

**APPLICATION FOR CERTIFICATE OF NEED
Nursing Home Projects
(Excluding CCRC)**

Certificate of Need applications must be submitted with a fee in accordance with Washington Administrative Code (WAC) 246-310-990 and the instructions on page 2 of this form.

Application is made for a Certificate of Need in accordance with provisions of Chapter 70.38 Revised Code of Washington (RCW) and Rules and Regulations adopted by the Department (WAC 246-310). I hereby certify that the statements made in this application are correct to the best of my knowledge and belief.

APPLICANT(S)

OWNER:

Mike Pugsley, Developmental Director
Name and Title of Responsible Officer
(PLEASE PRINT OR TYPE)
Legal Name of Owner:
Ashley House
Address of Owner:
33811 9th Ave S

Federal Way, WA 98003

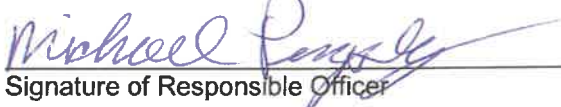

Signature of Responsible Officer

Date: February 20, 2025 Telephone: 253-533-9050

OPERATOR:

Mike Pugsley, Developmental Director
Name and Title of Responsible Officer
(PLEASE PRINT OR TYPE)
Legal Name of Operator:
Ashley House
Address of Operator:
33811 9th Ave S

Federal Way, WA 98003


Signature of Responsible Officer

Date: February 20, 2025 Telephone: 253-533-9050

TYPE OF OWNERSHIP:

- District
- Private Non-Profit
- Proprietary - Corporation
- Proprietary - Individual
- Proprietary - Partnership
- State or County

Proprietor(s) or Stockholder(s) information:
Provide the name and address of each owner
and indicate percentage of ownership:

Intended Project Start Date: February 2024

ESTIMATED CAPITAL EXPENDITURE: \$11,032,874.82

OPERATION OF FACILITY:

- Owner Operated
- Management Contract
- Lease

TYPE OF PROJECT (check all that apply):

- Total Replacement of Existing Facility
- New Facility
- Renovation/Modernization
- Bed Addition
- Capital Expenditure Over the Minimum
- Bed Capacity Change/Redistribution
- New Institutional Health Service
- Mandatory Correction of Fine/Deficiencies
- Amend Current Certificate of Need
- Expansion/Reduction of Physical Plant
- Other Cost Overrun Amendment

Intended Project Completion Date: February 2024

Project Description: A cost overrun amendment application for CN #1818 approved in October 2019 for the establishment of a 15-bed pediatric skilled nursing facility.



ASHLEY HOUSE
compassionate care for the medically fragile

**CERTIFICATE OF NEED AMENDMENT
CN#1818 COST OVERRUN**

February 2025

INTRODUCTION

In August 2018, Ashley House submitted a Certificate of Need (CN) application proposing the establishment of a 15-bed pediatric skilled nursing facility to serve medically fragile children needing transitional care as they are discharged from the hospital prior to being able to be discharged home or in lieu of hospitalization.

In October 2019, the CN Program approved the application, and Ashley House was issued Certificate of Need #1818. The estimated capital expenditure was \$5,456,557.

In April 2020, construction was initiated, and the project was deemed to be commenced by the CN program. Beginning in August 2021, Ashley House included within its quarterly progress reports that the final capital costs would likely exceed 112% of the approved amount.

The capital costs for the project have now been finalized and are \$11,032,874.82; more than 12% above that approved in CN #1818. This CN application is the amendment for the cost overrun.

SECTION 1 APPLICANT DESCRIPTION

A. Owner Description:

1. Legal name(s) of owner(s):

The legal name of the applicant is Ashley House. Ashley House's purpose is to serve children and young adults with special health care needs and their families. Ashley House is dedicated to helping families build new lives together with their medically fragile children. We provide high-quality, cost-effective health care in home-like settings to children as an alternative to hospitalization.

The skilled nursing facility designed specifically for pediatric patients proposed in CN #1818 is now licensed, certified and operational as Ashley House/Bridges to Home (Bridges to Home).

2. Address of each owner:

The address of Ashley House is:

33811 9th Avenue S.
Federal Way, WA 98003

The address of Ashley House/Bridges to Home is:

18904 Burke Ave N
Shoreline, WA 98133

3. Provide the following information about each owner.

- a. **If an out-of-state corporation, submit proof of registration with Secretary of State, Corporations, Trademarks and Limited Partnerships Division. Show relationship to any organization as defined in Section 405.427 of the Medicare Regulations.**

Ashley House is a Washington State not for profit corporation. This question is not applicable.

- b. If an out-of-state partnership, submit proof of registration with Secretary of State, Corporations, Trademarks and Limited Partnerships Division, and a chart showing organizational relationship to any related organizations as defined in Section 405.427 of the Medicare Regulations.**

This question is not applicable.

B. Operator Description:

1. Legal name and address of operating entity (unless same as owner).

- a. If an out-of-state corporation, submit proof of registration with Secretary of State, Corporations, Trademarks and Limited Partnerships Division, and a chart showing organizational relationship to any related organizations as defined in Section 405.427 of the Medicare Regulations.**

The operating entity is the same as the applicant.

- b. If an out-of-state partnership, submit proof of registration with Secretary of State, Corporations, Trademarks and Limited Partnerships Division, and a chart showing organizational relationship to any related organizations as defined in Section 405.427 of the Medicare Regulations.**

This question is not applicable.

- c. Is the applicant currently, or does the applicant propose to be reimbursed for services provided under Titles V, XVIII, and/or Title XIX of the Social Security Act?**

Bridges to Home is now a licensed and Medicare and Medicaid certified skilled nursing facility.

- d. Name, title, address, and telephone number of person to whom questions regarding this application should be directed.**

Questions regarding this application should be addressed to:

Ken Maaz, Executive Director
Mike Pugsley, Development Director
33811 9th Avenue S.
Federal Way, WA 98003
253-533-9050 (phone)
Email: Ken Maaz: KMaaz@ah-nw.org
Mike Pugsley: Mike@ah-nw.org

- e. Provide separate listings of each Washington and out-of- state health care facility, including name, address, Medicare provider number, Medicaid provider number, owned and/or managed by each applicant or by a related party, and indicate whether owned or managed. For each out-of-state facility, provide the name, address, telephone number and contact person for the entity responsible for the licensing/survey of each facility.**

Using the definition of a health care facility as defined in WAC 246-310, Ashley House does not currently operate any facilities other than Bridges to Home, which is the subject of this CN cost overrun amendment. That said, Ashley House currently operates six group homes that provide care to medically fragile children as well as an in-home services agency. Five are licensed as group care facilities and one as an adult family home. A listing of the homes and the in-home services agency is included in Exhibit 1.

**SECTION 2
FACILITY DESCRIPTION**

A. Name and address of the proposed/existing facility.

The address of Bridges to Home pediatric skilled nursing facility is:

18904 Burke Ave N
Shoreline, WA 98133

B. Provide the following information:

Bridges to Home pediatric skilled nursing home is now licensed and operational.

	NURSING HOME (SNF)	BOARDING HOME (CONG.)
Total Number of Beds Currently Licensed	15	0
Number of Beds Currently Set up	15	0

SECTION 3 PROJECT DESCRIPTION

- A. Describe the proposed project. This description should include discussion of any proposed conversion or renovation of existing space, as well as the construction of new facility space. Also, specify any unique services being proposed.**

In its approved CN application, Ashley House proposed to open a 15-bed nursing facility to serve medically fragile children needing transitional care as they are discharged from the hospital prior to being able to be discharged home or in lieu of hospitalization. This facility, Bridges to Home, the first of its kind in Washington State, received its state license on February 14, 2024, and saw its first patient on February 23, 2024.

Ashley House has been a leader in serving medically fragile children, and as far back as the late 1980s worked closely with the State to develop its medically intensive group home model to benefit the most medically complex/intensive children, young adults, and their challenged families. The medically intensive group home program, consistent with the intent of RCW 74.26.010-060 and as operationalized by Ashley House, delivers expert pediatric nursing, family support, and care coordination resulting in transitions home for many children. While 98% of Ashley House's patients come from Washington State, children have come from many Western States.

Bridges to Home specifically addresses one of the last gaps in medically complex care delivery: that small cohort of children in need of medically intensive nursing 24 hours per day, 7 days per week. Medically complex pediatric patients typically have multiple diagnoses and are often technology dependent due to pulmonary conditions with acuity necessitating tracheotomy and ventilator support. Patients considered medically complex often remain hospitalized for months and, at times, years beyond the necessary acute course of treatment. In part, due to these extremely long hospitalizations, and their commitment to return children to their homes, Seattle Children's Hospital (Seattle Children's) is a strong and active supporter of Bridges to Home.

