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
Pristine House Renton, LLC c/o Ujjwal Khadka	756562

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.

Pristine House Renton is fully fenced and near Fairwood Shopping Center and other recreational spots. We are near Vally Medical Center and the highways/freeways. We offer basic care to a high level of acute care with a full time nurse (RN or LPN) on staff at all times. We do private duty nursing in our home and provide tube feeding, ostomy, trach, and ventilator services to name a few. Call for a tour today!

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
09/23/2019 8/10/23	**25223, 146th Ave SE, Kent WA 98042**

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: ***Set-up, supervising & cueing residents who are at risk for choking/aspiration** ***Altering texture of food. IE: cutting into pieces, chopping and/or pureeing of solid foods** *** Feeding residents as indicated * Specialty Diets (case per case basis) * G/J/PEG/tube Feeding**
2. TOILETING If needed, the home may provide assistance with toileting as follows: ***Set-up, reminding residents to visit the bathroom regularly * Catheter care** ***Supervise or provide stand-by assistance while toileting * Peri-Care * Ostomy care** ***Assistance with use of a bedside commode, bed pan or urinal * Bowel programs** ***Changing of briefs/pads and incontinence as needed * Digital stimulation**
3. WALKING If needed, the home may provide assistance with walking as follows: ***Monitoring. Supervising. Resident to use assistive devices** ***Encouraging/assisting with regular exercise/ROM *Electric/Power chairs/Wheelchairs**
4. TRANSFERRING If needed, the home may provide assistance with transferring as follows: ***Resident needs to be independent**
5. POSITIONING If needed, the home may provide assistance with positioning as follows: ***Cueing and reminding residents to change position or turn**
6. PERSONAL HYGIENE If needed, the home may provide assistance with personal hygiene as follows: ***Set-up, Cuing, Monitoring and Assistance with oral care** ***Assistance with shaving, combing/brushing hair** ***Application of deodorant, lotions, and make up** ***Assistance with nail care (will recommend podiatrist when necessary for toenails)**
7. DRESSING If needed, the home may provide assistance with dressing as follows: ***Set-up, Cuing, Supervision and during dressing as needed** ***Application/ assistance with braces/ other appliances**
8. BATHING If needed, the home may provide assistance with bathing as follows: ***Set-up, Monitoring, Supervision as needed during showers** ***Cueing residents during showers**

***Skin assessment during each shower when indicated * Apply lotion/Vaseline to skin**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

The AFH offers basic to total care for our residents.

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:

***Reminding, handing and dispensing resident medication(s) on time**
***Assist residents with medications**
***Assistance with medication administration**
*** Ordering, Managing, Documenting, Altering medications per Doctor's orders**
***AFH will follow Dr. orders and RND instructions**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We require Dr. orders for all medicated items prescribed or over-the-counter

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 AFH has a nurse on staff 24 hours per day 7 days per week. We offer private duty nursing services such as but not limited to oxygen, IV, gastrointestinal G/J/PEG tube care/feeding, tracheotomy, and ventilator care on a case-per-case basis.

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

The AFH has a preferred Nurse Delegator (RND) who can provide nurse delegation for AFH staff and resident private pay assessments. AFH Caregivers require nurse delegation for skilled nursing tasks, refer to the AFH Rights and Services agreement (Admission Agreement)agreement for further information.

The AFH may need to administer medications or over the counter items; tasks under WAC 246-841-405. The cost of these services would be the responsibility of the resident/representative if Private pay otherwise Medicaid funding pays for Nurse delegation.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The cost associated with RND services and assortments are the responsibility of resident/representative.

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: **There is an RN or LPN available, on staff, 24 hours per day 7 days per week. We also have and RND as needed per Dr. order, for RND tasks, and with Home Health orders.**

☒ Licensed practical nurse, days and times: **LPNs may be available as needed**

☒ Certified nursing assistant or long term care workers, days and times: **24 hours per day; 7 days per week**

☒ Awake staff at night

☐ Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Staff is based on the needs of our residents.

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, Hindi, Nepali

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

NONE

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:

We accept both Private Pay and Medicaid residents. The AFH requests 18 months of private pay funding [when coming in as a private pay resident] prior to converting to Medicaid funding.

ADDITIONAL COMMENTS REGARDING MEDICAID
Please reference separate Medicaid policy for home upon admission for further details
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: **The AFH has various activities like puzzles, arts/crafts, music, exercises, board games, cards, and coloring books. We celebrate major holidays (open to requests) and resident birthdays which are typically observed with decoration, activity/celebration.**
ADDITIONAL COMMENTS REGARDING ACTIVITIES **We will try to set-up activities that are appropriate for the resident. Of course, we always encourage our residents to continue with any activity they enjoyed prior to living at the Facility and we are always open to suggestions.**

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