Washington State Department of Social & Health Services
Transforming lives

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
Pines Cottage AFH LLC	755753

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.

The home where love and care are everthing

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
7/29/22	

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- ☐ Sole proprietor
- ☒ 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:

Home can provide all levels of eating from set-up only to full assistance with eating in the home.

2. TOILETING

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

Home can provide for all levels of toileting needs from independence, cues to use the bathroom, all the way to full dependence of caregiver to complete brief changes

3. WALKING

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

Home can provide assistance for walking as needed for the different levels of clients. Gait belts and other assistive devices (i.e. walkers) will be utilized by staff according to doctor's and physical therapy directions.

4. TRANSFERRING

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

Home can provide all transfering needs that clients may have. The home has the ability to utilize hoyer lifts and gaits belts as needed for the clients, with doctors orders in the home.

5. POSITIONING

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

Home is able to complete all positioning needs for clients from cueing to reposition themselves to completing the positioning for the client.

6. PERSONAL HYGIENE

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

Home is able to provide all levels of assistance with personal hygiene from cues to complete hygiene, set-up assistance to full assistance for those that are unable to complete personal hygiene.

7. DRESSING

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

Home is able to provide all levels of dressing needs from cuing to change clothes to full assistance with dressing needs.

8. BATHING

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

Home is able to provide all levels of bathing needs from cues to complete bathing tasks to full assistance with bathing needs.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Home is able to provide all levels a personal care needs that clients may have.

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:

From assistance with medication to nurse delegation is provided in the home.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Home has CNAs or HCAs that are employed in the home.

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 does not provide skilled nursing services but is able to have skilled nursing come into the home at the cost to the resident family or the payee or medicaid.

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

There are some skilled nursing tasks that the home can be delegated for, the task would be dependent upon what tasks the nurse delegator would be willing to delegate the house to complete at the cost to the resident family or the payee or medicaid. .

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Private Pay resident would be responsible to pay for the nurse to come in the home to deleguate workers

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: **On-Call / House call**
- ☒ Licensed practical nurse, days and times: **On-Call / House call**
- ☒ Certified nursing assistant or long term care workers, days and times: **24h/7 days Staff on-site that is either CNA or HCA certified.**
- ☒ 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:

The home is equipped to work with all populations and ethinic backgrounds of people.

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:

Under the Home Accepting Medicaid as Payment Policy, ask for a copy if one is not provided.

ADDITIONAL COMMENTS REGARDING MEDICAID

We require Residents who are using private funds to do so 12 months before transitioning to State

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:

See attached acitvity list for what the home provides as activities. Activities is based on resident likes

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Activities will be done based on all clients' needs, likes and staff availability for outings

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