



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>THE SERENE HOMES</i>	LICENSE NUMBER _____
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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.
"We STRIVE TO ACHIEVE SERENITY AMIDST LIFE'S CHAOS"

2. INITIAL LICENSING DATE <i>- SEE PAGE 4 -</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
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4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- Other: *S - CORPORATION*

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

<p>If needed, the home may provide assistance with eating as follows: OBTAIN DIETARY AND SWALLOW EVAL PROVIDE PRESCRIBED DIET AND FOOD ALTERATIONS</p>
<p>2. TOILETING If needed, the home may provide assistance with toileting as follows: - PROVIDE EQUIPMENTS FOR SAFE + EASY TOILETING; RN CARE PROVIDER CAN INSERT AND CHANGE FOLEY CATH; UROLOGY CONSULT</p>
<p>3. WALKING If needed, the home may provide assistance with walking as follows: - OBTAIN DURABLE MEDICAL EQUIPMENTS AS PRESCRIBED; PT CONSULT. CONSULT W/ HOME HEALTH AGENCY -</p>
<p>4. TRANSFERRING If needed, the home may provide assistance with transferring as follows: PT + OT CONSULT FOR SAFE TRANSFERS OBTAIN DURABLE MEDICAL EQUIPMENTS AS PRESCRIBED. CONSULT W/ HOME HEALTH AGENCY</p>
<p>5. POSITIONING If needed, the home may provide assistance with positioning as follows: PT + OT CONSULT AS NEEDED. OBTAIN DURABLE MEDICAL EQUIPMENTS AS PRESCRIBED.</p>
<p>6. PERSONAL HYGIENE If needed, the home may provide assistance with personal hygiene as follows: PT + OT CONSULT</p>
<p>7. DRESSING If needed, the home may provide assistance with dressing as follows: PT + OT CONSULT OBTAIN DURABLE MEDICAL EQUIPMENTS AS PRESCRIBED</p>
<p>8. BATHING If needed, the home may provide assistance with bathing as follows: PT + OT CONSULT OBTAIN JME AS NEEDED + CONSULT W/ HOME HEALTH AGENCY</p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE</p>
<p>Medication Services</p>
<p>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)</p>
<p>The type and amount of medication assistance provided by the home is: UNITED CARE PHARMACY - MEDS ARE BUBBLE PACKED</p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES AFH OWNER IS AN RN -</p>
<p>Skilled Nursing Services and Nurse Delegation</p>
<p>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)</p>
<p>The home provides the following skilled nursing services: AFH OWNERS ARE RNs (REG. NURSES)</p>
<p>The home has the ability to provide the following skilled nursing services by delegation: AFH OWNERS ARE RNs</p>

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

IF CARE CAN BE DONE IN AN AFA SETTING, RESIDENT STAYS. WILL COORDINATE w/ OUTSIDE HEALTH CARE AGENCIES FOR SUPPORT like Home Health + HOSPICE

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

COORDINATES CARE w/ NURSING HEALTH AARP

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: _____
- Awake staff at night AS NEEDED
- Other: RX CARE PROVIDER ON CALL 24/7

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:

RESIDENTS PREFERABLY ENGLISH SPEAKING

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

STAFF SPEAKS TAGALOG, A LITTLE SPANISH

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:

SEE PAGE 4

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: MOBILE HAIR SALON, DENTAL HYGIENIST, PODIATRIST, KING COUNTY MOBILE LIBRARIAN
ADDITIONAL COMMENTS REGARDING ACTIVITIES: SENIOR CENTER ACTIVITIES, PICNICS, 8-DAY PARTY CELEBRATIONS, XMAS PARTY; HALLOWEEN; APR OF JULY PICNIC w/ FAMILY, DAILY EXERCISE PROGRAM AND MORE —

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

NOTE: ABOVE SERVICES AND ACTIVITIES ARE APPLICABLE TO ALL THE HOMES.

THE SERENE HOMES:

① THE SERENE COTTAGE -
10112 NE 190TH ST
BOTHELL, WA 98011

LICENSE # 615000
LICENSED ON - 4/10/06
ACCEPTS MEDICAID

② THE SERENE HOME
7027 NE 190TH ST
KENMORE, WA 98028

LICENSE # 751220
LICENSED ON: 3/26/09
DOES NOT ACCEPT MEDICAID

③ THE SERENE CORNER
16928 70TH AVE NE
KENMORE, WA 98028

LICENSE # 685900
LICENSED ON: 12/23/04
ACCEPTS MEDICAID AFTER 3 YEARS OF RESIDENCY

④ THE SERENE GARDEN
16902 70TH AVE NE
KENMORE, WA 98028

LICENSE # 750070
LICENSED ON: 6/17/08
DOES NOT ACCEPT MEDICAID