

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>Rose Provence A.F.H / SOFIA KIROVA</i>	LICENSE NUMBER <i>752580</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.

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. <div style="font-size: 1.2em; margin-top: 10px;"><i>To provide safe and nurturing living place FOR seniors and DD residents</i></div>	
2. INITIAL LICENSING DATE <i>02/24/2014</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>8815 14th Ave S.W Seattle, WA 98106</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <div style="text-align: center; margin-top: 5px;"><i>- n/a</i></div>	
5. OWNERSHIP <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: *Feeding, tube feeding, cutting food, giving cues, prompting to eat and drink*

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *One or two persons physical assist, commode (bedside), bedpan, changing dependents, catheter cleaning*

3. WALKING

If needed, the home may provide assistance with walking as follows: *One person physical assist with walker, cane, wheelchair or stand by assist*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *One or two persons physical assist to wheelchair or walker, hoist lift may be used or sliding boards.*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *Repositioning every 2 hours or when requested*

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *Cleaning, tooth brushing, combing hair, applying moisturizing lotions, hair accessories, make up*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *Dressing, undressing, assistance with dressing and picking appropriate outfits by respecting residents wishes.*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *One or two people physical assist, bed bath, shower chairs, walk-in shower.*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We praise residents for taking good care of themselves and help them look their best

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: *preparing meds in a plor, assisting if needed, crushing and mixing with applesauce if needed*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Nurse delegation is provided by qualified DSHS nurse delegator.

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: *Simple wound care and nurse delegation for wound care, computer maintenance, tube feeding*

The home has the ability to provide the following skilled nursing services by delegation: *wound care, tube feeding, colostomy care, catheter irrigation, eye & ear skin applications, Bowel program, pain management, drops*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Nurse delegation for all P.R.N needs and diabetic care, (insulin injections) as well

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

Dementia / Alzheimers care

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: *every other week for 2 hours*
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: *2 day time and 1 at night*
- Awake staff at night
- Other: *gardener and housekeeper once a month*

ADDITIONAL COMMENTS REGARDING STAFFING

The home has two caregivers day time and 1 at night

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 (Jewish food - no pork) Seven day advanced (no pork)*

The home is particularly focused on residents with the following background and/or languages: *n/a*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Bulgarian, Russian,

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

The home accepts Medicaid payments

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: *memory games, group exercises, newspaper reading, outing, Birthday celebrations, shopping together,*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Christmas light viewing, pumpkin patch and corn maze viewing, outings to Alki beach.