



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>CONMAR AFH - MARIANA PETRESCU</i>	LICENSE NUMBER <i>466400</i>
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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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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. <i>Our mission is to help our residents maximize their fullest potential in a compassionate, caring and competent environment; to foster independence; to create a better quality of physical and mental life and make them feel home.</i>	
2. INITIAL LICENSING DATE <i>Sept. 8 1998</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>17031 SE 12th Place Bellevue WA 98008</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>N/A</i>	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Co-owned by: <input checked="" type="checkbox"/> Other: <i>S corporation</i>	



**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:

*We provide eating assistance from cueing and monitoring to total assistance.*

2. TOILETING

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

*We provide toileting assistance from cueing and monitoring to total assistance.*

3. WALKING

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

*We provide walking assistance from cueing and monitoring to total assistance.*

4. TRANSFERRING

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

*We provide transferring assistance from cueing and monitoring to total assistance.*

5. POSITIONING

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

*We provide positioning assistance from cueing and monitoring to total assistance.*

6. PERSONAL HYGIENE

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

*We provide personal hygiene assistance from cueing and monitoring to total assistance.*

7. DRESSING

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

*We provide dressing assistance from cueing and monitoring to total assistance.*

8. BATHING

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

*We provide bathing assistance from cueing and monitoring to total assistance.*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

*We encourage residents to develop and maintain independence whenever possible.*

**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: *- As identified by the RN assessment and Negotiated Care Plan. - we keep track of and assist with administer oral medications per physicians orders from supervision to full assistance*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

*The medications are delivered directly to the AFH by the pharmacy in med. organizers. Over the counter medications need to be approved by the physician*



**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:

*We facilitate contracting skilled Nurses services conform with MD order*

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

*Oral medication  
Blood sugar checks, insulin shots, nasal/eye/ear/inhaler, spray medication,  
nebulizer, topical solutions, dressing changes PT exercises and oxygen*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION:

*AFH provider is a certified nursing assistant with long and well diversified experience.*

**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 <sup>MD</sup> practical nurse, days and times: *Or monthly visits and on call*
- Certified nursing assistant or long term care workers, days and times: *24 hours per day, 7 days per week*
- Awake staff at night *as needed*
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

*We have 2 caregivers during day time*

**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:

*Our AFH is open to accommodate all cultural and ethnic backgrounds*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

*We respect our residents cultural preferences. We communicate in English.*



**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:

*Medicaid residents must meet monthly rate minimums*

**ADDITIONAL COMMENTS REGARDING MEDICAID**

*The AFH requires 6 months of private pay funds and 90 days of advanced notification prior to the start of Medicaid conversion*

**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: *Basic and premium cable channels, puzzles and games, WiFi internet, nature bird and deer watching, enjoying beautiful view over Lake Sammamish and mountains, chair exercises*

**ADDITIONAL COMMENTS REGARDING ACTIVITIES**

*Additional activities available per the residents ability and desire*

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