

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

HOME / PROVIDER <b>Seasons Home Care - Sorina Suciu RN, BSN</b>	LICENSE NUMBER <b>754496</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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<b>About the Home</b>	
<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><b>Seasons Home Care is a home focused on providing safety, supervision, and stability for adults with a variety of needs. Our home is equipped with 6 private rooms, all of which have private bathrooms attached. We offer wheelchair accessible showers, spacious living and family room, fully fenced backyard, central air condition and generator. We provide an accepting and supportive environment that fosters meaningful long term and mutually respectful relationships within the community.</b></p>	
<p>2. INITIAL LICENSING DATE</p> <p style="text-align: center;">4/30/2020</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p style="text-align: center;"><b>Choice Home Care - 4225 NE 10<sup>th</sup> Place Renton WA 98059</b></p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p>	
<p>5. OWNERSHIP</p> <p><input checked="" type="checkbox"/> Sole proprietor</p> <p><input 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 goal is to serve appetizing nutritious meals while respecting the dietary restrictions one might have. We are equipped to provide assistance with opening containers and all the way up to 1:1 feeding assistance as mentioned in the assessment. Our staff can be delegated to provide tube feeding as well.**

2. TOILETING

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

**While we strive to provide independence, we are equipped to offer minimum to total assistance with all toileting tasks.**

3. WALKING

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

**Our staff will follow each resident assessment and care plan to provide assistance from stand by to contact guard assist as needed. We offer assistance with outdoor or indoor ambulation.**

4. TRANSFERRING

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

**We are able to provide assistance with all levels of transferring from 1 to 2 person assist. Our home is equipped with a Sit to Stand Lift. We are opened to the possibility of Hoyer transferring depending on our resident aquity level and our ability to evacuate the home in less than 5 min in case of an emergency.**

5. POSITIONING

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

**Our staff is able to assist residents with position change as needed and every 2 hours as determined by the assessment and care plan.**

6. PERSONAL HYGIENE

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

**We encourage independence and are able to offer minimal to total assistance with personal hygiene as determined by the qualified assessor.**

7. DRESSING

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

**Our staff is also able to assist our residents with all levels of dressing and undressing, including the application of specialty stockings.**

8. BATHING

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

**We are able to accommodate the residents that shower independently but are also able to assist residents all the way to total bathing or bed baths. We are equipped with 2 wheelchair accessible showers.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**As the provider is a Registered Nurse, we can accommodate residents that may needs wound 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:

**We offer locked boxes for residents who are safely able to take their own medications. We are able to assist with all levels of medication administration including crushing medications, medication administration via feeding tube and insulin administration as ordered and delegated.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**The home provider (RN) is also able to administer intra venous medication if needed.**

#### 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 provider whom is a Registered Nurse is able to provide nurse delegation to Seasons Home Care staff to all residents living in the home. This service is FREE of charge. The yearly assessments or updates are also provided FREE of charge to our residents. If there is a need for Home Health services, we are able to work with any of them.**

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

**Our delegated staff can crush medications, administer insulin injections, verify blood sugars, administer PRN medications, apply / administer eye drops, nasal sprays, inhalers, nebulizer treatments, dermal patches, suppositories, enemas, provide foley catheter care, ostomy care and feeding tube care.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**Delegation is provided free of charge by the RN Provider.**

#### 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: **Provider is a registered nurse and lives across the street. She is on call 24 hrs /day and in the home 3 - 4 hrs per day as needed.**

Licensed practical nurse, days and times: \_\_\_\_\_

Certified nursing assistant or long term care workers, days and times: **24 hours per day**

Awake staff at night

Other: **We offer awake staff as needed by the resident's health condition.**

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:

N/A

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

N/A

#### 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:

ADDITIONAL COMMENTS REGARDING MEDICAID

**We do not accept Medicaid residents at this time.**

#### 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 provide and encourage exercising, walking in the home or outside, gardening, music, movies, puzzles, active and passive range of motion, hand massage, manicure / pedicure, etc.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Senior center activities are encouraged as well.**

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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