



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER BRISTOL BERRY, LLC	LICENSE NUMBER 753022
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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	
<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. Bristol Berry, LLC is owned and operated by Peter Kamau, a certified nursing assistant. It's located in a modern quiet neighborhood in Auburn, Washington.</p>	
<p>2. INITIAL LICENSING DATE</p> <p style="text-align: center;">N/A</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p style="text-align: center;">NONE</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p style="text-align: center;">N/A</p>	
<p>5. OWNERSHIP</p> <p><input type="checkbox"/> Sole proprietor</p> <p><input checked="" type="checkbox"/> Limited Liability Corporation</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input type="checkbox"/> Other:</p>	
Personal Care	
<p>"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)</p>	
<p>1. EATING</p>	

If needed, the home may provide assistance with eating as follows: *By preparing fresh meals and provide special diets if necessary. we will cue the resident to eat and feed the client if necessary.*

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *By keeping the toilets clean. we will assist each client as needed by walking them to the toilet or assisting them with personal hygiene.*

3. WALKING

If needed, the home may provide assistance with walking as follows: *we will offer standby assist where necessary and use gait belt for safety where needed. Our means of egress contains stairs and we can only take ambulatory clients.*

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: *Our staff will be trained in 1 person assist transfers*

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: *Our adult Family home can only accommodate clients who are ambulatory and can reposition themselves because our means of egress contains stairs*

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *Denture care Bathing, grooming, shaving (men only), bed bathing, oral care*

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *The client will choose the clothes to wear and the staff will encourage the client to wear clean clothes daily. If the client cannot dress themselves our staff will help.*

8. BATHING

If needed, the home may provide assistance with bathing as follows: *The client may shower alone if they are able to complete the task, however our staff will help the client by using or completing the task with a goal to keep agitation or disturbance minimal*

9. ADDITIONAL COMMENTS REGARDING PERSONAL 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 will make sure medication are locked in a cabinet. The staff will prepare the medication in a medication cup and offer the medication according to the schedule and record*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

The family member or POA will be kept informed about medications and will sign all consents for those medications

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: *when skilled nursing is required, we shall hire or contract with a nurse to provide nursing care and service or provide nurse delegation.*

The home has the ability to provide the following skilled nursing services by delegation: *medication administration and diabetic focus tasks. All staff will be delegated.*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

N/A

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

N/A

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: as needed
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24 hour staffing with delegated CNA
- Awake staff at night
- 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:

English

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:

The home shall have a contract with DSHS

ADULT FAMILY HOME DISCLOSURE OF SERVICES REQUIRED BY RCW 70.128.280
DSHS 10-508 (REV. 05/2015)

ADDITIONAL COMMENTS REGARDING MEDICAID

Will follow our private pay to medicaid policy

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: Assistance with religious choices and needs, Cable TV
Music, Family meals, Playing Cards,

ADDITIONAL COMMENTS REGARDING ACTIVITIES

N/A

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