

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER The Newport House/ Florentina Tunduc	LICENSE NUMBER 751955
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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.

Table of Contents

[About the Home](#)

[Personal Care](#)

[Medication Services](#)

[Skilled Nursing Services and Nursing Delegation](#)

[Specialty Care Designations](#)

[Staffing](#)

[Cultural or Language Access](#)

[Medicaid](#)

[Activities](#)

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.

The Newport House provides care to elderly suffering from Dementia, Alzheimer's, Parkinson, stroke,diabetis and many more other conditions . Provider has 10 years of experience in providing direct care meeting various needs of residents. Also, our mission is to accommodate each resident, respecting their cultural background and traditions, providing a warm and loving environment.

2. INITIAL LICENSING DATE

751955

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

15114 SE Newport Way Bellevue, WA 98006

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

N/A

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:

Cueing, supervision, assistance, total feeding

2. TOILETING

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

From minimal assistance to total assistance including incontinence

3. WALKING

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

From standby assistance to one person total assistance 2 person total assistances

4. TRANSFERRING

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

Stand by assistance to total assistance 2 persons, Hoyer lift transfer

5. POSITIONING

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

Cueing, one and two person assistance

6. PERSONAL HYGIENE

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

Cueing and setup to total assistance

7. DRESSING

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

Cueing and picking out clothing to total assistance

8. BATHING

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

Cueing and setup to total assistance,

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Roll in shower, some private bathrooms

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:

Medication assistance to medication administration through nurse delegation

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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:

Vital signs (puls, respiration, temperature, blood pressure monitoring)

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

We work with a RN who provides nurse delegation every 90 days for eye drops, PRN meds, crush meds, blood sugar check, Protime/INR check, simple wound dressing care, ostomy care, catheter care, oxygen administration

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Nurse delegation is provided by a RN licenced by the state of WA

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: _____
- Certified nursing assistant or long term care workers, days and times: **2 people during the day one at night 7 days a week**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Awake staff hired as needed depending on care needs of residents. Live in provider on site

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:

No preferences

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

English and Romanian

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:

Must pay privately for 18 months. and if private bathroom is desired a supplement of \$500 monthly is required.

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:

Music, birthday parties, holiday parties, traveling library, exercises, movie nights and old movies rental, cable TV, craft, church visits, WiFi internet.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Our goal is providing activities tailored based on residents interests, stimulating their interest if possible, while respecting residents rights if not willing to participate or be engaged in any kind of activities.