



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER NEW HOPE ELDERLY CARE LLC - IOAN GROZAV	LICENSE NUMBER 752972
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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

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About the Home

Personal Care

Medication Services

Skilled Nursing Services and Nursing Delegation

Specialty Care Designations

Staffing

Cultural or Language Access

Medicaid

Activities

Budget, Finance & Contracts

About the Home	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.</p> <p style="font-size: 1.2em;"><i>New Hope Elderly Care LLC, provides excellent care with Love and compassion to the elderly people in our community.</i></p>	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>N/A</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
<p>5. OWNERSHIP</p> <p><input type="checkbox"/> Sole proprietor</p> <p><input checked="" type="checkbox"/> Limited Liability Corporation</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input type="checkbox"/> Other:</p>	
Personal Care	
<p>"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)</p>	
1. EATING	

<p>If needed, the home may provide assistance with eating as follows: <i>The home will provide: diabetic diet, low sodium, mechanical soft diets, puree diet, Stand by assist/hands on assist.</i></p>
<p>2. TOILETING</p> <p>If needed, the home may provide assistance with toileting as follows: <i>The home will provide assistance stand by/hands on to the toilet and from the toilet as well using hoyer and sit up stand.</i></p>
<p>3. WALKING</p> <p>If needed, the home may provide assistance with walking as follows: <i>The home will provide stand by assistance inside and outside walking with walker and wheelchair.</i></p>
<p>4. TRANSFERRING</p> <p>If needed, the home may provide assistance with transferring as follows: <i>The home will provide a stand by assistance with transfer in and out of bed, wheelchair, toilet, shower chairs, one or to person assistance for the hoyer.</i></p>
<p>5. POSITIONING</p> <p>If needed, the home may provide assistance with positioning as follows: <i>The home will provide positioning and repositioning every 2-3 hours.</i></p>
<p>6. PERSONAL HYGIENE</p> <p>If needed, the home may provide assistance with personal hygiene as follows: <i>The home will provide, set up, Stand by, hands on with all daily personal Hygiene.</i></p>
<p>7. DRESSING</p> <p>If needed, the home may provide assistance with dressing as follows: <i>The home will provide assistance with picking up clothes, dressing, buttoning and zipping, tie shoes, hands on as well.</i></p>
<p>8. BATHING</p> <p>If needed, the home may provide assistance with bathing as follows: <i>The home will provide assistance stand by with showers twice a week or as needed, sponge baths daily.</i></p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE</p> <p><i>The home will provide assistance with nail care, hair care and will assist with exercising and (ROM) range of motion by MD order.</i></p>
<p>Medication Services</p>
<p>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)</p>
<p>The type and amount of medication assistance provided by the home is: <i>The home will provide assistance, remaining, stand by and administration of medications orally and topical.</i></p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES</p> <p><i>The home will provide assistance and administer medications at the prescribed time, keep medications record (MAR) Medications kept locked up.</i></p>
<p>Skilled Nursing Services and Nurse Delegation</p>
<p>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)</p>
<p>The home provides the following skilled nursing services: <i>The home will provide in home Doctor visits once a month, RN on call, and physical and occupational therapy per MD order.</i></p>
<p>The home has the ability to provide the following skilled nursing services by delegation: <i>The home will provide assistance, hands on, with VI Insulin, Blood glucose check, crush medications, topical, suppository, eye drops, catheter care.</i></p>

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

The home staff is qualified and has the specialty certifications.

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: _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24/7
- Awake staff at night
- Other: _____

ADDITIONAL COMMENTS REGARDING STAFFING

The home provides staffing: qualified CNA'S, NAR'S and all staff delegated by RN and RN on call as well.

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:

English language.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

The home will accept and respect each resident cultural beliefs.

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:
The home will accept medicaid payment after resident meets the private pay contract agreement.

ADDITIONAL COMMENTS REGARDING MEDICAID

The home will accept the residents that are converting to medicaid to remain in the home after the private pay contract conditions where meet.

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:

The home will provide activity as tolerated by residents individual needs games, exercise, walking, playing with our little dog.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

The home will provide; respect each individual wishes to participate or refuse to participate in the daily activities.

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