



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

HOME / PROVIDER <b>ETD Home Care Inc, Marinell ILIUC</b>	LICENSE NUMBER <b>325500</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.

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### About the Home

<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>We take great pride in providing exceptional care to our elderly residents that is compassionate, highly competent, and attentive to their physical and emotional health. Our goal is to help our residents be as active and mentally alert as they can be, and as healthy and comfortable as is possible for their conditions, for as long as they live in our home.</b>	
<b>2. INITIAL LICENSING DATE</b> <b>05/24/1996</b>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> <b>none</b>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> <b>N/A</b>	
<b>5. OWNERSHIP</b> <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input checked="" type="checkbox"/> Other: <b>Incorporated</b>	

## 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:

**Eating assistance may include cueing, supervision, reminding resident to follow swallow precautions, offering bites of food, holding the glass to drink; providing special diets, snacks, thickened fluids, pureed foods and tube feedings per doctor orders.**

### 2. TOILETING

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

**Toileting assistance may include reminders (if on a toileting schedule), transfer help, cueing for self-care as appropriate, personal cleansing, and help changing soiled diapers or clothing.**

### 3. WALKING

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

**Walking assistance may include reminders and encouragement for walking and physical therapy exercises (if ordered), cueing to use cane or walker, help standing up and 1 or 2 person assist as appropriate.**

### 4. TRANSFERRING

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

**Transfer assistance may include cueing and encouragement for safe transfers, and 1 or 2 person assist as appropriate to maximize safety.**

### 5. POSITIONING

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

**Assistance with positioning may include straightening a person's alignment in chair or bed, cueing to assist them in turning and positioning, placing pillows for support and comfort, 1 or 2 person assist and use of a draw sheet as appropriate.**

### 6. PERSONAL HYGIENE

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

**Assistance with personal care may include setting up needed supplies, cueing and encouragement for self-care as appropriate, providing minimum to total care as needed.**

### 7. DRESSING

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

**Dressing assistance may include allowing resident to choose clothing, selecting clothing for resident, providing supervision for safety while resident dresses self, assistance with buttons and other fastenings, placing and removing socks and shoes, 1 or 2 persons as needed for resident safety and comfort.**

### 8. BATHING

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

**Bathing assistance may include regularly scheduled showers in the roll-in shower area, setting up needed supplies, transferring resident in/out of shower, cueing and encouragement for self care, providing minimal to total assistance as needed, providing bed baths if necessary and as needed bathing for accidental soiling of clothing.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**The care givers are competent in using a Hoyer lift for transfers if indicated by resident's condition.**

**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 is provided for all residents by the licensed care givers.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Care givers are delegated by RN for any medications residents cannot safely take/apply on their own.**

**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:

**Sporadic skilled nursing services can be provided by the on-call house RN with a doctor's order. Other skilled nursing services are provided by local licensed home health care agencies with MD order.**

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

**Common skilled tasks can be provided by care givers who have been delegated by RN. These tasks can include colostomy care, insulin injections, tube feedings, eye drops, blood sugar checks, inhalers, etc.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**The RN providing delegation services will determine which tasks can be provided to residents.**

**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: **RN is on-call, as needed**
- Licensed practical nurse, days and times: **N/A**
- Certified nursing assistant or long term care workers, days and times: **1-3 caregivers days, 1-2 at night**

<input type="checkbox"/> Awake staff at night <input checked="" type="checkbox"/> Other: <b>awake staff at night if needed by resident circumstances</b>
ADDITIONAL COMMENTS REGARDING STAFFING
<b>Cultural or Language Access</b>
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: <b>English speaking seniors</b>
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS <b>English and Romanian spoken in the home</b>
<b>Medicaid</b>
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: <b>After 5 years of private pay.</b>
ADDITIONAL COMMENTS REGARDING MEDICAID
<b>Activities</b>
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: <b>Music programs with outside performers, car trips and shopping for those who are able, holiday and birthday parties, games, sing alongs, simple puzzles and simple house keeping chores.</b>
ADDITIONAL COMMENTS REGARDING ACTIVITIES <b>Books, magazines, and newspapers are provided to look at or read as well as TV programs and movies.</b>

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  
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Olympia, WA 98504-5600