The original estimated capital expenditure for this project was \$5,456,557. The final capital expenditure was \$11,032,874.82.

B. Health Services (check all in each column that apply):

TYPES OF THERAPY	SUPPORT SERVICES	CURRENT SERVICES	PROPOSED SERVICES
Physical Therapy	Inpatient		X
Physical Therapy	Outpatient		
Speech Therapy	Inpatient		X
Speech Therapy	Outpatient		
Occupational Therapy	Inpatient		X
Occupational Therapy	Outpatient		
Nursing Services	Outpatient		
Meals on Wheels	Outpatient		
Adult Day Care	Outpatient		
Other (specify)	Outpatient		

C. Increase in total licensed beds or redistribution of beds among facility and service categories of skilled nursing and boarding home care:

This project included the addition of 15 pediatric nursing facility beds. No redistribution of boarding home beds resulted from this project.

D. Indicate if the nursing home would be Medicaid certified.

Bridges to Home is Medicaid Certified.

E. Indicate if the nursing home would be Medicare eligible:

Bridges to Home is Medicare Certified.

F. Indicate the number of Medicare certified beds:

Current: 15 Proposed: 0

G. Description of new equipment proposed, including cost of the equipment.

Ashley House is operational, and all equipment has been purchased.

G. Description of equipment to be replaced, including cost of the equipment and salvage value (*if any*) or disposal or use of the equipment to be replaced.

No equipment will be replaced as a part of this project. Therefore, this question is not applicable.

H. Blue print size schematic drawings to scale of current locations of patient rooms, ancillary departments, and support services.

Drawings are included in Exhibit 2.

I. Blueprint size schematic drawings to scale of proposed locations of patient rooms, ancillary department, and support services, clearly differentiating between remodeled areas and new construction.

Drawings are included in Exhibit 2.

J. Geographic location of site of proposed project.

1. Indicate the number of acres in nursing home site:

The site includes 0.6 acres.

2. Indicate the number of acres in any alternate site for the nursing home (*if applicable*)

The site has been acquired, and Bridges to Home is operational at the site. No alternate site is proposed.

3. Indicate if the primary site or alternate site has been acquired (*if applicable*)

Yes No

Address of site:

18904 N. Burke Avenue
Shoreline, WA 98133

Address of alternate site:

Not applicable

- 4. If the primary site or alternate site has not been acquired, explain the current status of the site acquisition plans, including proposed time frames.**

The primary site has been acquired, and Bridges to Home is operational on the site.

- 5. Demonstration of sufficient interest in project site. Provide a copy of a clear legal title to the proposed site and one of the following:**
 - a. Lease for at least five years, with options to renew for not less than a total of twenty years; or**
 - b. Legal, enforceable agreement to give such title or such lease in the event a Certificate of Need is issued.**

Included in Exhibit 3 is a copy of the statutory warranty deed demonstrating that Ashley House is the owner of the proposed site.

- 6. Demonstration that the proposed site may be used for the proposed project. Please include a letter from the appropriate municipal authority indicating that the site for the proposed project is properly zoned for the anticipated use and scope of the project, or a written explanation of why the proposed purpose is exempt.**

Bridges to Home is now operational on the site.

K. Space Requirements

- 1. Existing gross square feet:**

Bridges to Home is now completed and includes 5,693 square feet.

- 2. Total gross square footage for the proposed addition and existing facility.**

The gross square footage for Bridges to Home is 5,693.

- 3. Proposed new facility gross square footage.**

The proposed facility is complete and includes 5,693 square feet.

4. Do the above responses include any shelled-in areas? Yes ___ No X

If yes, please explain the type of shelled-in space proposed (administration, patient beds, therapy space, etc.)

This question is not applicable.

L. Proposed Timetables for Project Implementation:

1. FINANCING

- | | |
|---|---------------|
| a. Date for obtaining construction financing: | November 2018 |
| b. Date for obtaining permanent financing: | November 2018 |
| c. Date for obtaining funds necessary to undertaking the project: | November 2018 |

2. DESIGN

- | | |
|---|---------------|
| a. Date for completion and submittal to Consultation and Construction Review Section of preliminary drawings: | February 2019 |
| b. Date for completion and submittal to Consultation and Construction Review Section of final drawings: | October 2023 |

3. CONSTRUCTION

- | | |
|---|-------------------|
| a. Date for construction contract award: | April 2020 |
| b. Date for completion of construction: | September 2023 |
| f. Date for obtaining licensure approval: | February 14, 2024 |
| g. Date for occupancy/offering of service(s): | February 23, 2024 |

M. As the applicant(s) for this project, please describe your experience and expertise in the planning, developing, financing, and construction of skilled nursing and intermediate care facilities.

Ashley House did not have prior direct experience with licensing, development, and operation of skilled nursing facilities. Ashley House did, however, have considerable, proven expertise in planning, developing, financing, constructing and operating facility-based residential options for medically complex pediatric patients and now is operating the pediatric skilled nursing facility that was approved under CN 1818, addressed in this cost overrun amendment.

SECTION 4
PROJECT RATIONALE: NEED

- 1. Identify and analyze the unmet health services needs and/or other problems to which this project is directed.**
 - a. Describe the need of the people you plan to serve for the service you propose.**
 - b. Address the need for nursing home beds based on the 45 beds per 1,000 population and Substitute House Bill 2098, which encourages the development of a broad array of home and community-based long-term care services as an alternative to nursing home care.**

This application is not related to any unmet need. It solely seeks to secure approval for a cost overrun.

- 2. If your proposal exceeds the number of beds identified as needed in your county nursing home planning area as shown in WAC 246-310-380(6), please discuss how the approval of beds beyond the projected need would further the policy that beds should be located reasonably close to the people they serve.**

This application is not related to any unmet need. It solely seeks to secure approval for a cost overrun.

- 3. Provide utilization data for each of the last three full fiscal years, the current annualized full fiscal year, and the next three full fiscal years: inpatient and outpatient. (USE SCHEDULE A which is attached to these guidelines.)**

Schedule A is included in Exhibit 4. No changes to utilization provided with the original CN application are being proposed.

- 4. In the case of any proposed conversion of beds from other service categories to nursing care beds, provide evidence that the conversion will not jeopardize the availability of service. Document the availability and accessibility of the services that are to be converted.**

This project does not propose any conversion of beds from other service categories.

- 5. In the context of the criteria contained in WAC 246-310-210(2) (a) and (b), please describe how the service will be available to the following: low-income individuals; racial and ethnic minorities; women; handicapped individuals; elderly; and other under-served individuals.**

Included in Exhibit 5 is a copy of Ashley House's patient's rights and responsibilities policy. As noted in other sections of this application, Ashley House will only serve pediatric residents. These children will be accepted based on medical need, regardless of race, beliefs, age, ethnicity, religion, culture, language, social/physical/mental health, socio-economic status, sex, sexual orientation, gender identity or expression or disability.

- 6. Does/will your facility require a pre-admission deposit? Please explain the intent and use of the deposit.**

Bridges to Home will not require a pre-admission deposit.

- 7. Please submit copies of the facility's admission agreement, policies, and procedures.**

The requested information is included in Exhibit 6.

- 8. If you propose any special services including but not limited to heavy care, Alzheimer's care, respite care and adult day care, please provide the following:**
- a. Describe the service in full detail.**
 - b. Include program content, staffing by classification and FTE commitment, budget, and the amount of space dedicated to each service.**

The entirety of the facility is dedicated to special care needs/medically complex children. The model is "Bridge to Home" and the goal is to provide an environment in which the parents can learn the skills to safely take the child home. This facility is the first of its kind in Washington State.

- c. Document the need for any special services.**

This application is not related to any unmet need. It solely seeks to secure approval for a cost overrun.

- 9. If the purpose of the project is to correct existing structure, fire and/or life safety code deficiencies, or licensing, accreditation, or certification standards as provided for under provisions of WAC 246-310-480, provide a detailed description of the cited deficiencies and attach copies of the two most recent Fire Marshal's surveys and/or surveys conducted by the Survey Program, Aging and Adult Services Administration, Department of Social and Health Services, or other surveying agency.**

This question is not applicable.

**SECTION 5
FINANCIAL FEASIBILITY**

SECTION I

Indicate the name, address and phone number of the licensed architect or engineer that completed this section.

