



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

HOME / PROVIDER

**SW NURSECARE Adult Family Home / Luminita Rosu**

LICENSE NUMBER

**678200**

**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](#)

**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.

**SW NURSECARE has a distinct advantage of being located across from the Vancouver Clinic and within walking distance from Peace Health Medical Center.**

**SW NURSECARE provides professional, quality care for the aging members of our community in a beautiful home like environment. We recognize the needs of our elderly population, and with that in mind we have designed our facility not only to help us meet those needs, but also to help us better accommodate individual preferences in order to preserve a sense of independence and privacy for each resident.**

**The facility is owned and operated by an RN provider who lives on the premises and provides daily hands on care. We are well aware that the best of facilities can not substitute quality caregiving. And when it comes to it, we are particular about quality. That is why we never delegate or work on minimums. Love, compassion and professionalism are the main focus of our facility in all our daily activities. We always put our residents needs first and treat everyone equally and respectfully.**

2. INITIAL LICENSING DATE

**10/28/2004**

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

**NA**

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

**Sole proprietor**

**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 assistance with eating from cuing and monitoring to total assistance**

2. TOILETING

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

**We provide toileting assistance from cuing and monitoring to total assistance**

3. WALKING

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

**We provide assistance with walking from cuing and monitoring to one to two person assistance, Hoyer lift**

<p>4. TRANSFERRING</p> <p>If needed, the home may provide assistance with transferring as follows:</p> <p><b>We provide transfer assistance from cuing and monitoring to one to two person assistance, board transfers, Hoyer lift</b></p>	
<p>5. POSITIONING</p> <p>If needed, the home may provide assistance with positioning as follows:</p> <p><b>We provide assistance with positioning in bed or chair as needed</b></p>	
<p>6. PERSONAL HYGIENE</p> <p>If needed, the home may provide assistance with personal hygiene as follows:</p> <p><b>We provide assistance from cuing, set up to total assistance</b></p>	
<p>7. DRESSING</p> <p>If needed, the home may provide assistance with dressing as follows:</p> <p><b>We provide assistance from cuing, set up to total assistance</b></p>	
<p>8. BATHING</p> <p>If needed, the home may provide assistance with bathing as follows:</p> <p><b>We provide assistance with bathing from cuing, set up to total assistance</b></p>	
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE</p> <p><b>Facility has a large roll in shower equipped with bath chair and grab bars</b></p>	
<b>Medication Services</b>	
<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:</p> <p><b>We provide medication assistance and administration of medication. All medications are kept in a locked cabinet and are monitored by RN on staff on a daily basis. Our well trained staff will ensure that doctor orders are followed and accurate medication records are kept up to date</b></p>	
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES</p> <p><b>We work closely with physician offices, pharmacy staff and inform and consult with resident/poa/family regarding any changes to medication orders</b></p>	
<b>Skilled Nursing Services and Nurse Delegation</b>	
<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:</p> <p><b>We provide a variety of skilled nursing services such as: indwelling catheter care, ostomy care, diabetic management/insulin injections, wound care, oxygen therapy, medications administration, hospice care</b></p>	
<p>The home has the ability to provide the following skilled nursing services by delegation:</p> <p><b>RN owner/provider will delegate skilled nursing tasks to other caregivers, the delegation for such services will be free of charge</b></p>	

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**The staff will be delegated for all needed skilled nursing tasks through nurse delegation**

**Specialty Care Designations**

We have completed DSHS approved training for the following specialty care designations:

Dementia **X**

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. **X**

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 owner/provider on premises/ lives in the home actively participating in at least 6-8 hours /day hands on care**

Licensed practical nurse, days and times: \_\_\_\_\_

Certified nursing assistant or long term care workers, days and times: **3 dedicated and qualified caregivers that cover 24h staffing needs/7 days a week**

Awake staff at night **NO**

NO Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**Our staff is experienced and dedicated to the well being of our residents**

**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:

**SW NURSECARE provides care to the general english speaking population but we can accomodate clients from different cultures or speaking another language**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**The main language spoken in the facility is 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:**

**We accept Medicaid payments after the resident has been private pay for 24 months prior to converting to Medicaid**

ADDITIONAL COMMENTS REGARDING MEDICAID

**Above mentioned conditions could be negotiated, each case/situation will be assessed individually, also dependent on the care needs of the resident**

**SW NURSECARE accepts private pay and Medicaid paid residents as mentioned above**

**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:

**We provide daily activities based on each resident's ability and choice, such as: reminiscing, storrtelling, live piano music, card writing, tea and pastries parties, birthday celebrations, pastoral visits, movie nights, games, crafts, newspaper, exercise, front porch flower/nature watching, holidays parties.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES