



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>1 Rose Hill Place</b>	David Muresan	LICENSE NUMBER <b>753114</b>
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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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<b>About the Home</b>	
<b>1. PROVIDERS STATEMENT (OPTIONAL)</b> The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. We have a simple yet powerful mission. That is to provide a safe, respectful and caring atmosphere that enables personal growth at any stage of ones life. This is all accomplished in a home environment with people sharing like values from all our residents to all staff top to bottom.	
<b>2. INITIAL LICENSING DATE</b>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> 405 110TH AVE SE BELLEVUE WA 98004
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> 12501 SE 4TH PL BELLEVUE WA 98005	
<b>5. OWNERSHIP</b> <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	
<b>Personal Care</b>	
"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)	
<b>1. EATING</b>	

<p>If needed, the home may provide assistance with eating as follows: Independent, Supervision, Limited Assistance and Full Assistance. Home works with families, doctors and individual to come up with best possible care plan.</p>
<p><b>2. TOILETING</b></p> <p>If needed, the home may provide assistance with toileting as follows: Independent, Supervision, Limited Assistance and Full Assistance. Home works with families, doctors and individual to come up with best possible care plan.</p>
<p><b>3. WALKING</b></p> <p>If needed, the home may provide assistance with walking as follows: Independent, Supervision, Limited Assistance and Full Assistance. Home works with families, doctors and individual to come up with best possible care plan.</p>
<p><b>4. TRANSFERRING</b></p> <p>If needed, the home may provide assistance with transferring as follows: Independent, Supervision, Limited Assistance and Full Assistance. Home works with families, doctors and individual to come up with best possible care plan.</p>
<p><b>5. POSITIONING</b></p> <p>If needed, the home may provide assistance with positioning as follows: Independent, Supervision, Limited Assistance and Full Assistance. Home works with families, doctors and individual to come up with best possible care plan.</p>
<p><b>6. PERSONAL HYGIENE</b></p> <p>If needed, the home may provide assistance with personal hygiene as follows: Independent, Supervision, Limited Assistance and Full Assistance. Home works with families, doctors and individual to come up with best possible care plan.</p>
<p><b>7. DRESSING</b></p> <p>If needed, the home may provide assistance with dressing as follows: Independent, Supervision, Limited Assistance and Full Assistance. Home works with families, doctors and individual to come up with best possible care plan.</p>
<p><b>8. BATHING</b></p> <p>If needed, the home may provide assistance with bathing as follows: Independent, Supervision, Limited Assistance and Full Assistance. Home works with families, doctors and individual to come up with best possible care plan.</p>
<p><b>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE</b> Personal care is just that, personal. Every person is unique and needs to be treated accordingly. We want to hear all the request you have create a plan with the family and resident and exceed your expectations.</p>
<p><b>Medication Services</b></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: Independent, Supervision, Limited Assistance and Full Assistance. Home works with families, doctors and individual to come up with best possible care plan.</p>
<p><b>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES</b> Independent, Supervision, Limited Assistance and Full Assistance. Home works with families, doctors and individual to come up with best possible care plan.</p>
<p><b>Skilled Nursing Services and Nurse Delegation</b></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: We have the ability to schedule a family physician or RN to see residents and nurse delegate certain tasks.</p>
<p>The home has the ability to provide the following skilled nursing services by delegation: Administration of Medication</p>

**ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION**

We have the ability to contract RN to delegate certain tasks on an as needed basis.

**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**

1 Rose Hill Place will be focused on residents with dementia even though we pride ourselves with years of experience with individuals with mental health and developmental disabilities.

**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: As needed for delegation
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: 24 hours a day care
- Awake staff at night
- Other: \_\_\_\_\_

**ADDITIONAL COMMENTS REGARDING STAFFING**

There will be appropriate staffing at all times with on call staff available 24/7. Our staff is monitored to ensure proper care of all our residents. This is to make sure no one is ever overworked or not capable of doing assigned tasks. This is an extra step we take to differentiate ourselves.

**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

**ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS**

We will take all steps necessary to ensure our residents have what they need at all times regardless of culture or race. Everyone deserves to live in a warm, welcoming and loving home.

**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:

We will accept Medicaid residents if they are a good fit for the home as well as having a daily rate that conforms with the homes requirements. Residents that come into home as private pay can change to Medicaid after 2 years of private pay payments or on a case by case basis.

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: Birthday parties, holiday parties, walks in the park, day trips, movie nights, group activities like board games, Loved to bake or cook? We want you to still do those activities you've always done. We can make you feel apart of the house by incorporating you in those activities. Music, reading materials, access to technology like video conferencing with distant family members is possible.

**ADDITIONAL COMMENTS REGARDING ACTIVITIES**

If the families want additional activities that go above what we offer we want to hear about it. We will work with all parties to make sure your family member feels right at home and there are no such things as bad ideas.

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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