



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

Received

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RCS/Public Disclosure

HOME / PROVIDER <i>SYLVIA'S PLACE LLC / Sylvia Zullo</i>	LICENSE NUMBER <i>751084</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	
<b>1. PROVIDERS STATEMENT (OPTIONAL)</b> The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. <i>Our mission are to serve client w disability, Elderly unable to take care of themselves at home, alzheimers + Dementia + mental illness. Help family to understand their love one, on their life change on their physical + mental disabilities</i>	
<b>2. INITIAL LICENSING DATE</b> <i>6-6-2004</i>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> <i>12525 Vine Maple Dr SW Lakewood Wa 98499</i>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> <i>SYLVIA'S PLACE LLC AFH</i>	
<b>5. OWNERSHIP</b> <input type="checkbox"/> Sole proprietor <input checked="" 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:

*home provide assist on feeding with doctors order, mechanical chops puree & thick liquid diet, tube feeding.*

**2. TOILETING**

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

*continence & incontinence*

**3. WALKING**

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

*stand by, Front wheel walker assist manual & battery operated wheel chairs*

**4. TRANSFERRING**

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

*1 - 2 persons assist on hand, hoist lift or other mechanical transfers*

**5. POSITIONING**

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

*assist every 2 hrs positioning*

**6. PERSONAL HYGIENE**

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

*assist client, moderate to max assist on their hygiene*

**7. DRESSING**

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

*assist client - moderate to max assist on their dressing*

**8. BATHING**

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

*provide - moderate to max assist*

**9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE**

*with consent of family or client we are able to trim their nails and hair*

**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:

*home provide assistance medication set up, manage to follow MD orders. check blood glucose assist insulin for diabetic client also.*

**ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES**

*staffs CNA & NAR. took classes required by state law, to be able client with medications*

**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: *Provider & staffs are certified & trained for nurse delegation. And delegated by registered nurse*

The home has the ability to provide the following skilled nursing services by delegation: *Insulin injections + B/S checks. assist oral medications (opiate narcotic & non narcotic) wound dressing change as needed*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION *wound dressing in fallow nurse delegation & home health nurse any change in the affected area staff report immediately*

**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 *provider have been working with client on mental health & Dementia 30 years*

**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: \_\_\_\_\_
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: \_\_\_\_\_
- Awake staff at night

Other: *staffs are qualified to do all service that clients need*

ADDITIONAL COMMENTS REGARDING STAFFING *RN on call 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: *We provide meals according to clients request or cultural meal provide. the recipe we respect client cultural aspect in their life history*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS *we respect the diversity of clients*

**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: *as long as licensing removed the restriction admitting medicaid client. Because provider work to western state hospital as psychiatric security then attendant provider can not accept medicaid unless the client admitted as private, then they pay out fund become state, they are able stay in home as their wish.*

**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: *we provide activities to clients according to their ability*

**ADDITIONAL COMMENTS REGARDING ACTIVITIES**

*Some of our client goes to other facility to recreation activity as they wish.*