after each BM and urinary incontinence.**

### 3. WALKING

If needed, the home may provide assistance with walking as follows:

**We provide assistance such as stand by, contact guard, cueing and encouragement. We assist chair bound residents by propelling the wheelchair for them.**

### 4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:

**Supervision, cueing, stand by assist, encouragement and residents who are in need of total transferring needs with one to two person transfer.**

**We can also provide services to residents needing assistive devices such as side rails and transfer pole and to residents on Hoyer lift transfer.**

### 5. POSITIONING

If needed, the home may provide assistance with positioning as follows:

**Independent with positioning, needs cueing, encouragement, supervision, stand by assist up to residents who are fully dependent with positioning needs.**

### 6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:

**Cueing, supervision, encouragement, some assist to full assist until completion of task.**

**Thorough Pericare, dry skin care, mouth care, foot care, nail care are task provided to the residents on a daily basis.**

### 7. DRESSING

If needed, the home may provide assistance with dressing as follows:

**Supervision, cueing, stand by assist, partial assist to full assist with dressing.**

### 8. BATHING

If needed, the home may provide assistance with bathing as follows:

**Services to residents who are in need of bathing and showering, from supervision, stand by assist, cueing, monitoring, encouragement up to partial and total assist in completing the task. We also provides bed bath or sponge bath for residents who cannot participate with bathing and showering.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**The home provides personal care on a daily basis. Daily bed or sponge bath and AM and PM hygiene.**

**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 assistance with oral, topical, inhalation, breathing treatments, eye drops, ear drops, nose drops and we will secure Nurse Delegation services for our non licensed staff for residents who needs medication administration. We can also administer insulin injections per Nurse Delegation services and oversight for non licensed staff.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Medications are checked regularly per doctor's orders following five rights of medication administration.**

**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:

**Glucose monitoring, insulin injections, tube feeding, catheter care, wound care (nonsterile), ostomy care, skin care per Nurse Delegation Services.**

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

**Oral, topical, ear, nose, eye medicaitons. Insulin injections, breathing treatment, constipation (rectal) medications, oxygen therapy, PRN medication, nonsterile wound dressings, blood sugar checks and monitoring.**

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: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: 24/7
- 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:

**The home admits and provides services to residents from all and any types of ethnic background.**

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)

- The home is a private pay facility and does not accept Medicaid payments.
- The home will accept Medicaid payments under the following conditions:

**We accept Medicaid residents upon admission.**

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:

**Exercises such as ROM, walking. Music, TV, Radio, Celebrations of major holidays, birthdays, day trip per choice and per abilities, outside barbecue (weather permitting).**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Residents are allowed to engage in any types of activities they prefer and have the ability to do so.**

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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