Adult Family Home Disclosure of Services
Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
SOUNDVIEW ELDER CARE, LLC SORINA BUCUR	751983

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. TO PROVIDE PROFESSIONAL AND SKILLED CARE TO OUR RESIDENTS QUALITY SERVICES THAT ENABLE THEM TO MAINTAIN THEYIR QUALITY OF LIFE SAFELY, WITH DIGNITY AND WITH RESPECT FOR THEIR RIGHTS.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
JULY 23, 2002	SAME ADDRESS : 2324 S.W. 300th. St. FEDERAL WAY, WA 98023

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

2324 S.W. 300th. St., FEDERAL WAY, WA 98023

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: - 3 MEALS PREPARATION & SNAKS - SPECIAL DIETARY NEEDS & REQUEST ARE CONSIDERED. ASSISTANCE WITH FEEDING ; LOW SODIUM/LOW SUGAR MEALS

2. TOILETING

If needed, the home may provide assistance with toileting as follows: ASSISTANCE WITH TOILETING (MINIMAL TO TOTAL).
- SKIN CARE PROTECTION DUE TO INCONTINENCE.

3. WALKING

If needed, the home may provide assistance with walking as follows: - STAND BY ASSISTANCE W/LOCOMOTION. - FOLLOW UP W/PT IN RECOVERY & WALKING PROGRAM IMPLEMENTATION AS TOLERATED, TO MAINTAIN MUSKLE TONUS, FLEXIBILITY AND CLIENT INDEPENDENCE.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: ASSISSTANCE WITH TRANSFER FROM MINIMAL/SAFETY, TO (1÷2) PERSONS TRANSFER. SAFE TECHNIQUES ON TRANSFERS ; ON USING HOYER LIFTS ; TRANSFER BELTS & BOARDS.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: IN ORDER TO AVOID PRESSURE RELATED SKIN PROBLEMS, WE ACCOMODATE TURNING PROGRAMS & USE VARIOUS PRESSURE RELIEF DEVICES FOR POSITIONING.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: HYGIENE IS PROVIDED BASED ON CLIENTS NEEDS, FROM MINIMAL ASSISTANCE TO TOTAL CARE.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: RESIDENTS ARE ENCOURAGED TO CHOOSE THE CLOTHES THEY LIKE AND ENCOURAGED TO GET INVOLVED AS MUCH AS THEY CAN IN DRESSING/UNDRESSING PROCESS. BASED ON MENTAL & PHYSICAL LIMITATIONS, THE CAREGIVERS WILL INTERVENE/HELP AS NEEDED

8. BATHING

If needed, the home may provide assistance with bathing as follows: - BASED ON THE CLIENTS PREFERRENCES & NEEDS, FACILITY WILL ADJUST - USUALLY WE GIVE EACH RESIDENT TWO „SPONGE BATHS" A DAY & 2 SHOWERS A WEEK, OR AS NEEDED, BASED ON THE INCONTINENCE ISSUES.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

CONSTANTLY THERE IS AN ONGOING OBSERVATION OF THE CLIENTS HEALTH BASE LINE. DOCTOR/FAMILY WILL BE CONTACTED FOR ANY CHANG OBSERV

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) ASSIST W/SELF ADMIN.

The type and amount of medication assistance provided by the home is: ALL MEDICATION ADMINISTRATION IS OVERSEEN BY NURSE DELEGATOR. THAT INCLUDES: - ORAL, TOPICAL, EYE/EAR DROPS/OINTMENTS, INHALERS, SPRAYS, ALLERGY KITS.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

- WE MONITOR & OVERSEE ALL MEDICATIONS OF OUR CLIENTS.
- WE DO NOT PROVIDE IV'S OR INJECTIONS ADMINISTRATION
- WE CAN ASSIST/DIABETIC/INSULIN/PEN DISPENSER - OK.
- IF ORDERED - OK TO CRUSH MEDICATION.
- FOR SPECIAL NEEDS, WHERE RN SKILLS ARE REQUIRED FOR TREATMEN CLIENT CAN BENEFIT FROM HHC SERVICES OR HOSPICE SERVICES. (EX. WOUND CARE TREATMENT).

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: W/CONTRACTED HHC OR HOSPICE/PALIATIVE AGENCYIES, OUR FACILITY WORKS IN TANDEM WITH THEIR RN STAFF, THAT CAN MONITOR WOUND CARE, TREATMENTS, O.T., VARIOUS CONTRACTED SERVICES.

The home has the ability to provide the following skilled nursing services by delegation: AND BY DR. ORDERS:
- change dressing of wounds, as needed, without sterile intervention.
- OXYGEN THERAPY, FEEDING TUBE; CATHETER MAINTENANCE, SO ON.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION
THE SUPERVISION & GUIDANCE OF A NURSE DELEGATOR IS REQUIRED IN ORDER TO PERFORM SOME TASKS. NEGOTIATED CARE PLAN WILL REF THE CARE

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 VARIOUS SURGERY-RECOVERY - HIP /KNEE REPLACEMENTS, REHAB./P.T. - BASED ON DR. ORDER'S RECCOMAND.ATION

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: NURSE DELEGATOR (EVERY 90 days)
- ☐ Licensed practical nurse, days and times: _____
- ☒ Certified nursing assistant or long term care workers, days and times: WEEKDAYS, WEEKENDS. 12 hrs/day shifts.
- ☒ Awake staff at night - AS NEEDED
- ☒ Other: NAR, CNA (NAR-BEFORE 2012 Date of hire).

ADDITIONAL COMMENTS REGARDING STAFFING BACKGROUND CHECKING; TB; CPR/FIRST AID/ FOOD HANDLING. CONTINUOUS EDUCATION (12 hours/YEAR); ORIENTATION/SAFETY/ FINGERPRINT (AFTER 2012)

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) Yes, we do that.

The home is particularly focused on residents with the following background and/or languages: ENGLISH.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS PROVIDERS ARE ROMANIANS

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: AFTER 3 years OF PRIVATE PAY, CONVERSION TO MEDICAID ACCEPTED, A DIFFERENCE OF MONEY WILL BE CHARGED FOR THE USE OF PRIVATE ROOM. WHILE ON MEDICAID.
ADDITIONAL COMMENTS REGARDING MEDICAID ALL ROOMS ARE PRIVATE. CHARGES UP TO $ 2000 MAY BE EXPECTED FOR THE USE OF PRIVATE ROOM.
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). YES, THEY ARE PROVIDED TO THE RESIDENTS.
The home provides the following: BIBLE STUDY, OUTINGS, EXERCISES, BEAUTY SERVICES, HAIR, NAILS CARE, MEALS OF PREFFERENCES.
ADDITIONAL COMMENTS REGARDING ACTIVITIES ACTIVITIES ARE BASED ON LIKES & ABILITIES OF OUR RESIDENTS TO PERFORM THAT. ALWAYS ENJOYABLE.

WE PROVIDE: - ROOM AND BOARD;
- 24 hour supervision;
- Assistance with personal care identified in the resident's assessment & care plan. These documen detail the person's support needs and preffrences for services. Also it determines the level of care and rates for services.