

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

HOME / PROVIDER

Senior Care - AFH Living /
Georghina Burzo

LICENSE NUMBER

509000

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

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. *Our mission is to provide professional, quality care, in a home like environment, treat our residents with dignity and compassion.*

2. INITIAL LICENSING DATE

November 22, 1999

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

26609 199th. PL. SE, Kent, Wa 98042.

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

N/A

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- 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: *From cuing and monitoring to total assistance, like feeding. We also accomodate our residents with special dietary needs and/or food preferences.*

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *From cueing and monitoring to total assistance by one or two caregivers, as needed.*

3. WALKING

If needed, the home may provide assistance with walking as follows: *From cueing and monitoring, to total assistance.*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *Transfer assistance from cueing and monitoring to a two person assist.*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *From cueing and monitoring to a two person assist, 24 hours/day.*

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *Assistance with personal hygiene is provided from cueing and set up, to total assistance.*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *Assistance with dressing is provided from cueing and set up, to total assistance.*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *From minimal assistance like cueing and set up, to total assistance by one or two caregivers.*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Special equipment like Hoyer Lift can be used for transferring.

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: *Assistance with self medication and for medication administration as required by each individual resident's needs.*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

The AFH Provider is an LPN who administers medication when needed. Caregivers can also administer medication through Nurse Delegation.

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: *Insulin administration, Wound care, Tube Feeding, Catheter care*

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

Same as above

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The AFH Provider, who is an LPN, will provide nursing care to residents, will supervise caregivers who will provide nursing care to residents through nurse 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: *Every day from 8:00am to 4:00pm and on call 24 hours a day.*

Certified nursing assistant or long term care workers, days and times: *There are 2 caregivers on each shift including the A-FH Provider.*

Awake staff at night: *Staff is available at night as needed, making rounds, assisting residents with toileting, repositioning.*

Other: *Caregivers are CNA's and HCA's with years of experience.*

ADDITIONAL COMMENTS REGARDING STAFFING
Our residents are happy having them around.

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 home is willing to accommodate all residents with any cultural or ethnic backgrounds.

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: *minimum of one year private pay.*

ADDITIONAL COMMENTS REGARDING MEDICAID

Our Adult Family Home will accept Medicaid residents on admission also, on case by case basis.

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: *Board games, crafts, word finding puzzles, Holidays and Birthdays celebration, exercises and walks outside, weather permitting.*

ADDITIONAL COMMENTS REGARDING ACTIVITIES