

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Sylvania Senior Care LLC / Nicoleta Ispas	LICENSE NUMBER 752863
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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 mission is to provide excellent residential care to the elderly through knowledge, compassion and dedication. We excel in our field by providing residents with choices, thus improving their quality of life and independence.	
2. INITIAL LICENSING DATE 04/16/2015	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: N/A
4. SAME ADDRESS PREVIOUSLY LICENSED AS: N/A	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Co-owned by: <input type="checkbox"/> 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:

We provide set-up, escorting to dining table, cuing, cutting up food, mechanical soft/puree diet, feeding/tube-feeding (with Nurse Delegation), supervision to prevent choking or aspiration, and meals are served in room as needed.

2. TOILETING

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

We provide escorting to the bathroom, transferring to the toilet, supervision, perianal care, incontinence product changes, monitoring bladder and bowel function, catheter, and colostomy and ileostomy care.

3. WALKING

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

We provide contact assistance, stand-by assistance, supervision, monitoring recovery and progress, continuing physical and occupational therapy, exercises as healthcare provider orders, and assessments.

4. TRANSFERRING

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

We provide one person stand to sit and Hoyer lift transfer.

5. POSITIONING

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

We provide positioning in bed, chair and wheelchair to maintain proper body alignment as needed to prevent stiffness and pressure sores.

6. PERSONAL HYGIENE

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

We provide cuing, moderate to total assistance with personal hygiene, such as washing face, brushing teeth, shaving, combing hair, moisturizing skin, trimming and filing finger and toenails.

7. DRESSING

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

We provide assistance with choosing clothing, cuing, moderate to total assistance for dressing the upper and lower body.

8. BATHING

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

We provide assistance with transfer, supervision, partial or total assistance with bath, skin moisturizing to prevent skin breakdown.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We offer care to seniors with a wide range of medical needs ranging from medical assistance to complex medical 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:

We provide assistance, reminders, total medical administration as needed per physician's order, medication is logged by date and time.

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:

We provide skilled nursing, medication administration, crushing medication, oxygen administration, dressing changes, blood sugar monitoring, blood pressure monitoring, insulin administration (sliding scale), catheter, colostomy and ileostomy care.

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

We provide oral, topical medication administration, dressing changes, insulin administration, catheter, ostomy care, intramuscular/intravenous (based on case by case), inhalers, nebulizers, and oxygen.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The staff is willing to perform all nursing services per Nurse Delegation under state law.

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

The staff employed to the adult family home have mental illness and dementia training.

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: **daily** _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24/7 staffing** _____
- Awake staff at night
- Other: **Adult family able to provide staffing at night based on residents' needs**

ADDITIONAL COMMENTS REGARDING STAFFING

Our nursing staff is licensed and maintains the 12-hour per year continuing education.

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:

We are able to accommodate many cultural and ethnic backgrounds, foods, diets, and preferences upon request.

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:

Minimum of three years of private pay before accepting Medicaid payments.

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:

We provide activities customized to residents' interests and abilities. We offer exercise, active or passive range of motion, walking, board game, orientation to day, newspaper reading, coffee/tea parties, and movie nights.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We celebrate all holidays and birthdays.

Please Return the completed form electronically to 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