



## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER NEW OPTION ELDERLY CARE/DOINA SAVENCU	LICENSE NUMBER <span style="font-size: 1.2em; font-family: cursive;">753822</span>
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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.

### 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

About the Home	
<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.	
<b>2. INITIAL LICENSING DATE</b> <span style="font-size: 1.2em; font-family: cursive;">9/28/18</span>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> 520 S 18 <sup>TH</sup> ST., RENTON WA 98055; 1616 MORRIS AVE S, RENTON WA 98055; 110 Kensington AVE S, Kent WA 98055
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> New Option Elderly Care LLC – License # 751890, New Option Elderly Living – License # 752719	
<b>5. OWNERSHIP</b>  <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

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### 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: **Able to provide eating assistance from cueing and monitoring to total feeding.**

#### 2. TOILETING

If needed, the home may provide assistance with toileting as follows: **Able to provide toileting assistance from cueing and monitoring, to bedbound care and total care with toileting needs.**

#### 3. WALKING

If needed, the home may provide assistance with walking as follows: **Able to provide walking assistance from cueing and monitoring to one or two persons assist as needed.**

#### 4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: **Able to provide transfer assistance from cueing and monitoring to one to two persons as needed, hoyer lift transfer available.**

#### 5. POSITIONING

If needed, the home may provide assistance with positioning as follows: **Able to provide positioning assistance from cueing and monitoring to one or two persons assist as needed.**

#### 6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: **Able to provide personal hygiene assistance from cueing and monitoring to total care as needed.**

#### 7. DRESSING

If needed, the home may provide assistance with dressing as follows: **Able to provide dressing from cueing and monitoring to total care as needed.**

#### 8. BATHING

If needed, the home may provide assistance with bathing as follows: **Able to provide bathing assistance from cueing and monitoring to total care as needed.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE: **Foot care for diabetes persons need to be done by an RN or a specialized foot doctor; hair dresser on site available for extra cost.**

### 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: **Provide assistance with medication assistance from cueing and monitor to total assistance, crushed medication. Nurse Delegation available for all staff.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES: **Able to administer Insulin shots based on the Nurse Delegation.**

### 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 has contract with nurse to provide nurse delegation if resident has a need for nursing care.**

The home has the ability to provide the following skilled nursing services by delegation: **Medication administration; Eye drops; ear drops; Nasal spray; Inhalers and nebulizers; Catheter care; cream and ointments application; dressing change; blood sugar monitor; vital signs monitor; insulin shots administration.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION Nurse Delegation Services are contracted by our home to a RN and their services are paid directly to them.

### Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- Developmental disabilities
- X Mental illness
- X Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

### 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. **N/A**

A resident manager lives in the home and is responsible for the care and services of each resident at all times. **YES**

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. **N/A**

The normal staffing levels for the home are:

Registered nurse, days and times: On call

Licensed practical nurse, days and times: N/A

Certified nursing assistant or long term care workers, days and times: 24 hrs

Awake staff at night – **available upon request and it is an additional daily charge to the current rate for this service.**

Other: **One-on-one care that exceeds and not included in the ADLs is available for an additional daily charge to the current rate.**

ADDITIONAL COMMENTS REGARDING STAFFING

Extra staff available if needed or requested in order to properly care for a resident needing additional care; one-on-one time needed; behavior problems or other issues indentified by the facility.

### 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: **Everyone has the right to practice or not to practice any religion. However, for our home, we believe in a Higher Power which we call it "GOD".**

#### 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  Medicaid after admission. (WAC 388-76-10522)

The home is a private pay facility and does not accept Medicaid payments. **N/A**

The home will accept Medicaid payments under the following conditions: **After two years of private payment.**

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: puzzle, cross words magazines; Wi-Fi available; Cable TV; Passive and Active Range of motion; specialized therapeutic music; hair dresser available on site.

ADDITIONAL COMMENTS REGARDING ACTIVITIES: **Birthday parties, Christmas Party.**

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

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