NAME: Simon Simon, Gabbert Architects Planners

ADDRESS: 2011 Ballinger Way NE, #211

Shoreline, WA 98155

PHONE: 206-367-3600

Proposed Site Address: 18904 Burke Avenue N. Shoreline, WA Zip Code: 98133

PART I -- REASONABLE BUILDING COST GUIDELINES

- 1. The Marshall Valuation Services (*updated August 1993*) Section I, pages 3-12, describes the building class (A, B, C, and D) and the building quality (excellent, good, average, and low cost) of the building. Based on this description, state the building class and building quality that is proposed for construction by this project. Applicants proposing to add beds at an existing nursing home should also state the building class and building quality of the existing nursing home.**

For New Construction:

Class D Quality Good Number of Beds 15

For Existing Construction: Not applicable

Class _____ Quality _____ Number of Beds _____

- 2. Indicate the total number of square feet of construction that is proposed including walls, partitions, stairwells, etc. Total Square Feet 5,693**

3. The Marshall Valuation Services (*updated August 1993*) Section I, pages 3-12, describes the type of materials that can be utilized to construct the frame, floor, roof, and walls of a building. Based on this description, indicate the type of materials that would be utilized in the following major components of the proposed building.

ITEM	TYPE OF MATERIAL
Frame	Wood and Steel
Floor	Concrete and Wood
Roof	Clay Tiles or Composite Shingles
Wall Structures	Wood or Steel framing
Exterior Finish	Brick and Hardie Board
Interior Finish	Gypsum Board
Lighting, Plumbing, and Mechanical	LED Lighting and Hot water system
Heating and Cooling	HVAC system

4. Indicate the total cost of constructing the new nursing home, replacing the existing nursing home, or constructing a bed addition at the nursing home. In cases where a nursing home/boarding home facility shares a common foundation and roof, the cost of the shared items shall be apportioned to the nursing home based on the Medicare program methodology for apportioned costs to the nursing home service. Construction cost shall include the following:

	As submitted with original CN	Actual Costs	Variance
a. Land Purchase-	\$334,491	344,491.00	
b. Utilities to Lot Line	\$84,594	74,244.21	10,349.79
c. Land Improvements	\$191,268	131,980.02	59,287.98
d. Building Purchase	\$986,565	987,365.84	(800.84)
e. Residual Value of Facility			
f. Building Construction	\$2,971,793 + 297,179	8,914,444.70	(5,645,472.70)
g. Fixed Equipment			
h. Moveable Equipment	\$140,009 + 14,001	119,317.86	34,692.14
i. Architect/Engineer Fees	\$120,000 + 20,000	195,239.83	(55,239.83)
j. Consulting Fees	\$65,000	29,336.53	35,663.47
k. Site Preparation	\$35,000	8,440.76	26,559.24
l. Supervision & Inspection	\$20,000	See i above	
m. Costs Associated with Financing to Include Interim Interest			
1. Land			
2. Building			
3. Equipment			
4. Other-Loan Fees	\$85,000	31,436.69	53,563.31
n. Sales Tax			
1. Land	-		
2. Building construction	\$297,179	See f above	
3. Equipment	\$14,001	See h above	
4. Other			
o. Other Project Costs - Itemized			
Fee/Permits/	\$75,000	152,363.38	(77,363.38)
Construction Review Fees	\$36,657	54,213.54	(17,556.54)
p. Total Estimated Capital Cost (Actual/Replacement Cost)	\$5,456,557	\$11,032,874.82	\$5,576,317.82

5. **Provide a copy of a signed non-binding cost estimate or contractor's estimate of the project's land improvements, building construction cost, architect and engineering fees, site preparation, supervision and inspection of site, Washington State sales tax, and other project costs (items c, f, i, k, m, n, and o above).**

The building construction is complete, and the facility is licensed and operational, so this question is no longer applicable.

6. **The reasonableness of building construction cost is based on the data shown in the table shown on the next page entitled, "Cost Guidelines for New Building and Improvements Plus Increments for Additional Beds." Reasonable building costs will be determined by:**
 - a. **Locating the class of construction (A, B, C, or D) and quality of construction (good, average, low) in the table, multiply the number of beds proposed by the appropriate per bed base cost;**
 - b. **Identify the appropriate base cost for the facility (using the same class and quality of construction);**
 - c. **Additional incremental allowances are allowed for projects requesting beds between 75-120 and projects of over 120 beds.**
 - c1. **For projects greater than 74 beds, but less than 121 beds, multiply the appropriate per bed incremental allowance (using the same class and quality of construction) by the number of additional beds between 75 to 120: or**
 - c2. **For projects greater than 120 beds, multiply the appropriate per bed incremental allowance (using the same class and quality of construction) by the number of additional beds over 75, but less than 120, then multiply the appropriate incremental allowance by the number of beds over 120 and add these two figures together.**

The building construction is complete, and the facility is licensed and operational, so this question is no longer applicable.

7. **The figures from 6a, 6b, and 6c, when applicable, are added to determine the construction cost lids. Final lid values will be adjusted for inflation using the actual change in the appropriate cost indexes.**

The building construction is complete, and the facility is licensed and operational, so this question is no longer applicable.

- 8. The above estimated building costs per bed may be adjusted when the following circumstances apply to the project.**
- a. Construction changes required by Facilities and Services Licensing Section, Office of Resource Development, and/or Department of Health in the course of approving the building plans for the project.**
 - b. Four story or higher construction.**
 - c. Unusual labor or climatic conditions at time of construction that were not foreseeable by management.**
 - d. Cost savings realized in other components of the project such as equipment or operating costs.**
 - e. Where more than one major construction type is present, an average facility type shall be computed by weighing relative costs of the framing, floor, roof, and walls.**

The building construction is complete, and the facility is licensed and operational, so this question is no longer applicable.

SECTION IV

1. Identify the owner or operator who will incur the debt for the proposed project.

Ashley House incurred the debt for the proposed project.

2. Anticipated sources and amounts of financing for the project (actual sources for conversions)

	Specify Type	Dollar Amount
Public Campaign		
Bond Issue		
Commercial Loans	3.85% interest for a term of 10 years	\$5,140,000
Government Loans		
Grants		\$2,037,000
Bequests & Endorsements		
Private Foundations		
Accumulated Reserves		\$1,534,818.82
Owner's Equity	Building/Land Purchase	\$1,321,056
Other - (specify)		
Other - (specify)	Secured Gift	\$1,000,000
<i>TOTAL (must equal total Project Cost)</i>		\$11,032,874.82

3. Provide a complete description of the methods of financing which were considered for the proposed project. Discuss the advantages of each method in terms of costs and explain why the specific method(s) to be utilized was (were) selected.

The combination of equity, debt and grants was deemed best as it balances preservation of capital, liquidity, and reasonable debt payments.

4. Indicate the anticipated interest rate on the loan for constructing the nursing home.

There is no separate construction loan.

5. Indicate if the interest rate will be fixed or variable on the long-term loan and indicate the rate of interest.

The rate on the long-term loan is expected to be fixed at 3.85% interest. The term will be 10 years.

6. Estimated start-up and initial operating expenses.

a. Total estimated start-up costs _____ (*expenses incurred prior to opening such as staff training, inventory, etc., reimbursed in accordance with Medicaid guidelines for start-up costs*)

b. Estimated period of time necessary for initial start-up: 1.5 months (*period of time after construction completed, but prior to receipt of patients*)

c. Total estimated initial operating deficits \$1,200,027 (*operating deficits occurring during initial operating period*)

d. Estimated initial operating period 13.5 months (*period of time from receipt of first patient until total revenues equal total expenses*)

The facility is now fully operational, so this question is no longer applicable.

7. Anticipated Sources of Financing Start-up and Initial Operating Deficits.

Unrestricted Cash	
Unrestricted Marketable Securities of Proponent	\$
Accounts Receivable	\$
Commercial Loan	\$
Line of Credit (<i>specify source</i>)	\$
Other (<i>specify</i>)	\$
TOTAL	

The facility is now fully operational, so this question is no longer applicable.

8. Evidence of Availability of Financing for the Project

Please submit the following:

- a. **Copies of letter(s) from the lending institution indicating a willingness to finance the proposed project (*both construction and permanent financing*). The letter(s) should include:**
 - i. **Name of person/entity applying**
 - ii. **Purpose of the loan(s)**
 - iii. **Proposed interest rate(s) (fixed or variable)**
 - iv. **Proposed term (*period*) of the loan(s)**
 - v. **Proposed amount of loan(s)**

The project has now been financed by Heritage Bank.

- b. **Copies of letter(s) from the appropriate source(s) indicating the availability of financing for the initial start-up costs. The letter(s) should include the same items requested in 8(a) above, as applicable.**

Ashley House used existing reserves to finance the start-up costs.

- c. **Copies of each lease or rental agreement related to the proposed project.**

There are no lease or rental agreements.

- d. **Separate amortization schedule(s) for each financing arrangement including long-term and any short-term start-up, initial operating deficit loans, and refinancing of the facility's current debt setting forth the following:**
 - i. **Principal**
 - ii. **Term (*number of payment period, long-term loans may be annualized*)**
 - iii. **Interest**
 - iv. **Outstanding balance of each payment period**

An amortization schedule is included in Exhibit 7.

