



DISCLOSURE OF SERVICES

NOTE: The use of the term “we” refers to the boarding home named at the top of the page.

The boarding home licensee shall disclose to the residents, the residents’ legal representative if any, and if not, the residents’ representative if any, and to interested consumers upon request, the scope of care and services offered, using the form developed and provided by the department, in addition to any supplemental information that may be provided by the licensee. (RCW 18.20.300)

This disclosure form provides initial general information about our boarding home, and allows you to compare care services of different boarding homes. (Licensed boarding homes in Washington are sometimes called “assisted living” facilities.) Prior to moving in, you should visit a boarding home to ask how they will assist you with your unique needs and preferences.

Boarding homes may change the services that are available and the charges for these services, by providing thirty days advance notice to residents. However, a boarding home must give you ninety days advance notice of any voluntary decrease in services that would require you to move out.

Who may live in a boarding home?

- No boarding home is permitted to provide continuing services to you if you need to have a registered nurse frequently evaluate your condition. However, **if** you require frequent nursing evaluation and we can meet your needs, you may be allowed to remain in the boarding home, when;
 - You have a short term illness that is expected to last less than fourteen days, or
 - You are receiving hospice services.
- We may not be able to serve you if you need services beyond those disclosed on this form.
- You may need to move out when we cannot meet your needs and moving out is necessary for your welfare. However, each boarding home must attempt to “reasonably accommodate”¹ your needs before it can require you to move out.

This form was developed by the Aging and Disability Services Administration

¹ “Reasonably accommodate” means making reasonable modification to policies, practices or procedures or providing additional aid and services. A boarding home is not required to “reasonably accommodate” a resident: if the resident presents a significant risk to the health or safety of other residents and the accommodation does not acceptably minimize the risk; the accommodation would fundamentally alter the nature of the services the boarding

home provides; or the accommodation would cause an undue burden on the boarding home.

I. Services/Care

All boarding homes must provide the care and services listed below, according to what you have agreed to in your negotiated service agreement.

A. **Activities:** All boarding homes must help you arrange social, recreational, religious or other activities in the boarding home and in the community. Washington State law, RCW 70.129.030(4), requires the boarding home to inform each individual, or their representative, in writing, of the services, items and activities customarily available in the facility or arranged for by the facility as permitted by the facility's license. Contact the boarding home for this information if not already provided.

- Additional activities/comments
Monthly activity calendar is posted on every floor.

B. **Food and Diets:** All boarding homes must provide three meals per day, nutritious snacks, and prescribed general low sodium diets, general diabetic diets, and mechanical soft diets. Additionally, we are not required but have chosen to provide the following diets:

Yes No

- | | | |
|-------------------------------------|-------------------------------------|--------------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Calorie controlled diabetic diets. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Puree diets |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Additional dietary services or comments |

YES - prescribed renal diet, prescribed low fat diet, vegetarian
NO - gluten free, calorie counted, carbohydrate counted, vegan

C. **Arranging Health Care Appointments:** All boarding homes must help you arrange health care appointments and remind you of them, as necessary.

- Additionally, we will provide the following optional services (or clarifying comments):
Transportation as clinically needed
Staff accompaniment as clinically needed

D. **Coordinating Health Care Services:** All boarding homes must coordinate services you receive from health care providers in the community with the services the boarding home provides to you, if you agree.

- Additionally, we will provide the following optional services (or clarifying comments):

E. **Laundry:** All boarding homes must provide laundry services to keep your clothes clean and in good repair, and provide you with clean towels, washcloths, and bed linens at least once per week.

- Additionally, we will provide the following optional services (or clarifying comments):
Residents wishing to do their own laundry can do so at no expense in our 1st floor laundry room.

F. **Housekeeping:** All boarding homes must maintain your living quarters and other areas you may use in a safe, clean and comfortable condition.

- Additionally, we will provide the following optional services (or clarifying comments):

II. Assistance With Daily Tasks

Boarding homes are not required to provide assistance with activities of daily living (ADLs). If a boarding home chooses to provide assistance with ADLs, it must provide at least the minimum level of assistance described following each ADL listed below, consistent with your preference and with reasonable accommodation law.

Yes No
 We provide assistance with ADLs.

A. **Bathing:** If needed, boarding homes providing assistance with ADLs must occasionally remind you to wash and dry all areas of your body; provide stand-by assistance getting into and out of the tub/shower; and steady you as you bathe.

Additionally, we will provide the following optional services:

- Yes No
- 1. Physical assistance getting into/out of the bathtub or shower.
 - 2. Help washing areas that may be hard for you to reach, such as your back or feet.
 - 3. Total bathing assistance if you cannot bathe yourself.
 - 4. Bed baths.
 - 5. Special equipment, assistance or devices to help transferring into or out of showers or bathtubs.
 - 6. Other bathing services (specify) or comments:

Arjo tub for use as clinically required
Effective 9/1/16 hoyer transfer assistance no longer provided

B. **Toileting:** If needed, boarding homes providing assistance with ADLs must occasionally remind you of necessary toileting activities; provide stand-by assistance while you perform them; and steady you as you use the toilet or adjust your clothing.

