

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Genesee Senior Care Home LLC/Valentin Gocan 4423 54th Ave SW, Seattle WA 98116	LICENSE NUMBER 750805
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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.

Genesee Senior Care Home owned and operated by two Registered Nurses was founded on the principle of providing a high level of genuine, personal care to each of our residents. We have designed custom care plans to meet all the needs and interests of our residents while respecting their individuality and freedom in a supportive atmosphere, with dignity and respect that they can call home.

2. INITIAL LICENSING DATE

02/01/2008

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

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:

At Genesee Senior Care Home we provide assistance with eating 1:1, tube feeding and special dietary needs such as, but not limited to: diabetic diet, low vitamin K diet, low fat diet, constipation diet, diverticulities diet.

2. TOILETING

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

We provide total assistance to patients with bladder incontinence, with Foley catheter or suprapubic catheter also we provide total assistance to patients with bowel incontinence, colostomy or ileostomy.

3. WALKING

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

Caregivers at Genesee can take over the exercise regimen that was prescribed by PT, OT also walk and do exercises with the residents as they tolerate.

4. TRANSFERRING

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

Genesee Senior Care Home provides one or two person assist with transferring to patients wheelchair bound or bed bound, also we use the Hoyer lift and Sit to Stand.

5. POSITIONING

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

Genesee Senior Care Home provides one or two person assist with positioning, also we provide hospital beds and Intermittent air pressure mattresses at no cost to the residents.

6. PERSONAL HYGIENE

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

Personal Hygiene: Ability to shave; do make-up; wash hands, face and perineum; care for hair, teeth, dentures, hearing aids, glasses.

Caregivers at Genesee Senior Care Home provide personal hygiene to residents in accordance to personalized Care Plan designed to meet his/her care needs every morning, every evening and as necessary.

7. DRESSING

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

We provide one or two person assistance with dressing, every morning, every evening and as necessary.

8. BATHING

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

Genesee Senior Care Home has a roll in shower and and roll in shower chair. Caregivers provide showers/bed bath one time per week or as necessary, as noted in personalized Care Plan.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Hair cuts and sets, pedicure are provided by the house hair stylist at the resident's expense.

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:

We provide medication assistance and administration in accordance to his/her personalized Care Plan. Medications to be set up by RN in the medi-sets, and locked in a safe place.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

In accordance with the family we can refill medications at the end of each cycle.

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:

Wound dressings-Sterile, In-dwelling catheters or irrigation of catheters, injections other than insulin, respiratory support.

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

**Bandage changes (not to be confused with sterile dressings which may not be delegated but rather require a medical professional); Blood glucose monitoring and non-synthetic insulin administration.
Condom catheters; Suppositories and enemas
Eye and ear drops; Oxygen rate adjustments and portable tank changes
Tube feedings for nutrition and hydration
Ointments/creams for treatment**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

For people who are at the end of life we also offer palliative care in conjunction with local Home Health/Hospice agencies

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

We also care for people with Parkinson's Disease, Diabetes, Cerebral Palsy, Stroke, Bed bound, Hospice/end of life, etc.

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: **Provider-husband and wife are Registered Nurse**

Licensed practical nurse, days and times: _____

Certified nursing assistant or long term care workers, days and times: **7 days per week**

Awake staff at night

Other: _____

ADDITIONAL COMMENTS REGARDING STAFFING

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

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:

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:

Genesee Senior Care Home offers live music three times per week: guitar player and sing along two times per week and one time a keyboard player and sing along.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Each resident enjoy different activities, we will follow the personalized Care Plan. Other activities that most of our residents enjoy are: every AM reading the news-paper, magazines and having a cup of coffee/tea, play cards and boards, puzzels, cross-words, art to color, Bingo, TV-movies and ice cream, etc.

Please Return the completed form electronically to 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