9. Provide the following:

- a. Please supply copies of the following pages and accompanying footnotes of each applicant's three most recent financial statements: Balance Sheet, Revenue and Expense, and Changes in Financial Position. (If not available as a subsidiary corporation, please provide parent company's statements, as appropriate.)**

Historical financial statements for Ashley House are included in Appendix 1.

- b. Please provide the following facility-specific financial statements through the third complete fiscal year following project completion. Identify all assumptions utilized in preparing the financial statements.**

- | | | |
|--------------|-------------------|--|
| i. | Schedule B | Balance Sheet |
| ii. | Schedule C | Statement of Operations |
| iii. | Schedule D | This Statement Has Been Eliminated |
| iv. | Schedule E | Statement of Changes in Equity/Fund Balance |
| v. | Schedule F | Notes to Financial Statements |
| vi. | Schedule G | Itemized Lists of Revenue and Expenses |
| vii. | Schedule H | Debt Information |
| viii. | Schedule I | Book Value of Allowable Assets |

The requested schedules are included in Exhibit 8.

10. Utilizing the data from the financial statements, please calculate the following:

- a. Debt Service Coverage**
- b. Current Ratio**
- c. Assets Financed by Liabilities Radio**
- d. Total Operating Expense to Total Operating Revenue**

Table 1 details the requested financial ratios.

**Table 1
Ashley House Financial Ratios**

Ratio	Target Ratio¹	Year 1	Year 2	Year 3
Current Ratio	1.8-2.5	2.744	2.783	2.798
Assets Financed by Liabilities	0.6-0.8	0.207	0.208	0.210
Total Operating Expense/Total Operating Revenue	1.0	1.103	1.030	0.993
Debt Service Coverage	1.5-2.0	(0.716)	1.463	2.724

Source: Applicant

11. If the project's calculated ratios are outside the normal or expected range, please explain.

Ashley House's ratios are either within range by 2022 or, if they are outside of the target, they are better than expected.

12. If a financial feasibility study has been prepared, either by or on behalf of the proponent in relation to this project, please provide a copy of that study.

No financial feasibility study was prepared.

¹ Ashley House used the target ratios identified in one of the last CN decisions for nursing home beds. That decision was the April 2015 reconsideration for the Seattle University 36 bed nursing home, p.12.

13. Current and Projected Charges and Percentage of Patient Revenue

a. Per Diem Charges for Nursing Home Patients for Each of the Last Three Fiscal Years:

This question is not applicable, as Ashley House just opened in February 2024.

b. Current Average Per Diem Charges for Nursing Home Patients:

This question is not applicable, as Ashley House just opened in February 2024.

c. Projected Average Per Diem Charges for Nursing Home Patients for Each of the First Three Years of Operation:

Charges for the first three years are detailed in Table 2.

**Table 2
Average Per Diem Charges- First Three Years**

	2024	2025	2026
Private Pay	\$0	\$0	\$0
Medicaid	\$0	\$0	\$0
Medicare	\$0	\$0	\$0
VA	NA	NA	NA
Other- HMO	\$2,500	\$2,650	\$2,800

Source: Applicant

d. Please indicate the percentage of patient revenue that will be received for the:

<i>Existing Facility</i>	
Private Pay	0%
Medicaid	0%
Medicare	0%
VA	0%
Other-HMO	100%

Source: Applicant

**SECTION 6
STRUCTURE AND PROCESS (QUALITY) OF CARE**

1. Nursing Home Number of Employees

Staffing	FTE	
Registered Nurse	10.50	
LPN		
Nurses Aides & Assistants	12.30	
NURSING TOTAL	22.80	
Dietitians	0.00	Contract
Aides (included in nurses aides above)	0.00	
DIETARY TOTAL	0.00	
Administrator (Program Director)	1.00	
Assistant Administrator (Asst. Program Director)	0.50	
Administrator In-training		
Activities Director		
Medical Director	0.20	
In-service Director	Included	in
Director of Nursing	RNs	
	Included	in
	RNs	
Clerical		
Housekeeping/ Maintenance/Laundry	2.00	
ADMINISTRATION TOTAL	3.70	
Physical Therapist		Contract
Occupational Therapist		Contract
Pharmacist		Contract
Medical Records		
Social Worker	1.00	
Plant Engineer		
Other (specify)		Contract- respiratory therapy
Accounting staff	1.00	
Other office staff	1.00	
Network support	0.50	
ALL OTHERS-TOTAL	3.50	
TOTAL STAFFING	30.0	

2. Nursing Hours/Patient Day:

Registered Nurse	4.51
LPNs	0.00
Nurse's Aides & Assistants	5.24
TOTAL	9.75

3. Provide evidence that the personnel needed to staff the nursing home will be available.

Over the years, Ashley House has enjoyed success in both recruitment and retention of staff. We believe, in large part, that this is attributable to our reputation as a leader in programming to support children with special health care needs.

Ashley House is also very aware that supporting the patients and families that need us can be demanding and has worked to engage, support, and develop our workforce so that our patients and families can receive the best care.

Because recruitment and retention are critical to our success, we strive to offer competitive salaries, a generous paid time off program and a benefit package. In addition, we encourage and support staff, through flexible scheduling, to continue their education, if desired. In fact, Ashley House is evaluating tuition reimbursement as a potential benefit for our employees.

Bridges to Home is fully staffed and operational as of February 2024.

4. Provide evidence that there will be adequate ancillary and support services to provide the necessary patient services.

Required ancillary and support services include pharmacy, ventilators, humidifiers, O2 concentrators, monitors, other ordered respiratory treatment equipment and supplies, enteral feeding equipment and supplies. Physical and occupational therapies are provided through licensed contracted providers. In addition, our children need access to x-ray, laboratory, and specialty clinics including: pulmonary; rehab, G.I., developmental, cardiac, neurology, wound care dermatology, hematology-oncology, orthopedic, infectious disease, endocrine, nephrology, transplant, and other specialties. All these specialties are available through Seattle Children's, a known leader in both inpatient and outpatient pediatric treatment in the Northwest. Bridges to Home is less than 10 miles from SCH. This close location was purposeful as it facilitates continuation of each child's specialty care management.

- 5. Provide evidence that indicates the services provided at your facility will be in compliance with applicable federal and state laws, rules, and regulations for health care facilities.**

Bridges to Home provides services in compliance with all applicable federal and state laws, rules, and regulations. Ashley House operates its other facilities and programs in compliance with all applicable laws, rules, and regulations.

- 6. Provide evidence that the project will be in compliance with applicable conditions of participation related to the Medicare and Medicaid programs.**

Bridges to Home provides services in compliance with the applicable conditions of participation related to the Medicare and Medicaid programs.

- 7. Fully describe any history of each applicant with respect to the actions noted in the Certificate of Need criterion. (WAC 246-310-230 (5) (a). If there is such a history, provide evidence that ensures safe and adequate care to the public to be served and in conformance with applicable federal and state requirements.**

Ashley House has no history with respect to the criteria in wac 246-310-230 (5)(a).

- 8. Provide evidence that the project will adequately address continuity of care. Describe the arrangements that will be made with other providers for patient care consultation services. Provide assurance that patients will be referred to a hospital for acute care needed. Also, provide assurance that patients discharged from the nursing home will be referred to home health, hospice, or assisted living agencies when such care is needed.**

Ashley House advocates ardently for the treatment and transition for children with special health care needs. We know firsthand that continuity of treatment providers is essential for these specialized and complex child patients. Ashley House has established exceptionally strong relationships on behalf of medically complex children. We will continue to expand our working relationships with area providers to assure services are adequately available.

Bridges to Home embodies the concept of continuity of care and supports parent/caregiver training with the goal of returning children home.

- 9. Existing nursing homes will document the number of patients discharged from the nursing home to the patients home, referred to home health, hospice agency, or assisted living services during the last three years.**

This question is not applicable.

SECTION 7 COST CONTAINMENT

- 1. Describe distinct alternative means for meeting the need described previously. Identify alternative advantages and disadvantages, including cost, efficiency, or effectiveness.**

The construction project contemplated in CN 1818 is now complete, the space is licensed, certified, and operational. WAC 246-310-570 requires applicants to submit an amendment when *the total project costs exceeds twelve percent or fifty thousand dollars, whichever is greater, over the capital expenditure specified on the certificate of need...Provided however, that the review of such reductions or cost increases shall be restricted to the continued conformance of the project with the criteria contained in WAC 246-310-220 and 246-310-240.* The information contained in this CN application demonstrates that the project continues to meet all applicable standards under financial feasibility:

- The immediate and long-range capital and operating costs of the project can be met.
- The costs of the project, including any construction costs, will probably not result in an unreasonable impact on the costs and charges for health services.
- The project can be appropriately financed.

and cost containment:

- Superior alternatives, in terms of cost, efficiency, or effectiveness, are not available or practicable.
- In the case of a project involving construction:
 - The costs, scope and methods of construction and energy conservation are reasonable; and The project will not have an unreasonable impact on the costs and charges to the public of providing health services by other persons.
- The project will involve appropriate improvements or innovations in the financing and delivery of health services which foster cost containment, and which promote quality assurance and cost effectiveness.

