



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

HOME / PROVIDER

*Harbor View Adult Family Home LLC*

LICENSE NUMBER

*754114*

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. <i>We care about you!</i>	
2. INITIAL LICENSING DATE <i>10/21/2019</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>N/A</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>5401 Norpoint Way NE, Tacoma, WA 98422</i>	
5. OWNERSHIP Sole proprietor <input checked="" type="checkbox"/> Limited Liability Company Co-owned by: 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:

N/A

2. TOILETING

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

N/A

3. WALKING

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

N/A

4. TRANSFERRING

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

N/A

5. POSITIONING

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

N/A

6. PERSONAL HYGIENE

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

N/A

7. DRESSING

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

N/A

8. BATHING

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

N/A

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

N/A

**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:

N/A

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

N/A

**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:

N/A



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:

*We have room for Medicaid*

ADDITIONAL COMMENTS REGARDING MEDICAID

*The privat resident can be covert in Medicaid after 3 years.*

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:

*Painting, music therapy, bingo.*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

*N/A*

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  
PO Box 45600  
Olympia, WA 98504-5600