Additionally, we will provide the following optional services:

- Yes No
- 1. Physically help you to and from the toilet or bathroom.
 - 2. Help you with incontinent products and occasionally help to clean you.
 - 3. Provide urinary catheter care (indwelling, external/condom), cleaning and changing bag.
 - 4. Provide routine ostomy care, site maintenance and changing bag.
 - 5. Provide care for bladder incontinence, including routinely cleaning you as necessary.
 - 6. Provide care for bowel incontinence, including routinely cleaning you as necessary.
 - 7. Provide other services (specify) or comments:

C. **Transferring:** If needed, boarding homes providing assistance with ADLs must occasionally remind or cue you, and occasionally provide stand-by assistance and steady you, while you transfer.

Additionally, we will provide the following optional types of services:

- | Yes | No | |
|-------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Routinely provide stand-by assistance while you transfer into and out of your bed or wheelchair, or onto and off of a toilet or shower chair. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. One-person physical assistance with transferring. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Two-person physical assistance with transferring. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Lifting with mechanical equipment |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 5. Other transferring services (specify) or comments: |

One-person transfer assistance needs will be assessed for safety prior to implementation of service

D. **Personal Hygiene:** If needed, boarding homes providing assistance with ADLs must occasionally remind you to comb your hair, brush your teeth, shave, wash your face and hands and apply make-up, and occasionally provide standby assistance and steady you while you perform these activities.

Additionally, we will provide the following optional services:

- | Yes | No | |
|-------------------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Set out your personal hygiene and grooming items. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Help you with grooming tasks such as brushing your hair, shaving, applying make-up or filing your nails. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Help you with oral care and brushing your teeth. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Help you wash and dry your face and hands. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Help you wash and dry other parts of your body, as needed. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Other personal hygiene services (specify) or comments: |

Beautician services

Foot and nail clinic

E. **Eating:** If needed, boarding homes providing assistance with ADLs must occasionally remind you to eat and drink, and occasionally help you cut up your food, prepare food and beverages for you, and bring them to you.

Additionally, we will provide the following optional services:

- | Yes | No | |
|-------------------------------------|-------------------------------------|---------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Feed you, if you occasionally need to be fed. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Feed you on a routine basis, if you are unable to feed yourself. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Other assistance with feeding and eating (specify) or comments: |

F. Dressing: If needed, boarding homes providing assistance with ADLs must occasionally remind and cue you to put on, take off, and lay out your clothes and necessary prostheses, when the assistance of a licensed nurse is not required, and occasionally provide stand-by assistance and steadying while you perform these activities.

Additionally, we will provide the following optional services:

- | | | |
|-------------------------------------|-------------------------------------|------------------------------------------------------------------------------|
| Yes | No | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Help you put on, take off, and button/buckle/fasten your clothes. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Dress and undress you if you are not able to help with dressing yourself. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 3. Other assistance with dressing (specify) or comments: |

G. Mobility: If needed, boarding homes providing assistance with ADLs must occasionally remind you to move between locations in the boarding home, and occasionally provide stand-by assistance and steady you as you move about.

Additionally, we will provide the following optional services:

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Yes | No | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 1. Provide stand-by assistance as you walk or move about the building. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 2. Physically help you walk, or move about the building. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Other assistance with mobility (specify) or comments:
Emergency use of hooyer lift such as in the case of a fall |

III. Intermittent Nursing Services

Boarding homes may, but are not required to provide Intermittent Nursing Services

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes | No | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | A. We provide intermittent nursing services, including: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Diabetic management as specified below: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Non-routine ostomy care. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Administration of health care treatments, as specified below. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 4. Tube feeding. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Other nursing services. Please ask our staff if we provide other nursing services you may need, such as care of minor non-infected wounds or preventative skin care. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | B. We use nursing assistants under the delegation of a registered nurse to provide some authorized nursing services. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | C. We typically have a registered nurse in the building for <u>5</u> days per week totaling <u>40</u> hours per week.. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | D. We typically have a licensed practical nurse in the building for <u>6</u> days per week; totaling <u>80</u> hours per week. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | E. Additional comments regarding nursing services:
We may use consulted nursing services as order by a physician |

IV. Help With Medications

All boarding homes must assist you, if you want help, with taking your medications. Someone other than a licensed nurse may provide such assistance. Assistance includes reminding you to take your medications, handing to you and/or opening for you the medication container, and putting the medications in your hand.

- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| Yes | No | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | A. We have a licensed nursing staff available to administer directly, or to supervise the administration of the medications listed below: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Administration of oral and topical medications and eye/ear/nose drops. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | a. We use nursing assistants under the delegation of a registered nurse to administer drops and oral and topical medications. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | B. Administration of injections, excluding insulin. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | C. Administration of insulin injections. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | D. Additional Comments: |
- Medications that are not ordered or brought into the facility through our pharmacy must coincide with our cycle of medication.**
We operate under self-directed medication assistance using accurate direction.