- 2. Describe, in as much detail as possible, specific efforts that were undertaken to contain the costs of offering the proposed service.**

Implementation of CN1818 allowed Ashley House to locate Bridges to Home as close as possible to the Seattle Children's Laurelhurst campus but still manage capital costs through the purchase of an existing building/residence. This was important since the geography and real-estate around Seattle Children's is both highly developed and costly.

- 3. In the case of construction, renovation, or expansion, describe any operating or capital cost reductions achieved by architectural planning, engineering methods, methods of building design and construction, or energy conservation methods used.**

The existing building envelope was retained and very minimal sitework was required. The extent of the interior renovation assured that the building meets all energy codes. An efficient HVAC system was installed that will reduce the daily operating costs of the facility.

- 4. Under a concurrent or comparative review, preference will be given to the project which meets the greatest number of criteria listed below. Provide documentation describing how the proposed project meets the following criteria.**
 - a. Projects that include other institutional long-term care services or evidence of relatively greater linkages to community-based, long-term care services.**
 - b. Projects which improve the geographic distribution and/or provide access to nursing home beds in a currently under-served area.**
 - c. Nursing home operators having (*or proposing to have*) a Medicare contract in areas with less than the statewide proportion of Medicare nursing home beds to total nursing home beds.**
 - d. Nursing home operators serving (*or proposing to serve*) Medicaid clients.**
 - e. Nursing home operators proposing to serve additional heavy care patients in areas where CSO placement staff or hospital discharge planners document significant and continuing difficulties in placing such patients in nursing homes.**
 - f. Existing nursing home operators in the state who are seeking to achieve a 100-bed minimum efficient operating size for nursing homes or to otherwise upgrade a facility with substantial physical plant waivers or exemptions, as determined by Washington State Aging and Adult Services Administration.**
 - g. Projects that propose to serve individuals requiring mental health services and care for Alzheimer's or dementia conditions.**

Ashley House was the only entity in the State to apply for a certificate of need in the 2018 concurrent review process and was awarded the CN. As such, this question is not applicable.

Exhibit 1
Listing of Ashley House Facilities

Ashley House in Kent WA:

25120 43 Ave South
Kent, WA. 98032

License: DCYF Group Home for Medically Fragile Youth

Provider One #: 1013591 08

NPI #: 1568682797

Provider #: 285580

Ashley House in Auburn:

31303 188thAve SE
Auburn, WA. 98092

License: DCYF Group Home for Medically Fragile Children

Provider One #: 1013591 08

NPI #: 1568682797

Provider #: 23148

Ashley House in Tacoma:

1810 Brown's Point Blvd
Tacoma, WA. 98422

Licensed: DCYF Staffed Foster Home for Medically Fragile Children

Provider One #: 1013591 08

NPI #: 1568682797

Provider #: 304203

Ashley House in Tacoma:

4411 Browns Point BLVD
Tacoma, WA. 98422

Licensed: DCYF Group Home for Medically Fragile Children

Provider One #: 1013591 08

NPI #: 1568682797

Provider #: 164616

Ashley House in Olympia:

4012 Wiggins Rd
Olympia, WA. 98501

Licensed: DCYF Staffed Residential Home for Medically Fragile Children

Provider One #: 1013591 08

NPI #: 1568682797

Provider #: 165886

Ashley House in Edgewood:

11306 8th St East
Edgewood, WA. 98372

License: AL TSA Adult Family Home for Medically Complex Young Adults

Provider One #: 1013591 08

NPI #: 1568682797

DSHS Contract #: 1712-21227

Ashley House In Home Services Agency:

Business Address:

33811 9th Ave South

Federal Way, WA. 98003

To Provide: Home Health

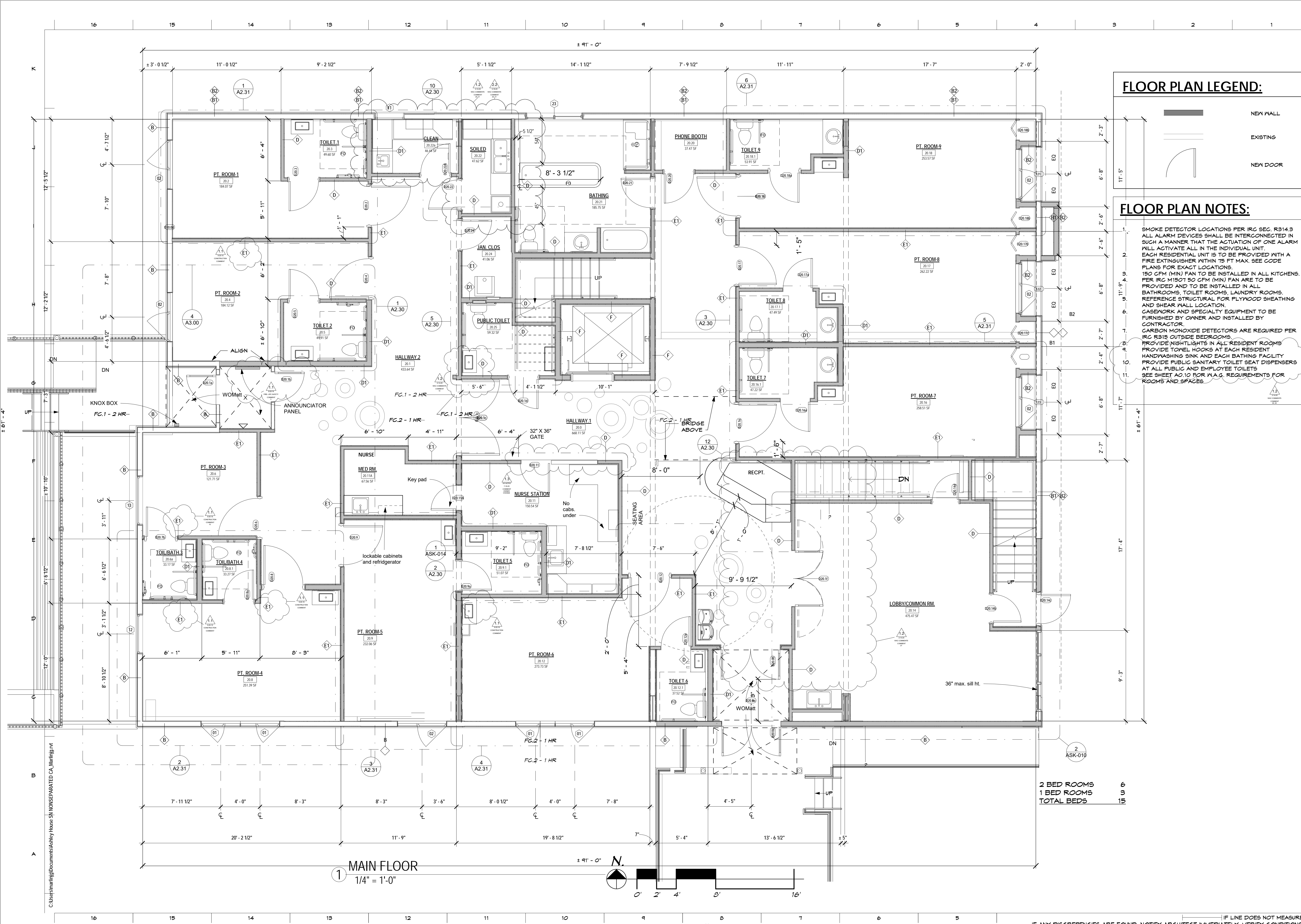
Provider One #: 1013591 08

Medicaid Provider #: 9030560

NPI #: 1568682797

Credential # : HIS.FS.00000227

**Exhibit 2
Floor Plans**



FLOOR PLAN LEGEND:

	NEW WALL
	EXISTING
	NEW DOOR

FLOOR PLAN NOTES:

