



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

HOME / PROVIDER Rolling Hills AFH / Simona Luta	LICENSE NUMBER 684800
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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

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. We are located in Renton to serve the elderly and to provide services for them. We have loving staff that are trained to care for your loved one. Our home is a pleasant environment for our residents which is why we also encourage family members to be involved in the care as much as possible. We will try to accommodate our residents ,so they will feel like home.	
2. INITIAL LICENSING DATE 02/16/2005	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <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: Our home offers supervision ,limited assistance and total dependence at every meal.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: Our AFH staff will offer assistance with toileting every 2hr and as needed for the resident's comfort.

3. WALKING

If needed, the home may provide assistance with walking as follows:our staff will be available to provide walking assistance if resident is not complaining of pain ,encouraging at least 2- 3 times a day.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: Our staff can provide assistance of one staff transfer two staff transfer and total dependence transfers.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: Our staff will offer to reposition residents repositioned every two hours and as needed for the resident's confort

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: Our staff will help residents who need assistance with personal hygiene like washing face, brushing teeth , comb hair and other needs

7. DRESSING

If needed, the home may provide assistance with dressing as follows: staff willll help with putting on and changing of clothes when needed and if needed.

8. BATHING

If needed, the home may provide assistance with bathing as follows: Our residents have a bathing schedule and as needed where they will receive assistance with bed bath or shower or as preferred by the resident

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We are a small setting environment where we have the ability to provide care for each resident considering their own needs.

**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: Our caregivers will assist residents with medication administration and perform Nurse delegated tasks

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We Administer medications following doctor's orders under delegation report any changes in health condition and work with the care team to ensure resident's welfare.

**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:  
Nurse delegation , RN & LPN on call to manage and observe and evaluate care needs.

The home has the ability to provide the following skilled nursing services by delegation:  
eye drops, topical creams, blood sugar checks ,vital signs , medication administration , insulin injections etc.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION  
We will adjust as the resident care needs arise if possible in the adult family home.

**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: \_\_\_\_\_ on call
- Licensed practical nurse, days and times: \_\_\_\_\_ on call
- Certified nursing assistant or long term care workers, days and times: \_\_\_\_\_ 24 hrs/7 days a week
- Awake staff at night as needed
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING  
Our staff is well trained and specialized to work with elderly residents that are suffering of dementia or mental illness ,we are here to help care for them and comfort when difficulties arise.

**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: we welcome residents that understand and speak basic english , that way we are able to communicate with our residents.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS We would love to have residents with different backgrounds. We enjoy learning about other cultures and communicating with residents about their culture.

**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: Resident needs to have a stay of 24 months of private pay before transitioning to Medicaid payments

ADDITIONAL COMMENTS REGARDING MEDICAID

The AFH requires a notice of 90(ninety) days before transitioning to 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: Enjoy popular songs, exercise /therapy enjoy outdoor time on the patio, family games birthday parties and celebrations, gardening, manicure/pedicure time in the home

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We will love to include activities that residents might come up with that others will enjoy. We will be happy to arrange for them.