

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER A SERENITY AFH/CONSTANTIN SEBASTIAN CRACIUN	LICENSE NUMBER 754113
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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	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.</p> <p>Our beautiful, warm and cozy house, along with their loving and dedicated owners and staff are offering not only a facility providing care for the elderly, but also a HOME. Our experience and style of treating each and every person according to their individual needs make us unique in providing a second family that can be counted on.</p>	
<p>2. INITIAL LICENSING DATE</p> <p>06/21/2019</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p>N/A</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p>A Serenity AFH</p>	
<p>5. OWNERSHIP</p> <p><input type="checkbox"/> Sole proprietor</p> <p><input checked="" type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input type="checkbox"/> Other:</p>	

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:

Our staff sit and provide full assistance to resident if needed, engaging in social and conversational activities during the meals. We can accommodate special diets, pureeing foods, assisted feeding, GI tube feeding by Nurse Delegation.

2. TOILETING

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

We provide standby assists, incontinence briefs, room comodes, clean up and perineal care everytime is needed.

3. WALKING

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

We know how important mobility is for a person, so we provide assisted physical exercises to encourage the continued strenght and endurance of the muscles. We walk with the residents, indoor and outdoors if the weather allows.

4. TRANSFERRING

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

We are using "Sit to Stand" and "Hoyerlift" devices but also a two person assist for the transfer in safe conditions of our residents.

5. POSITIONING

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

Our bed bound residents are repositioned every 2 or 3 hours but we know that a proper position helps with the confort of a resident and also promotes a healthy blood circulation for everybody.

6. PERSONAL HYGIENE

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

We are providing full assistance with the personal hygiene if needed (oral care, shaving, skin care, perineal care, hair care, nails and toenails care).

7. DRESSING

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

We encourage and support the personal choice of clothing of our residents.

8. BATHING

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

If needed, we provide full assistance with shower once a week or anytime is one needed.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We're trying to encourage and support our residents to do as much as they can by themselves.

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:

all medication assistance included by all delegable tasks.

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:

We have contracted Nurse Delegator to provide any skilled nursing tasks.

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

Complete management and administration of all medications and tasks as allowed by the Nursing Delegation Program (administration of oral and topical medication, inhalers, insulin, oxygen therapy, blood sugar monitoring, crushing medication etc.)

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

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: **on call, 7 days/week**
- Licensed practical nurse, days and times: **visits once a month or 24/7 on call**
- Certified nursing assistant or long term care workers, days and times: **24 hours, 7 days/week**
- Awake staff at night
- Other: **staff at night if it's needed.**

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:

English, Spanish and Romanian speakers are welcome to join us.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We respect and celebrate holidays and birthdays of our residents.

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:

We accept Medicaid payments if the clients accept semi-private (shared) room, if available, or if the residents are private paying for at least 36 months after the acceptance in our home.

ADDITIONAL COMMENTS REGARDING MEDICAID

A 60 days notice is required prior to a private pay resident converts to 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:

Physical exercises, walking, lectures, movie nights with popcorn and soda, bingo, chess, sports events on TV, puzzles, colouring books, reading magazines.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

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