



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Pristine Adult Family Home LLC/Anita Khadka	LICENSE NUMBER 752961
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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.

Pristine Adult Family Home is located in Kent, close to Meridian Lake park. It is a newly remodeled house with wide spacious backyard. Our AFH provides personalized care in a family environment. Provider has a Nursing background so she is experienced with Hospice/End of life care, Stroke, Oxygen, Hoyer lifts, Foley Catheter, Ostomy Care, Peg Tube, Tracheostomy tube, Dressing change, Multiple sclerosis, Parkinson, Dementia etc...

2. INITIAL LICENSING DATE

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

Received

OCT 22 2015

5. OWNERSHIP

Limited Liability 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

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

- **Promoting and supervising those who are able to feed themselves but are risk for choking.**
- **Physical assistance with feeding those who are unable to fed themselves.**
- **Puree diet/soft diet.**

2. TOILETING

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

- **Encouraging, Promoting and supervising who are able to use toilet.**
- **Provide complete physical assistance who are unable to go toilet or are incontinent.**

3. WALKING

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

- **Encourage and supervise who are able to walk with assistive device.**
- **Provide passive range of motion exercise who are unable to walk.**

4. TRANSFERRING

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

- **Encourage those who are able to transfer on their own.**
- **Provide physical assistance if needed to transfer.**
- **Use of Hoyer lifts who are unable to assist with transferring.**

5. POSITIONING

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

- **Encourage to change position who are able to change position.**
- **Provide physical assistance with positioning, regular turning and placing limbs in correct position.**

6. PERSONAL HYGIENE

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

- **Encourage and supervise those who are able to maintain personal hygiene.**
- **Provide physical assistance with personal hygiene those who are unable to maintain their hygiene like Brushing teeth, Combing, Showering, Nail cutting (except diabetic client).**

<p>7. DRESSING</p> <p>If needed, the home may provide assistance with dressing as follows:</p> <ul style="list-style-type: none"> • Encourage those who are able to dress themselves. • Provide physical assistance for those who are unable to dress on their own.
<p>8. BATHING</p> <p>If needed, the home may provide assistance with bathing as follows:</p> <ul style="list-style-type: none"> • Provide physical assistance as needed by residents either full or partial help with showering. • Bed bath can also be given as needed.
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE</p> <p>Personal care is provided either in room or bathroom .This Adult Family Home has one roll-in shower.</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:</p> <p>We assist with medication from cuing and monitoring to fully administered through nurse delegation.</p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES</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:</p> <p>Licensed outside agency to provide nursing services.</p>
<p>The home has the ability to provide the following skilled nursing services by delegation:</p> <p>Finger Sticks, Diabetic, Insulin Injection.</p>
<p>ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION</p>
<p>Specialty Care Designations</p>
<p>We have completed DSHS approved training for the following specialty care designations:</p> <p>Developmental disabilities Mental illness Dementia</p>
<p>ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS</p>
<p>Staffing</p>

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 entity representative or resident manager lives in the home and is responsible for the care and services of each resident at all times.

The normal staffing levels for the home are:

Registered nurse, days and times: **As needed**

Licensed practical nurse, days and times: _____

Certified nursing assistant or long term care workers, days and times: **Two carer most of the time**

Awake staff at night: **Only in emergency situation**

Other:

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:

We respect and welcome resident from any culture, belief and background.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

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)

We accept new Medicaid payment or transferred from Private to Medicaid.

ADDITIONAL COMMENTS REGARDING MEDICAID

We accept both Medicaid and Private.

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:

- Birthdays / Christmas/ New Year /Thanksgiving parties
- Music, T.V, DVD entertainment.
- Nationwide Telephone services/ Basic computer services to check email and news.
- Provide books from the local library as per request and availability.
- Gardening, Exercise, BBQ and Games

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