



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Symphony Adult Family Home</b>	LICENSE NUMBER <b>754014</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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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>We believe our seniors, people with Develomental Disabilities can continue in the richness if life &amp; experience their very best moments in their golden years. Our mission is provide comprehensive hihg quality adult care &amp; provide individualized care to residents to get a maximum of well being. Our purpose is provide a safe, healthy, socially enriching enviroment. Our residents are treated well physically &amp; emotionally with compassion.</b>	
<b>2. INITIAL LICENSING DATE</b>  <b>4-4-2019</b>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> <b>7813 NE 110<sup>th</sup> Ave Vancouver, WA 98662</b> <b>9109 NE 91<sup>st</sup> Pl Vancouver, WA 98662</b>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> <b>Orchard's Adult Care, LLC</b> <b>Symphony Adult Family Home corporation</b>	
<b>5. OWNERSHIP</b> <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <b>Minerva A Rodriguez</b>	

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:

**We may provide assistance with eating from cuing, reminders, cutting up, monitoring, hands-on assistance to guide or hand food/drink to total dependent feeding assistance. We may provide therapeutic diets, diabetic diets.**

#### 2. TOILETING

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

**We may provide assistance with toileting from setting up, monitoring, encouragement, cueing, assistance, scheduled toileting and incontinence as needed**

#### 3. WALKING

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

**stand by assistance, hands on assistance, assistance with walking devices as walker and canes**

#### 4. TRANSFERRING

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

**pivot transferring, board transferring, hoist lift**

#### 5. POSITIONING

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

**turning, shifting, elevate legs, positioning with pillows**

#### 6. PERSONAL HYGIENE

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

**tooth brushing, hair washing, hand washing, face washing, denture washing, incontinence**

#### 7. DRESSING

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

**stand by assistance and hands on assistance with dressing**

#### 8. BATHING

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

**stand by assistance and hands on assistance as needed**

#### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**We may provide assistance with oral and denture care, hearing aides, c-pap, ostomy, catheter.**

### 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:

**Assistance with placing in a med cup and handing to patient, crush as indicated by PCP, delegation for extended assistance, reordering, keeping the records up to date, diabetic care such as insulin and CBGs**

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:

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

**Daily Medicines ,Diabetic care such as insulin administration and CBGs or any delegated tasks**

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

**We may provide services for individuals facing hospice/end of life care.**

**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: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: 24/7
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**All Staff are certified in Mental Health, Dementia , Developmental Disabilities, background check.**

**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:

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**Spanish speaking**

**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 one year private pay and then they can convert to Medicaid**

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, therapy dog, movie nights, music, outdoor activities, Christmas Carols Program**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

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