



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER ROYAL OAK ADULT FAMILY HOME / VIORICA POPA	LICENSE NUMBER 753050
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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 368-76 of Washington Administrative Code.

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Received

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RCS/Public Disclosure

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. <p style="text-align: center;">(SEE NEXT PAGE, PLEASE.)</p>	
2. INITIAL LICENSING DATE JULY 5, 2006	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: NONE IN WASHINGTON, IN OREGON: 16905 SW FERRELO PL, BEAVERTON, OR. 97005
4. SAME ADDRESS PREVIOUSLY LICENSED AS: -N/A-	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

"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 388-78-10000)

1. EATING

If needed, the home may provide assistance with eating as follows: COOKING; SPECIAL DIETS; CUEING; SET-UP; UTENSIL ENABLERS; FEEDING; AND MONITORING SWALLOWING ISSUES

2. TOILETING

If needed, the home may provide assistance with toileting as follows: REMINDERS W/CUEING; TOILETING SCHEDULE; CUEING W/ASSIST; AND FULL ASSIST W/INCONTINENCE CARE OF BLADDER AND BOWEL.

3. WALKING

If needed, the home may provide assistance with walking as follows: CUEING; STAND-BY ASSIST; AND ONE PERSON FULL ASSIST.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: CUEING; STAND-BY ASSIST; MODERATE - STAND & PIVOT ASSIST; ONE PERSON FULL ASSIST; AND HOVER TRANSFER

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: REMINDING; PROVIDING ENABLERS; FULL ASSIST; RE-POSITION UP TO EVERY 2HRS. IN HOUSE CARE; ALTERNATING PRESSURE RELIEF MATS

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: REMINDING W/CUEING; ADMINISTERING CARE; FOR: TEETH, EARS, BODY, SKIN, HAIR, MAKE-UP; NAIL CARE AND ETC.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: REMINDING W/CUEING; PICKING WARDROBE; MODERATE ASSIST; DRESSING ENABLERS; AND FULL ASSIST.

8. BATHING

If needed, the home may provide assistance with bathing as follows: REMINDERS; STAND-BY ASSIST; MODERATE ASSIST; FULL ASSIST AND BED BATHS.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

- N/A -

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 388-78-10430)

The type and amount of medication assistance provided by the home is: SELF ADMINISTRATION; SELF MEDICATION W/ASSISTANCE; AND FULL ADMINISTRATION.

10. ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

- N/A -

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:
ALL SERVICES THAT CAN BE DELEGATED BY THE DELEGATING NURSE.

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

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION
-N/A-

We have completed DSHS approved training for the following specialty care designations:
 Developmental disabilities
 Mental illness
 Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS
DEMENTIA CARE EXPERIENCE FOR 20 YEARS.

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. **(BOTH PROVIDER & RESIDENT MANAGER ALTERNATE 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: _____
 Awake staff at night
 Other: **(NAR) NURSING ASSISTANT REGISTERED**

ADDITIONAL COMMENTS REGARDING STAFFING

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: **THE ENGLISH LANGUAGE, BUT CAN PREPARE MANY OTHER ETHNIC FOODS FOR THE HOME-LIKE EXPER**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS
-N/A-

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 388-78-10522)

The home is a private pay facility and does not accept Medicaid payments.

The home will accept Medicaid payments under the following conditions:

ACCEPTS NEW MEDICAID PATIENTS WITH DISCLOSURE

ADDITIONAL COMMENTS REGARDING MEDICAID

PRIVATE-PAY RESIDENTS CAN SPEND DOWN IN ONE YEAR, FOR MEDICAID,

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-78-10530).

The home provides the following: PUZZLES; WORD GAMES; READING; ICE CREAM & TEA PARTIES;

DRAWING OR COLORING; CARD OR BOARD GAMES; MUSIC LISTENING; NATURE WALKS

ADDITIONAL COMMENTS REGARDING ACTIVITIES

OR WATCHING; REMINISCING (OR) STORY TELLING; AND MOVIE NIGHT.

(CONTINUING FROM ABOVE)