- SMOKE DETECTOR LOCATIONS PER IRC SEC. R314.3
- ALL ALARM DEVICES SHALL BE INTERCONNECTED IN SUCH A MANNER THAT THE ACTIVATION OF ONE ALARM WILL ACTIVATE ALL IN THE INDIVIDUAL UNIT. EACH RESIDENTIAL UNIT IS TO BE PROVIDED WITH A FIRE EXTINGUISHER WITHIN 75 FT MAX. SEE CODE PLANS FOR EXACT LOCATIONS.
- 150 CFM (MIN) FAN TO BE INSTALLED IN ALL KITCHENS. PER IRC M1507.1 50 CFM (MIN) FAN ARE TO BE PROVIDED AND TO BE INSTALLED IN ALL BATHROOMS, TOILET ROOMS, LAUNDRY ROOMS, REFERENCE STRUCTURAL FOR PLYWOOD SHEATHING AND SHEAR WALL LOCATION.
- CASEWORK AND SPECIALTY EQUIPMENT TO BE FURNISHED BY OWNER AND INSTALLED BY CONTRACTOR.
- CARBON MONOXIDE DETECTORS ARE REQUIRED PER IRC R315 OUTSIDE BEDROOMS.
- PROVIDE NIGHTLIGHTS IN ALL RESIDENT ROOMS.
- PROVIDE TONEL HOOKS AT EACH RESIDENT HANDWASHING SINK AND EACH BATHING FACILITY.
- PROVIDE PUBLIC SANITARY TOILET SEAT DISPENSERS AT ALL PUBLIC AND EMPLOYEE TOILETS.
- SEE SHEET A010 FOR W.A.G. REQUIREMENTS FOR ROOMS AND SPACES.

REVISION SCHEDULE

NUMBER	DESCRIPTION	DATE
1.1	CITY COMMENTS	4-20-14
1.2	DOH COMMENTS	2-14-20
2.2	DOH COMMENTS 2	3-18-20
1.3	Construction Change	A5

ASHLEY HOUSE (SHORELINE) - REMODEL
ASHLEY HOUSE KIDS
 19104 BURKE AVE. NORTH
 SHORELINE, WA 98133

GABBERT
 Architects Planners
 E. Marlin@gabbertarchitects.com
 T: 206.861.3600

20011 Ballinger Way NE
 Office #211
 Shoreline, WA 98155

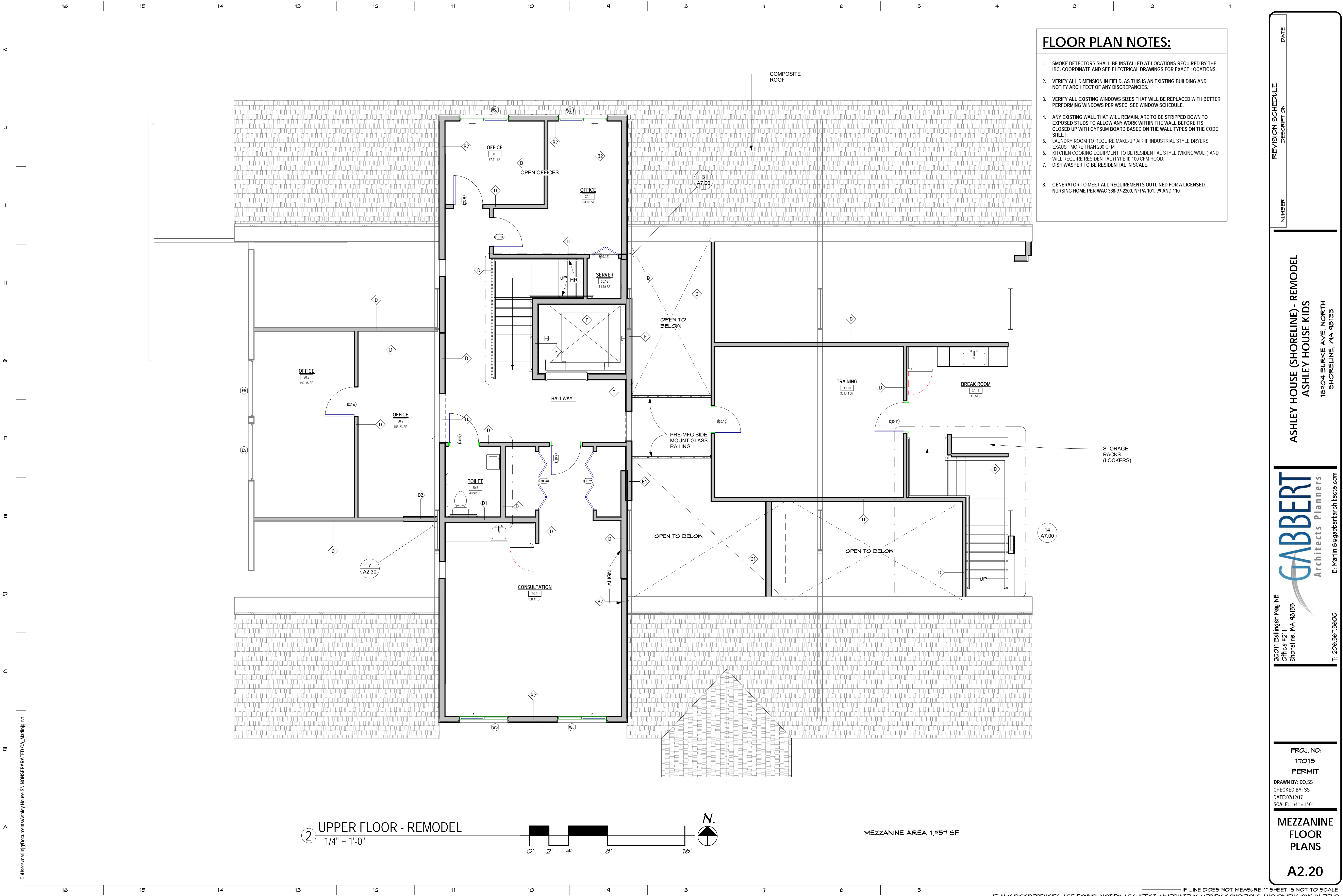
PROJ. NO:
17015
 PERMIT
 DRAWN BY: DO.SS
 CHECKED BY: SS
 DATE: 07/12/17
 SCALE: As Indicated

MAIN FLOOR PLANS

A2.10

4/28/2022 2:36:04 PM

IF ANY DISCREPANCIES ARE FOUND, NOTIFY ARCHITECT IMMEDIATELY. VERIFY CONDITIONS AND DIMENSIONS IN FIELD.



- ### FLOOR PLAN NOTES:
1. SMOKE DETECTORS SHALL BE INSTALLED AT LOCATIONS REQUIRED BY THE IBC, COORDINATE AND SEE ELECTRICAL DRAWINGS FOR EXACT LOCATIONS.
 2. VERIFY ALL DIMENSION IN FIELD, AS THIS IS AN EXISTING BUILDING AND NOTIFY ARCHITECT OF ANY DISCREPANCIES.
 3. VERIFY ALL EXISTING WINDOWS SIZES THAT WILL BE REPLACED WITH BETTER PERFORMING WINDOWS PER WSEC, SEE WINDOW SCHEDULE.
 4. ANY EXISTING WALL THAT WILL REMAIN, ARE TO BE STRIPPED DOWN TO EXPOSED STUDS TO ALLOW ANY WORK WITHIN THE WALL BEFORE ITS CLOSED UP WITH GYPSUM BOARD BASED ON THE WALL TYPES ON THE CODE SHEET.
 5. LAUNDRY ROOM TO REQUIRE MAKE-UP AIR IF INDUSTRIAL STYLE DRYERS EXHAUST MORE THAN 200 CFM
 6. KITCHEN COOKING EQUIPMENT TO BE RESIDENTIAL STYLE (VIKING/WOLF) AND WILL REQUIRE RESIDENTIAL (TYPE II) 100 CFM HOOD.
 7. DISH WASHER TO BE RESIDENTIAL IN SCALE.
 8. GENERATOR TO MEET ALL REQUIREMENTS OUTLINED FOR A LICENSED NURSING HOME PER WAC 388-97-2200, NFPA 101, 99 AND 110

REVISION SCHEDULE	NUMBER	DESCRIPTION	DATE

ASHLEY HOUSE (SHORELINE) - REMODEL
ASHLEY HOUSE KIDS
 19904 BURKE AVE. NORTH
 SHORELINE, WA 98133

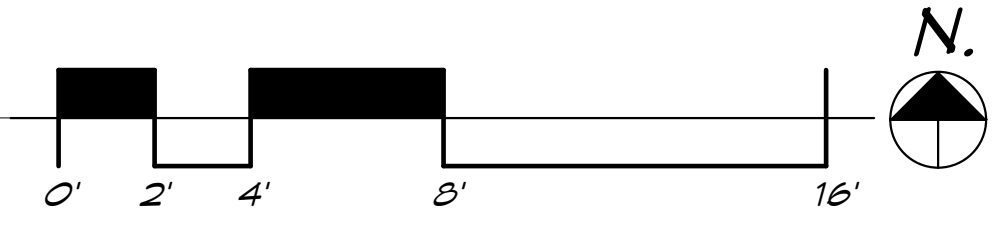
GABBERT
 Architects Planners
 E: Marlin.G@gabbertarchitects.com

