

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Gentle Senior Care LLC/ Gabriela Bureriu, LPN	LICENSE NUMBER 753228
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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 quality care each day to exceed the expectations of our residents and their families. Gentle Senior Care LLC is LPN owned and managed. The home is warm, inviting,cozy, and comfortable. Our home is designed for the safety of the residents and your peace of mind.	
2. INITIAL LICENSING DATE 08/05/2005	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 type="checkbox"/> Limited Liability Company <input type="checkbox"/> Co-owned by: <input checked="" type="checkbox"/> Other: S-Corp	

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:

When deemed appropriate by the provider, the adult family home may provide the following:

- * **Supervising & cueing residents who are at risk for choking/aspiration.**
- * **Altering texture of food. IE: cutting into bite sized pieces, chopping and/or pureeing of solid foods**
- * **Feeding residents as indicated**
- * **Providing diets and food choices specific to client needs and preferences.**

2. TOILETING

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

When deemed appropriate by the provider, the adult family home may provide the following:

- * **Remind resident to visit bathroom regularly**
- * **Supervise or provide stand by assistance while toileting**
- * **Assistance with the use of a bedside commode, bed pan, or urinal.**
- * **Changing of briefs/pads and incontinence care as needed.**

3. WALKING

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

When deemed appropriate by the provider, the adult family home may provide the following:

- * **Reminding residents to use their assistive device**
- * **Cueing residents on correct use of all medical devices**
- * **Stand by or contact assistance with or without the use of gait belt during walking.**

4. TRANSFERRING

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

When deemed appropriate by the provider, the adult family home may provide the following:

- * **Supervision or standby assistance with transfers**
- * **One person assistance with transfer.**

5. POSITIONING

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

When deemed appropriate by the provider, the adult family home may provide the following:

- * **Cueing and reminding residents to change position or turn.**
- * **One person assistance with changing positions or turning while in bed or chair.**
- * **Provide turning on a regular two hour schedule for residents at high risk for skin breakdown.**

6. PERSONAL HYGIENE

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

When deemed appropriate by the provider, the adult family home may provide the following:

- * **Assistance with oral care**

- *Assistance with shaving and hair styling
- * Application of deodorant, lotions, and make-up.
- * Assistance with nail care, toenail trimming by LPN/RN or foot specialist only.

7. DRESSING

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

When deemed appropriate by the provider, the adult family home may provide the following:

- * Supervision and stadby assistance during dressing.
- * Provide total assistance with dressing.
- * Provide cueing to promote self reliance.

8. BATHING

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

When deemed appropriate by the provider, the adult family home may provide the following:

- * Supervision during showers
- * Cueing residents during showers.
- * Provide total assistance with showers.
- * Bedbath will be provided if resident is unable to take shower.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Staff at Gentle Senior Care LLC encourages residents to be as independent as possible.

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:

When Deemed appropriate by the provider, the adult family home may provide the following:

- * Reminding the resident to take their medications on time.
- * Assist residents with administration of oral medications.
- * Total assistance with medication administration.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Staff at Gentle Senior Care LLC have been trained to be delegated in various tasks.

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:

Gentle Senior Care LLC is owned and manages by an LPN. When deemed appropriate by the provider, the adult family home may contract with an RN delegator for nurse delegation and resident assessment. The cost associated with nurse delegation and assessment are the responsibility of the resident. When deemed appropriate by the provider, the adult family home may provide care to a more clinically complex client that might require things like wound care, end of life care, or diabetic management.

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

When deemed appropriate by the provider, the adult family home may have delegation put into place to include medication assistance, and/or administration of various medications. The cost of these services would be the responsibility of the resident.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The provider will ensure there is appropriate staffing in the home.

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

When deemed appropriate by the provider, the adult family home may provide special care and attention to residents with diagnosis related to mental illness and /or Dementia.

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: **The provider is an LPN and resides in the home.**
- Certified nursing assistant or long term care workers, days and times: **When provider is not present in the home, the provider will schedule the appropriate days and times for a CNA, NAR, or Long-Term worker in the home.**
- Awake staff at night
- Other: **When deemed appropriate by the provider, the adult family home may have awake staff.**

ADDITIONAL COMMENTS REGARDING STAFFING

Staff is based on the needs of our residents. Our staff have received all required WA State training.

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 is the primary language spoken at Gentle Senior Care LLC is sensitivity and respect of our clients's ethnicity, cultural beliefs, and practices is important to our staff. When deemed appropriate by the provider, the AFH may assist with specific requests surrounding ethnic requests.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Provider and some staff also speak Romanian language. This is not a guaranteed that this language service will always be provided.

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:

This adult family home requires 36 months of private pay prior to medicaid conversion unless other arrangements have been made.

ADDITIONAL COMMENTS REGARDING MEDICAID

Gentle Senior Care LLC has a medicaid policy that is disclosed to prior to admissions.

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 provider will offer appropriate activities and consider resident's preferences.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

When deemed appropriate by the provider, the AFH may try to provide activities that would match with what resident's intrests, abilities, and desires.

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