

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

HOME / PROVIDER <i>Helena Fabi Laurovici</i>	LICENSE NUMBER <i>685400</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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### 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 strive for quality care making sure all resident needs are met and comfortable in our home.*

**2. INITIAL LICENSING DATE**

*06/06/2005*

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

*NONE*

**4. SAME ADDRESS PREVIOUSLY LICENSED AS:**

*10308 - N.E. 7th. ST. Vancouver, Wa. 98664*

**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**

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If needed, the home may provide assistance with eating as follows: Full assistance to those who can't feed themselves, remind and cue them to eat. We also monitor, blend food or thickener added when needed in liquids.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: Cuing, walking with them to the bathroom, wash perineum, change undergarments as needed.

3. WALKING

If needed, the home may provide assistance with walking as follows: A company making sure the resident does not fall. The resident is also cued and monitored.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: Depending on the need we assist as one on one person or two person, cuing and monitoring; we can transfer with hooyer lift or board, or gait belt.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: We change resident position either as a person or two; we also monitor resident's making sure they are comfortable.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: We set up, monitor & cue the resident, depending on the need, we brush teeth or dentures, shave, trim fingernails

7. DRESSING

If needed, the home may provide assistance with dressing as follows: We set up, clean clothing, dress up upper and lower body. full assistance.

8. BATHING

If needed, the home may provide assistance with bathing as follows: Set up, monitor and full assistance

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE Dressing happens in their own rooms.

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: pain medications from Tylenol to oxycodone, Morphine Hydrocodone, then Warfarin (blood thinner) only with Doctor's orders and nurse delegation and Lorazepam if necessary with Doctor.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Dietary supplements like Multivitamins or other vitamins proffered, the family will supply and needs to be approved by their Doctor.

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: BS Tests, BP monitoring, Behavior monitoring, Skin monitoring, Puffer's

The home has the ability to provide the following skilled nursing services by delegation: insulin administration, BS Tests, wound care, apply eye drops, enema's, prescription creams, prescription pain medications, catheter care, colostomy, crush medications, Oxygen, puffer's

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ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING 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

First Aid & CPR

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: Delegation and Home Care Nurse's
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: Living in home
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Aware staffing available as needed

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:

English, romanian

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:

After one year of private pay.

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ADDITIONAL COMMENTS REGARDING 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: *Columbian Newspaper, Celebrating Birthdays, Holy days, rides to the library and shopping 15\$, walking, games, Reminiscing - Listening to music, put videos, exercises as tolerated.*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

*we are opened to other activity's like crafts, they can go with their friends to outside activities.*

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

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