20011 Ballinger Way NE
 Office #211
 Shoreline, WA 98155
 T: 206.961.3600

PROJ. NO:
 17015
 PERMIT
 DRAWN BY: DO,SS
 CHECKED BY: SS
 DATE: 07/12/17
 SCALE: 1/4" = 1'-0"

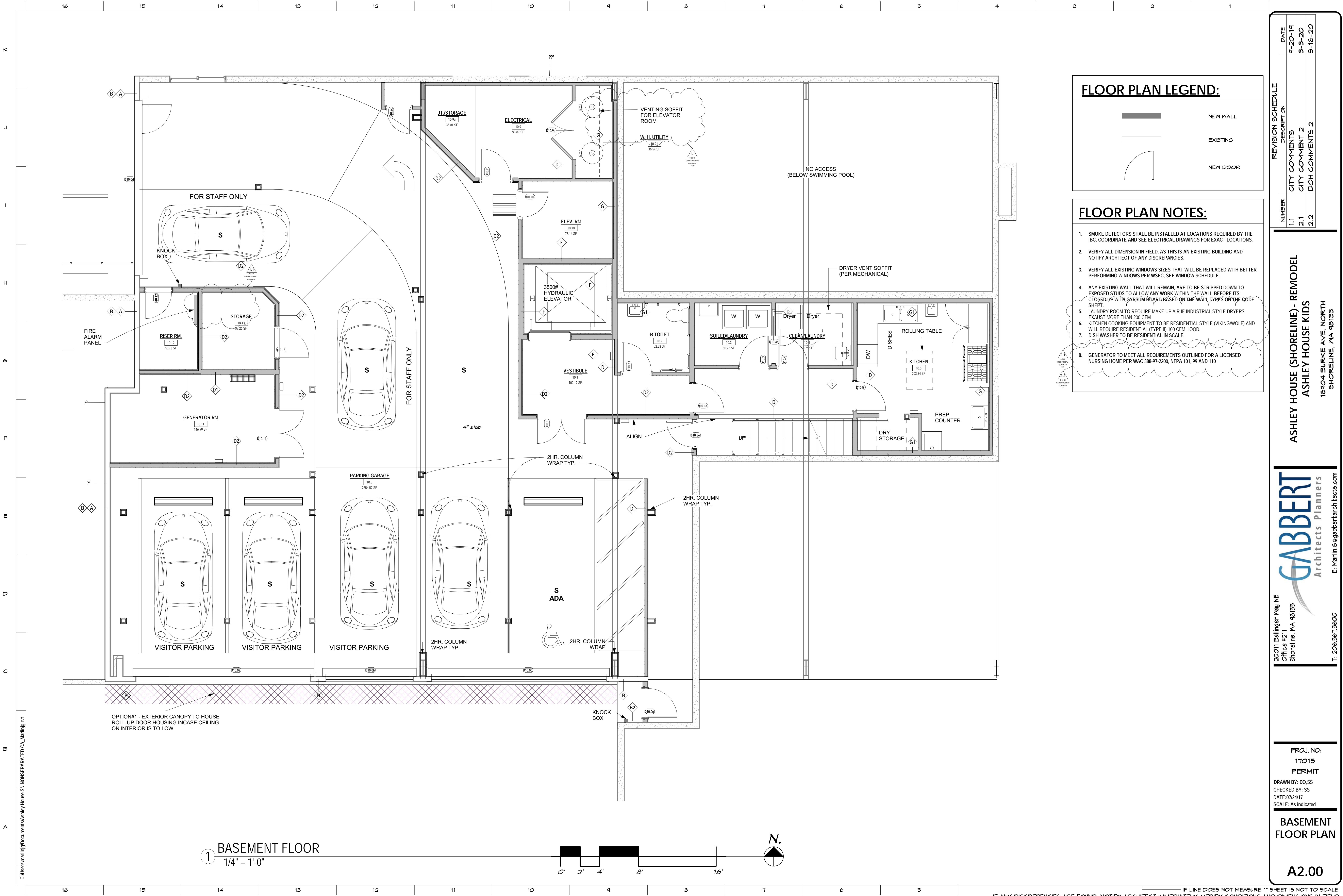
MEZZANINE FLOOR PLANS
A2.20

2 UPPER FLOOR - REMODEL
 1/4" = 1'-0"



MEZZANINE AREA 1,957 SF

C:\Users\maling\Documents\Ashley House-S\NONSEPARATED CA_Mailing.rvt

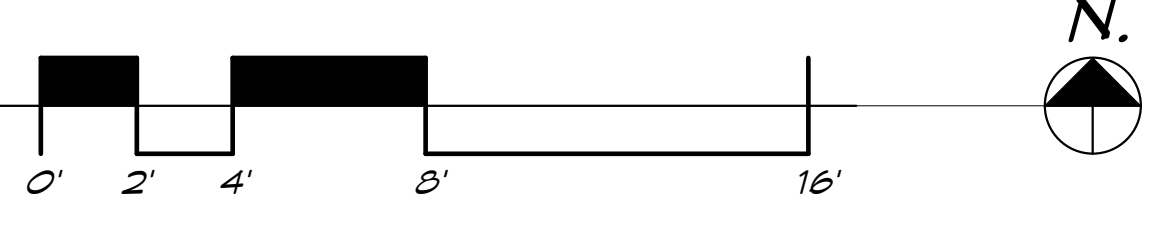


FLOOR PLAN LEGEND:

	NEW WALL
	EXISTING
	NEW DOOR

- FLOOR PLAN NOTES:**
- SMOKE DETECTORS SHALL BE INSTALLED AT LOCATIONS REQUIRED BY THE IBC, COORDINATE AND SEE ELECTRICAL DRAWINGS FOR EXACT LOCATIONS.
 - VERIFY ALL DIMENSION IN FIELD. AS THIS IS AN EXISTING BUILDING AND NOTIFY ARCHITECT OF ANY DISCREPANCIES.
 - VERIFY ALL EXISTING WINDOWS SIZES THAT WILL BE REPLACED WITH BETTER PERFORMING WINDOWS PER WSEC. SEE WINDOW SCHEDULE.
 - ANY EXISTING WALL THAT WILL REMAIN, ARE TO BE STRIPPED DOWN TO EXPOSED STUDS TO ALLOW ANY WORK WITHIN THE WALL BEFORE ITS CLOSED UP WITH GYPSUM BOARD BASED ON THE WALL TYPES ON THE CODE SHEET.
 - LAUNDRY ROOM TO REQUIRE MAKE-UP AIR IF INDUSTRIAL STYLE DRYERS EXHAUST MORE THAN 200 CFM
 - KITCHEN COOKING EQUIPMENT TO BE RESIDENTIAL STYLE (VIKING/WOLF) AND WILL REQUIRE RESIDENTIAL (TYPE I) 100 CFM HOOD.
 - DISH WASHER TO BE RESIDENTIAL IN SCALE.
 - GENERATOR TO MEET ALL REQUIREMENTS OUTLINED FOR A LICENSED NURSING HOME PER WAC 388-97-2200, NFPA 101, 99 AND 110

1 BASEMENT FLOOR
1/4" = 1'-0"



REVISION SCHEDULE

NUMBER	DESCRIPTION	DATE
1.1	CITY COMMENTS	4-20-14
2.1	CITY COMMENT 2	9-9-20
2.2	DOH COMMENTS 2	9-18-20

ASHLEY HOUSE (SHORELINE) - REMODEL
ASHLEY HOUSE KIDS
 19904 BURKE AVE. NORTH
 SHORELINE, WA 98193



20011 Ballinger Way NE
 Office #211
 Shoreline, WA 98155
 T: 206.861.3600
 E: Marlin.gabbert@architects.com

PROJ. NO:
17015
PERMIT
DRAWN BY: DO,SS
CHECKED BY: SS
DATE: 07/24/17
SCALE: As Indicated

BASEMENT FLOOR PLAN

A2.00

4/24/2022 2:35:53 PM

Exhibit 3
Copy of Statutory Warranty Deed

61165704 (2/76)
**INSURED BY
FIDELITY NATIONAL TITLE**

When recorded return to:
Ashley House
33811 9th Ave S
Federal Way, WA 98003



20171116001078

WARRANTY DEED Rec: \$75.00
11/16/2017 3:20 PM
KING COUNTY, WA

E2901219

EXCISE TAX AFFIDAVITS
11/16/2017 3:20 PM KING COUNTY, WA
Selling Price: \$1,300,000.00
Tax Amount: \$23,145.00

Filed for record at the request of:



600 University Street, Suite 2710
Seattle, WA 98101-4136

Escrow No.: 611165704

STATUTORY WARRANTY DEED

THE GRANTOR(S) Dung H. Nguyen and Ha T. Pham, husband and wife
for and in consideration of Ten And No/100 Dollars (\$10.00) and other good and valuable
consideration
in hand paid, conveys, and warrants to Ashley House, a Washington Non-Profit Corporation

the following described real estate, situated in the County of King, State of Washington:
LOT 6, TANGLEWOOD NO. 3, ACCORDING TO THE PLAT THEREOF RECORDED IN
VOLUME 58 OF PLATS, PAGE 99, RECORDS OF KING COUNTY, WASHINGTON;

TOGETHER WITH THE NORTH HALF OF VACATED NORTH 189TH STREET EXTENDING 140
FEET EASTERLY FROM THE EAST MARGIN OF BURKE AVENUE AS VACATED UNDER
ORDER OF VACATION FILED UNDER VAULT FILE NO. 3880320.

