

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

HOME / PROVIDER <b>Tanya's Adult Family Homes, LLC/Tanya Volodyn</b>	LICENSE NUMBER <b>751608</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 [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.

**Our home is welcoming to all but specializes in developmentally disabled adults! Our home has two therapy cats that love people our home is always busy participating in the community and the Seattle area!**

**2. INITIAL LICENSING DATE**

**March 12, 2010**

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

**16515 N Park Ave N, Shoreline, WA 98133 (No longer licensed at this location)**

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

**Tanya's Adult Family Homes**

**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:

**Cuing to partial physical assistance**

### 2. TOILETING

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

**Cuing to partial physical assistance**

### 3. WALKING

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

**Cuing to partial physical assistance**

### 4. TRANSFERRING

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

**Cuing to partial physical assistance**

### 5. POSITIONING

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

**Cuing to partial physical assistance**

### 6. PERSONAL HYGIENE

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

**Cuing to partial physical assistance**

### 7. DRESSING

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

**Cuing to partial physical assistance**

### 8. BATHING

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

**Cuing to partial physical assistance**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

## 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:

**Cuing to partial physical assistance**

### ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Our home provides administration of medications through nurse delegation.**

### 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:

**Applying lotion, administering medication, supervision of insulin injection**

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

**Applying lotion, administering medication, supervision of insulin injection**

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: **Only as needed**
- Licensed practical nurse, days and times: **Only as needed**
- Certified nursing assistant or long term care workers, days and times: **2 caregivers for day shift, 1 caregiver for evening and night shift each.**
- 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:

**Home provides Kosher diet for Jewish religion, and celebrates both Jewish and Christian holidays. Our home speaks the Russian and English languages**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**Not all residents are of Jewish religion and all have the right to either participate or not participate in the K kosher diet or guidelines of daily living**

**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:

**N/A**

ADDITIONAL COMMENTS REGARDING MEDICAID

**We accept Medicaid and Medicare as a primary payment source.**

**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:

**Saturday outings into the community, board games throughout the week at home, sport activities with local special needs sports team, biweekly outing with the local special needs Recreation Center, weekly outings to therapeutic event centers.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Our home participates with Special Olympics, the YMCA, Sound Mental Health, Shoreline Recreation Center Choices Program, and North Kirkland Community Center**

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