



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Newport Villa Elderly Care, LLC/ Diana Melcescu	LICENSE NUMBER 753361
---	---------------------------------

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

About the Home

Personal Care

Medication Services

Skilled Nursing Services and Nursing Delegation

Specialty Care Designations

Staffing

Cultural or Language Access

Medicaid

Activities

Received
JUN 12 2011
RCS/Public Disclosure

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 goal is to provide quality care for residents and peace of mind for family members.	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

1. EATING

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

Set up, cueing, cutting up foods, feeding including tube feeding(with nurse delegation task), supervision to prevent choking/aspiration, escort to table, meals in room if requested

2. TOILETING

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

Escort to the bathroom, transfer to toilet, supervision, perineal care, incontinent product change, monitoring bladder and bowel function; catheter, colostomy and ileostomy care.

3. WALKING

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

Contact assist, stand by assist, supervision, monitoring recovery progress and continuation of physical and occupational therapy exercises as ordered by therapist and primary care provider, assessment and NCP.

4. TRANSFERRING

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

1- person transfer, stand - to - sit and hoyer lift transfer assistance

5. POSITIONING

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

positioning in bed/chair/wheelchair in proper body alignment as needed to prevent stiffness and skin problems such as pressure ulcers.

6. PERSONAL HYGIENE

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

cueing, moderate to total assistance with all personal hygiene needs such as: washing hands, brushing teeth, hair combing, shaving, apply skin moisturizer, trimming/filing hand and toe nails.

7. DRESSING

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

Assistance with choosing clothing, cueing, moderate to total assist with dressing upper and lower body.

8. BATHING

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

Skin assessment with each bathing session, assistance with transfers if needed, supervision, partial to total assist with bathing, skin moisturizing to prevent skin breakdown.

9. ADDITIONAL COMMENTS REGARDING PERSONAL 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:

Total administration of medication, assistance and reminders as needed based on Physician's orders.

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:

AFH staff provides skilled nursing services such as: administration of medications, crushing medications, oxygen administration, dressing changes, tube feeding, blood sugar monitoring, insulin administration (sliding scale), catheter care.

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

Oral, topical medication administration, dressing changes, insulin administration, catheter care, inhaler, nebulizer treatments, oxygen therapy.

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

Staff employed at the AFH have Mental Health and Dementia training. The AFH is generally providing care for residents 70 and older

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: **Only as needed**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **7 days a week, 24 hours/day**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

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 all cultural and ethnic backgrounds, ethnic foods, diets and food 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 2(TWO) YEARS 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 believe in promoting independence hence daily activities are priority. We offer, based on our resident's ability and preference the following activities: excersise program, active/pasove range of motion, walking, movie nights, n=board games, orientation to the day, newspaper browning, coffee/tea out on the patio on favorable days.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We celebrate all holidays, birthdays and family reunions.

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