

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

HOME / PROVIDER <b>PinesBrook AFH INC</b>	LICENSE NUMBER <b>754143</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	
<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.</p> <p><b>Ensure every resident is treated with respect, compassion and dignity. Strive to provide a safe, comfortable, home-like setting for our clients while promoting independence, socialization, emotional and physical well being every day.</b></p>	
<p>2. INITIAL LICENSING DATE</p> <p><b>07/15/2019</b></p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p><b>11038 SE 213<sup>th</sup> ST SE, Kent WA 98031</b></p> <p><b>615 Summit Ave N, Kent, WA 98030</b></p> <p><b>700 2<sup>nd</sup> Ave S, Kent Wa 98032</b></p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p>	
<p>5. OWNERSHIP</p> <p><input type="checkbox"/> Sole proprietor</p> <p><input type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Co-owned by: <b>N/A</b></p> <p><input checked="" type="checkbox"/> Other: <b>Corporation</b></p>	

## 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:

**When deemed appropriate by the provider, the AFH will supervise and cue residents to complete all meals, altering food texture such as cutting into small bite size pieces, mechanical soft or feeding clients based on the residents preference and care plan.**

### 2. TOILETING

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

**When deemed appropriate by the provider, the AFH will provide toileting assistance from cueing and monitoring to 1:1 person assistance, including incontinence based on individualized care plan.**

### 3. WALKING

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

**When deemed appropriate by the provider, the AFH will remind residents to use assistive devices, monitoring safe use of medical and assistive devices ie CPAP, oxygen concentrators etc, stand-by for safety and supervision for 1:1 person total assistance based on their individualized care plan.**

### 4. TRANSFERRING

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

**When deemed appropriate by the provider, the AFH will provide stand by or cueing assistance during transfer. Resident transfer needs will be based on their individualized care plan.**

### 5. POSITIONING

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

**When deemed appropriate by the provider, the AFH will provide cuing and reminding residents yo position or turn on a regular schedule or based on their individualized care plan.**

### 6. PERSONAL HYGIENE

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

**When deemed appropriate by the provider, the AFH will provide assistance with personal hygiene from cueing and set up to total assistance based on their individualized care plan.**

### 7. DRESSING

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

**When deemed appropriate by the provider, the AFH will provide assistance with dressing from cueing and set up to total assistance based on their individualized care plan.**

### 8. BATHING

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

**When deemed appropriate by the provider, the AFH will provide assistance with bathing from cueing and set up to total assistance based on their individualized care plan.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Residents are always encouraged to live with as much independence as possible based on their individualized care plan.**

## 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:

**When deemed appropriate by the provider, the AFH will store all medications, and will dispense them following doctor's orders, and changes are made only with a written doctor's order.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

### 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 deemed appropriate by the provider, the AFH will perform vital sign checks: blood pressure, pulse, respiration, temperature and pain management screening.**

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

**All Delegated required services, such as insulin administering, eye/ear drop application, ointment application.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**We follow doctor's orders and our caregivers are all nurse delegated for such services.**

### 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: \_\_\_\_\_
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **24 hrs a day.** \_\_\_\_\_
- Awake staff at night

Other: **When deemed appropriate by the provider, the AFH will have bed side motion monitors, wheelchair alarms and call buttons based on individualized care plan.**

ADDITIONAL COMMENTS REGARDING STAFFING

**When deemed appropriate by the provider, the AFH may have night awake staff as needed based on individualized care plan.**

**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:

**N/A**

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:

**NONE**

ADDITIONAL COMMENTS REGARDING MEDICAID

**No conditions**

**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:

**When deemed appropriate by the provider, activities will be based on the individualized care plan, residents ability and preference.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**When deemed appropriate by the provider, activities will be based on the individualized care plan, residents ability and preference.**

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