



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

HOME / PROVIDER <b>Everest House Renton I LLC / Narayan Khatri</b>	LICENSE NUMBER <del>753964</del> <b>753964</b>
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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. <b>Everest House Renton I LLC is dedicted, passionated, compassionated, loving and caring to provide the exceptional services to client to make positive differences in their daily life. Our top priority is safety and comfor to out clients.</b>	
2. INITIAL LICENSING DATE <b>2/21/2019</b>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <b>N/A</b>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <b>N/A</b>	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

## 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:

- **Cuing and Supervising clients**
- **Providing assistance or feeding if necessary**
- **Altering food for clients needs.**

### 2. TOILETING

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

- **Providing full assistance during bathroom visits**
- **Assistance with clothes, briefs, pads etc.**
- **Frequents reminders to use bathrooms**

### 3. WALKING

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

- **Supervising and providing assistance with walking**
- **Assistance with walker and medical devices**
- **Providing exercising tools**

### 4. TRANSFERRING

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

- **Full supervision and assistance during transfers**
- **Providing all required medical equipment for transfers**

### 5. POSITIONING

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

- **Assistance with positioning while in chair or bed.**
- **Help with bedtime sleep positioning**

### 6. PERSONAL HYGIENE

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

- **Reminding clients to use proper hygiene products.**
- **Full assistance with shaving, showering, etc**
- **Full assistance for anything client needs for client's hygiene health.**

### 7. DRESSING

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

- **Supervision and assistance while dressing**
- **Total assistance with dressing**

### 8. BATHING

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

- **Supervision during baths and showers**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Whatever and whenever clients needs any assistance, it will be provided with compassion.**

**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 assistance under the legal authority  
- Reminding or assisting clients with their medications**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Staff to ensure proper actions daily to prevent medication error**

**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:

**The home has qualified staffs for proper nursing care**

The home has the ability to provide the following skilled nursing services by delegation:

**Medication administration, tube feeding, blood sugar testing, insulin injections, catheter care**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**We are able to be delegated to all the required tasks needed to provided an extensive care**

**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: As required
- Licensed practical nurse, days and times: As required
- Certified nursing assistant or long term care workers, days and times: 24/7
- Awake staff at night

Other:

ADDITIONAL COMMENTS REGARDING STAFFING

**We provide certified and qualified staff**

**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:

**Anyone from any background is welcome**

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)

The home is a private pay facility and does not accept Medicaid payments.

The home will accept Medicaid payments under the following conditions:

**Sufficient to cover care expenses**

**We also accept Private resident's who is eligible for Medicaid payments**

ADDITIONAL COMMENTS REGARDING MEDICAID

**We gladly accept Medicaid client's.**

**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:

- **Excersing tools, Puzzles, games, Music, TV, Escorted outings, Assisted walking exercises.**
- **Holiday's and Barthday parties**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**We welcome the feedbacks from out client and their family members to the quality of the services we provided.**

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

The form may also be returned by mail at:

RCS – Attn: Disclosure of Services

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