



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER  
**SERENITY  
MANOR AFH**

LICENSE NUMBER  
**AH751231**

**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](#)

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### Personal Care

### 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. **Serenity Manor Adult Family Home mission is to make a difference in the care and comfort of residents by working with their immediate families and medical health providers. A passionate dedication to the resident’s welfare and wellbeing drives the staff and serves as the guiding compass to serve the community.**

2. INITIAL LICENSING DATE

**11/25/2008**

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

**(N/A)**

4. SAME ADDRESS PREVIOUSLY LICENSED AS: **SERENITY MANOR AFH LLC 7501 77th Ave SW Lakewood, WA 98498**

5.

OWNERSHIP

Sole

proprietor

Limited Liability Corporation Co-

owned by:

Other:

"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: **Assist with correct upright positioning with enough support for eating and drinking. As required, assist residents with feeding and drinking.**

2. TOILETING

If needed, the home may provide assistance with toileting as follows: **Depending on mobility, assist residents to and from bathroom. Assist with incontinence issues by using and changing diapers as needed. Assist with skin protection after toileting.**

3. WALKING

If needed, the home may provide assistance with walking as follows: **Assist residents with mobility devices while walking: walking sticks, canes, crutches, and walkers. Consult with a Physical Therapist to assess environment, suggest accommodations, and observe mobility under best and worst conditions.**

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: **(Lifting, moving or caring for people who are immobile is currently limited for this facility. Wheelchair and sit-up-stand chair being used for special needs). Transportation for any reason can be arranged by caregivers so as to avoid causing extra stress on the family for missed appointments or miscommunications from needing a third party. Family has the option of providing transportation as deemed necessary.**

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: **Assist with correct upright positioning with enough support for eating and drinking. Assist with repositioning on the bed as required and checking if in comfortable position.**

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: **Assist with all hygiene care which includes bath (twice a week, more if necessary), teeth, hair, and clean clothing. NOTE: a visiting Podiatrist, Home Doctor, Eye Doctor, and a licensed Hair Stylist are available to help residents with their special needs.**

7. DRESSING

If needed, the home may provide assistance with dressing as follows: **Assist residents with extremities weakness by putting on desired clothing, provide for residents comfort and privacy, and retrieving clothing for proper disposition.**

8. BATHING

If needed, the home may provide assistance with bathing as follows: **Assist residents with their scheduled bathes or as often as required depending on their needs. (assistance includes providing active and passive exercise, helping residents feel better about themselves and appearance.)**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE: **Residents are encourage to take an active part in their daily personal care. AFH staff responsibility is to help residents maintain normal function, compensate for or regain lost functions.**

#### 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:  
**Medication procedure/system is in place to make sure that residents will receive the medications as they are ordered by the doctor.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES: **Adherence to the following: assessment indicates the amount of medication assistance needed by the resident; negotiated care plan identifies the medication service that will be provided to the resident; medication log is kept current as required in WAC 388-76-10475; receives medications as required.**

#### 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: **A Registered Nurse currently in the state of Washington to provide nursing care and services, hire or contract a Registered Nurse to provide nurse delegation.**

The home has the ability to provide the following skilled nursing services by delegation: **Skilled nursing services by delegation currently in place includes the following: administration of insulin, blood sugar check, eye drops, medicated creams.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION **Registered Nurse available for 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: \_\_\_\_\_
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **7 days/week, 24 hrs/day (24x7)** \_\_\_\_\_
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING **Provider/owner is available on call.**

#### 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: **Serenity Manor AFH serves residents of different cultural background. Main language of communication is English.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS **(Serenity Manor AFH does not have access to language interpreters to properly care for residents who do not speak English)**

#### 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: **Payment will be commensurate to the level of care provided to residents and per care plan and assessment by nurse assessors.**

ADDITIONAL COMMENTS REGARDING MEDICAID:

**(Serenity Manor AFH will provide care for medicaid eligible residents and for residents who become eligible for medicaid after admission)**

#### 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:

**Playing bingo/puzzle games,  
trip to the mall, eat out at a  
buffet restaurant, watching  
TV, walking around  
neighborhood if weather  
permitting.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**(Resident's family may arrange for  
special activities: Christmas caroling,  
Thanksgiving dinner, or special  
meals)**