



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

HOME / PROVIDER <i>Pinnacle Adult Family Home</i>	LICENSE NUMBER <i>752664</i>
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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>	
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.	
2. INITIAL LICENSING DATE <i>7/14/2014</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>N/A</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>N/A</i>	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	
<b>Personal Care</b>	
“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	

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If needed, the home may provide assistance with eating as follows: *will provide minimal to total assist with feeding or to guided maneuvering of hands/spoon or other utensils to client's mouth or total assist feeding & Peg-tube or g-tube feeding.*

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *Minimal to total assist. > Client maybe totally incontinent both bowel & bladder & need changing of incontinent pads @ each incontinence. > Keeping skin/perineal area clean every tickling/incontinence.*

3. WALKING

If needed, the home may provide assistance with walking as follows: *Minimal to total assist w/ambulator with or without appliance i.e., walker, wheelchair. Guided hand supervision, contact guard or use of Four wheel walker or other non-weight bearing assistance.*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *Supervision, Minimal to TOTAL \* may use Hoyer Lift, or 2+ person assist assist. \* Maximum - moderate assist (1-2 person) transfer from bed to chair, wheelchair (seats).*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *Limit to total assist & supervision Bed or wheelchair positioning; 1-2 person assist; may use draw sheets to avoid shear \* scheduled turning & repositioning every 2 hrs - 3 hrs if needed; check for skin break.*

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *\* provide total to minimal assist for personal hygiene, including combing hair, brushing teeth, shaving, applying make-up, washing/drying face.*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *\* provide total to minimal assist w/ upper & lower body dressing. How residents put on, fasten & takes of all items of clothing; including donning/removing or producing; including shoes & socks.*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *Minimal to total assist. Include full-body bath/shower, sponge bath, may be scheduled bathing 2-3 times a week or as needed esp. for every large incontinence. Shower/bid, commode available.*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

*Toilet use: call for assistance may include how resident uses toilet room, commode, bedpan; manage ostomy or 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: *All medications are carried out with the prescription of a doctor. All 5 rights always be observed. A well-delegated staff will be available to render assistance to all clients. Will be supervised by a Nurse Delegator & RN.*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

*\* all medications will be delivered and serviced by a contracted Pharmacy for fast & safe delivery of medications. ex. Ready Med/AT Pharmacy*

**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: *Peg-tube gastrostomy-tube-stomy catheter care stage 1-wound care, <sup>Wound care</sup> provider is an WA RN Wounded. & available mostly 16 hours. A nurse-delegator available for delegated care tasks.*

The home has the ability to provide the following skilled nursing services by delegation: *this home is owned by a WA-licensed RN. with provider as well. A nurse delegator also available for all delegated tasks & needs.*

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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 16 Hrs; Days: 8:00 AM to 10AM or daily supervision
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: Resident Manager is a CNA
- Awake staff at night - Night NAR available 8:00 AM - 8 PM
- Other: Day NAR will also be available

ADDITIONAL COMMENTS REGARDING STAFFING

on-call staff with WA state compliance background check will be considered after full jail requirements are obtained.

**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:

able to speak English + Tagalog

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

speaks English + Tagalog

**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:

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ADDITIONAL COMMENTS REGARDING MEDICAID

*Accept Private Pay*

**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: *will provide leisurely activities; TV/movies, puzzles, engaging in other cognitive/mental activities, reading books, plus papers, magazines, word puzzles, listening to music,*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

*petting animals, going outside/outdoor to get fresh air when weather is good, going to riding, religious practices, service - family gatherings, allowing simple household chores.*

Please Return the completed form electronically to [AFHDdisclosures@DSHS.WA.GOV](mailto:AFHDdisclosures@DSHS.WA.GOV) activities.

The form may also be returned by mail at:  
RCS - Attn: Disclosure of Services  
PO Box 45600  
Olympia, WA 98504-5600

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