V. Family Assistance With Medications Service

- | | | |
|-------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes | No | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | We permit family members to provide medication services to residents under the following conditions:
Dietary and nutritional supplements must be turned into the clinic and approved by pcp prior to being given to residents. |

VI. Resident Arranged Services

We allow residents to independently arrange for outside services under the following conditions:
Residents must coordinate and/or notify our clinical service staff and their primary physician to assure continuity of care.
Prescription medications must be delivered to the clinic.

VII. Care for Residents With Dementia, Developmental Disabilities, or Mental Illness

Boarding homes that choose to serve residents with dementia, developmental disabilities, or mental illness must provide their staff with specialized training in these areas.

We serve persons with the following needs:

- | | | |
|-------------------------------------|-------------------------------------|--------------------------------|
| Yes | No | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | A. Dementia. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | B. Developmental Disabilities. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | C. Mental Illness. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | D. Other (specify): |
- We cannot serve individuals in the later stages of dementia and/or with wandering behaviors.**

VIII. Transportation Services

Boarding homes are not required to provide or help with transportation.

We will provide the following optional services:

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A. Provide transportation to medical appointments:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. With staff escorts.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Without staff escorts.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. Help arrange transportation to medical appointments.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	C. Comments, limitations or details regarding transportation services:

Transportation services are offered as clinically necessary.
Vehicles do not have wheelchair lifts.

IX. Ancillary Services

We have available either directly or by contract, the following additional ancillary services:

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A. Social work services.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	B. Religious or spiritual support services.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	C. Other (specify) or comments:

X. Services Related to Smoking

We:

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	A. Maintain a smoke-free community.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	B. Permit smoking in designated outside areas consistent with Initiative 901 as specified in the resident's negotiated service agreement

XI. Services Related to Pets

Pets allowed by the boarding home (excluding service animals) must have regular veterinarian examinations and immunizations, appropriate for the species, and must be free of diseases transmittable to humans.

We:

<input checked="" type="checkbox"/>	A. Do not permit pets (excluding service animals).
<input type="checkbox"/>	B. Permit you to have pets under the following conditions.

Discuss assistance animal policies with facility prior to arrival to ensure necessary documentation is in place for animal to admit to facility.

XII. Services Related to End-Of-Life Care

Please ask if we will be able to support any advanced directives you may have or choices you may make regarding end-of-life decisions.

XIII. Payments

Washington State law, RCW 70.129.030(4), requires the boarding home to inform each individual, or their representative, in writing, of the charges for services, items and activities customarily available in the facility or arranged for by the facility including charges for services, items, and activities not covered by the facility's basic per diem rate. Contact the boarding home for this information if not already provided.

It is important to note that because each boarding home structures its pricing differently, there may be additional charges associated with any service the boarding home provides or makes available.

XIV. "Bed Hold" Services

If you are a Medicaid resident and you need to be in a hospital, nursing home, or other rehabilitation facility or are otherwise away from our facility, we will hold your bed for you if you are likely to return to the facility and are eligible for a Medicaid covered bed hold for a period of up to 20 days:

If you are a private pay resident, the facility may choose whether or not to hold your bed during an absence.

XV. Medicaid Support

We:

- A. Do not accept Medicaid as a source of payment.
- B. Will accept Medicaid payments for any resident.
- C. Will accept Medicaid payments only under the following conditions:

XVI. Fire Protection Services

We have the following:

- A. Fire sprinklers throughout, in all resident and non-resident areas.
- B. Fire sprinklers in some, but not all areas (Explain):
- C. No fire sprinklers.

XVII. Security Services

We have the following security service to help protect residents with cognitive impairments and wandering behaviors:

Check applicable response:

- A. Restricted use of exit doors in a designated portion of the building designed to serve residents with dementia.
- B. Restricted use of exit doors throughout the building.
- C. Outside area available with restricted egress.
- D. Other protective features (Explain):

We lock the door to the facility at 10:00 p.m. to prevent non-residents from entering the building after visiting hours. Residents of the facility are still able to enter the building after it is locked by being buzzed in by staff.
As of 4/2016 we have security cameras at exits and in alley.

Home/Provider: **Carlyle Care Center**

XVIII. Scope Of Licensed Services

This facility:

- Currently has a boarding home license for all resident rooms in the building.
- Does not currently have a boarding home license for all resident/tenant rooms in this building.

For More Information

CONTACT

Brenda Graham, Administrator

TELEPHONE NUMBER

509-624-1999

FAX NUMBER

509-624-3980

E-MAIL ADDRESS

brenda.graham@p-h-s.com

WEB SITE

www.pioneerhumanservices.org

For more information about boarding homes in general, you may visit Aging and Disability Services Administration on the Internet at:

<http://www.aasa.dshs.wa.gov/professional/bh/>

The boarding home licensing rule is Washington Administrative Code 388-78A, and may be found on the Internet at

<http://www.leg.wa.gov/wac/index.cfm/fuseaction=chapterdigest&chapter=388-78A>

The boarding home resident' rights law is Revised Code of Washington 70.129, and may be found on the internet at

<http://www.leg.wa.gov/RCW/index.cfm?fuseaction=chapterdigest&chapter=70.129>