



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

HOME / PROVIDER <b>Serendipity AFH /ESTERA COSTESCU</b>	LICENSE NUMBER <b>751535</b>
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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 \_\_\_\_\_ 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. <b>Serendipity AFH strives to provide the highest standard care, where all residents receive the warmest, most compassionate and qualified care, that shows them respect and dignity while paying attention to their numerous needs and desires. We are driven by giving the best quality of care. More than just our services, we put passion in whatever we do. Serendipity AFH is more than just a home, it's a place to live.</b>	
<b>2. INITIAL LICENSING DATE</b> <b>12/18/2009</b>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> <b>none</b>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> <b>16231 Ne 1<sup>st</sup> street Bellevue WA 98008</b>	
<b>5. OWNERSHIP</b> <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

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**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:

**From cuing and monitoring to total assistance. We will accommodate any special diets ,puree if needed.**

2. TOILETING

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

**From cuing and monitoring to total assistance.**

3. WALKING

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

**Minimal assist to total assistance and one person assist.**

4. TRANSFERRING

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

**From cuing and monitoring to a one person assist,including hoyer lift transfers for residents phisicaly limmited to be or wheelchair.**

5. POSITIONING

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

**Every 2-3 hrs or as needed**

6. PERSONAL HYGIENE

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

**Assistance with personal hygiene from set up, cuing, to total assistance.**

7. DRESSING

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

**Partial assistance to total assistance.**

8. BATHING

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

**From cuing and set up to total assistance with one person assist**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**We offer 5 private rooms and 3 bathrooms, roll in showers special equipped with grab bars for safety.**

**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 will administer all prescribed medications.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**We have in place a daily management system to record and monitor.**

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**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:

**RN delegation as needed**

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

**Depending on the nursing care services needed we will coordinate and accommodate with resident's physician and the delegating nurse.**

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

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

ADDITIONAL COMMENTS REGARDING STAFFING

**Staff with experience in this field for more then 17 years.**

**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.**

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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

**Residents must be private pay for at list 2 years until they can become state client.**

**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:

**Sit and fit exercise, outdoor walking, games, movies, birthdays and holiday celebrations, Wi-Fi internet acces and lot's more.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**We will accommodate and personalize activities for each person's needs.**

Please Return the completed form electronically to

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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RCS/Public Disclosure