



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Evergreen Senior Living L.L.C./ Daniela Rosca	LICENSE NUMBER 753742
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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.

Located in the beautiful Old Evergreen Hwy. Neighborhood, our home offers breathtaking views of the Columbia River, a peaceful and safe environment in which our residents are well cared and loved.

With 13 years of experience operating a similar home in Portland, the owner prides herself in providing high professional quality care, individualized for the needs of each resident. Our seniors are treated like family, with respect, compassion and love.

2. INITIAL LICENSING DATE

~~08/05/2003~~ **6/27/18**

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

4531 NE 26th Ave. , Portland, OR

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

Daniela Adult Care Home

5. OWNERSHIP

- Sole proprietor
- Limited Liability Company
- Co-owned by:
- Other:

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: from cueing to total dependent feeding; customized meals based on preferences or special diets:diabetic,low sodium,low fat,high fiber,mechanical soft. Monitor appetite/ weight loss, chewing and swallowing problems.

2. TOILETING

If needed, the home may provide assistance with toileting as follows:
From supervision to full assistance: transfer to/from toilet, change of Depends,cleansing; catheter and colostomy care. Monitor for difficulty urinating,U.T.I.,constipation,diarrhea,skin irritation.

3. WALKING

If needed, the home may provide assistance with walking as follows: from cueing and monitoring,to hands-on assistance when using cane,walker or wheelchair; use gait belt for safety if appropriate.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:
evaluate client's ability to bear weight/pivot and assist accordingly using gait belt, board or hooyer lift.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:from cueing and monitoring,to hands-on assistance to keep a client's body in good alignment or total dependent(reposition every 2-3 hours for a bedridden client); monitor skin for pressure sores.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:
from set-up of toiletries , cueing,hands-on assistance to guide through task completion, to total dependent.

7. DRESSING

If needed, the home may provide assistance with dressing as follows:from lay out of clothing,cueing and encouragement, monitoring, to assistance with upper and /or lower body dressing(guiding of limbs,tying or buttoning),to full assistance.

8. BATHING

If needed, the home may provide assistance with bathing as follows:
from set-up and supervision to full assistance for total dependent; sponge/bed baths for non-ambulatory residents.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE We may provide assistance with oral and denture care,eye glasses ,hearing aids,bladder and bowel management 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:

From reminding and coaching a client to take a medication, to full administration of all medications(oral,topical,inhaled,drops,suppositories,enemas) through nurse delegation.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES We may order,monitor,document and store all medications in properly locked containers;we may monitor vital signs of a client(blood pressure,pulse rate,body temperature,respiratory rate)

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: Home Health Nurse; Physical, Occupational and Speech Therapies; Hospice Care Services. These services may be paid through the resident's health insurance or private pay.

The home has the ability to provide the following skilled nursing services by delegation:
Blood glucose monitoring,Insulin injections; catheter and colostomy care; oxygen; simple wound care;tube feeding.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION
Our staff is trained and certified to perform all nurse delegated tasks.

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 We provide services for residents with moderate to advanced Dementia or other memory loss issues,until end of life(Hospice).

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

ADDITIONAL COMMENTS REGARDING STAFFING All certified in Dementia, Mental Health, 1st Aid/CPR, Nurse Delegation/ Diabetes, and throughly trained to meet the needs of each client.

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:
Our home is English speaking, but we welcome any cultural, ethnic and religious background.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS We will strive to do our best to accommodate different needs and specialized diets for a particular religion, and honor cultural or religious events in our 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: — for residents with intensive care needs, such as: being bedridden, hooyer lift required for lifting or total non-ambulatory; advanced Alzheimer's/Dementia, or for residents who have lived in the Facility for at least 5 years.

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: table and card games, puzzle, scrabble, bingo, reminiscing, music therapy, old movies, arts and crafts, stamps, illustrated/ coloring books, dog therapy.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Our ambulatory residents and their families are invited to just take a walk outdoors, as our home is located on the beautiful Evergreen Highway Trail.

We also enjoy gardening, and our organic grown fruits and vegetables are a delicious addition to our meals.

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