SITUATE IN THE COUNTY OF KING, STATE OF WASHINGTON.

Abbreviated Legal: (Required if full legal not inserted above.)


Tax Parcel Number(s): 856340-0030-08

Subject to:

1. RIGHTS, RESERVATIONS, COVENANTS, CONDITIONS, RESTRICTIONS, AGREEMENTS,
NOTES, DEDICATIONS, ENCROACHMENTS, AND EASEMENTS PRESENTLY OF
RECORD.

STATUTORY WARRANTY DEED
(continued)

Dated: **14 NOV 2017**



Dung H. Nguyen



Ha T. Pham

U.S. Consulate General
Ho Chi Minh City

State of Socialist Republic of Vietnam
County of _____


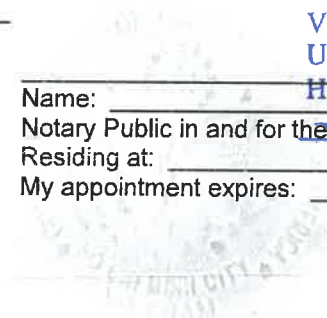
I certify that I know or have satisfactory evidence that Dung H. Nguyen and Ha T. Pham are the persons who appeared before me, and said persons acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in this instrument.

Dated: **14 NOV 2017**

TERESA CHANG

Vice Consul
U.S. Consulate General
Ho Chi Minh City, Vietnam

Name: _____
Notary Public in and for the State of _____
Residing at: _____
My appointment expires: **INDEFINITE**

**Exhibit 4
Schedule A**

**SCHEDULE A
HISTORICAL AND PROJECTED PATIENT UTILIZATION**

(NURSING HOME OPERATION ONLY)

Name of Facility: Ashley House

Page 1 of 1

Line No.	FISCAL YEAR	Fee for Srvc			Premera	MCO's	TOTAL PATIENT DAYS	# OF LICENSED BEDS	OCCUPANCY RATE
		Medicare Patient Days	Medicaid Patient Days	Private Patient Days	OTHER PATIENT DAYS				
1	Actual					0			
2	Actual					0			
3	Actual					0			
4	Projected 1/1 to 12/31/2025	0	0	438	3,942	4,380	12	80%	
5	Projected 1/1 to 12/31/2026	0	0	438	3,942	4,380	12	80%	
6	Projected 1/1 to 12/31/2027	0	0	438	3,942	4,380	12	80%	
7									
8	Projected					0			
9	Projected					0			

Exhibit 5
Patient's Rights and Responsibilities Policy



Client Bill of Rights and Responsibilities

LOCATION:

CLIENT'S NAME:

CLIENT'S DOB:

The Ashley House client, the client's family, or the client's representative have the right to:

1. Choose the agency providing care and to have access to the Department of Social and Health Services directory of licensing agents.
2. Be fully informed of all your rights and responsibilities by the agency in a manner and language you can understand.
3. Be treated with courtesy, sensitivity, dignity, and respect, including cultural and personal beliefs, values, and/or preferences.
4. Not be discriminated against because of your race, beliefs, age, ethnicity, religion, culture, language, social/physical/mental health, socio-economic status, sex, sexual orientation, gender identity or expression.
5. Safe and efficient care with all efforts made to maintain or improve the health and comfort of the individual.
6. Know and utilize a broad spectrum of services provided by the agency, that are delivered in an efficient and convenient manner.
7. Be protected from neglect, exploitation, verbal, mental, physical, and sexual abuse.
8. Be informed of the name of the individual staff member who is responsible for the plan of care, along with their supervisor, and be aware of how to contact those staff members.
9. Know that the plan of health care will be developed by the physician, in cooperation with the appropriate home health care professional team.
10. Right to choose the physician responsible for your care plan.
11. Assurance that all services are provided by screened and supervised personnel that are qualified for their jobs.
12. Be informed of your condition, to participate in all aspects of care, including the development of your care plan.
13. Be informed about advanced directives and the agency's responsibility to implement them.



Client Bill of Rights and Responsibilities

LOCATION:

CLIENT'S NAME:

CLIENT'S DOB:

14. Pain and symptom management.
15. To know the nature and purpose of any procedure or treatment rendered by staff and the right to give informed consent prior to the start of any procedure or treatment.
16. Receive an explanation of any responsibilities the patient or family will have in the care process.
17. Refuse care, treatment, or services and be informed of the potential consequences of such actions if they be known.
18. Receive and restrict visitors.
19. Request a change in services.
20. Receive an explanation of the agency's charges and policies for payment of services, including insurance coverage to the extent possible.
21. Be informed about any changes not covered by their insurance.
22. Be informed of the charges for which the client may be liable.
23. To have access, upon request, to all bills for services the client has received regardless of whether they are paid out of pocket or by another party.
24. Be assured of privacy and confidentiality of medical records.
25. Have information about other agencies and services available in the community upon request or in preparation for discharge.
26. Be informed, within a reasonable time, of anticipated termination of services and/or possible transfer to alternative services within the community.
27. Informed consent for the agency to produce or use recordings, films, or images for purposes other than your care.
28. Choose whether or not to participate in research, investigational, or experimental studies or clinical trials.



Client Bill of Rights and Responsibilities

LOCATION:

CLIENT'S NAME:

CLIENT'S DOB:

29. Be informed of the procedure to lodge complaints with administration about the care that is or fails to be furnished and regarding lack of respect for person or property. To lodge complaint(s) contact the Clinical Manager or the Director of Program Services.
30. To voice their grievances without fear of restraint, reprisal, or discrimination.
31. Be accompanied by a trained, controlled, and registered service animal or guide dog
32. Upon request, be informed of who owns and controls the agency.
33. Have access to information in the client's own record by contacting the location assigned Clinical Manager during regular business hours (Monday—Friday 8am to 5pm).
34. Be informed of any care provided by the agency, which has experimental or research aspects with documentation of voluntary informed consent.
35. Be advised of how to file a complaint with Ashley House, the Washington State Department of Health, the Joint Commission Office of Quality Monitoring, and the Aging and Long-Term Support Administration. Ashley House will take immediate actions to investigate and act to prevent further violations.
 - a. Ashley House: 1-800-853-8120
 - b. Washington State Department of Health: 1-800-633-6828
 - c. Joint Commission Office of Quality Monitoring: 1-800-994-6610
 - d. State of Washington Aging and Long-Term Support Administration: 1-800-562-6078
 - e. State of Washington Child Protective Services 24 hour hotline: 1-866-363-4276



Client Bill of Rights and Responsibilities

LOCATION:

CLIENT'S NAME:

CLIENT'S DOB:

The Ashley House client, the client's family, or the client's representative have the responsibility to:

1. Give accurate and complete information to the Ashley House staff and to comply with any instructions provided by staff.
2. Alert the team when the client's pain control and symptom management are unsatisfactory to you.
3. Ask questions of Ashley House when you do not understand the care, treatment, services, or what is expected of you/the client.
4. Follow instructions regarding the client's care, treatment, or services. You should also express any concerns regarding your ability to follow the instructions given.
5. Understand and accept the consequences for outcomes if the care, services, and/or treatment plan are not followed.
6. Inform Ashley House of any changes to the health insurance/benefits for you and/or your child.
7. Inform Ashley House of your expectations of and satisfaction with the organization.
8. Show respect towards Ashley House, to include being considerate to the organization's staff and property, as well as other patients and their property.



Client Bill of Rights and Responsibilities

LOCATION:	CLIENT'S NAME:	CLIENT'S DOB:
-----------	----------------	---------------

I, the undersigned, have read, understand, and received a copy of the Client's Bill of Rights and Responsibilities.

_____	_____	_____
Client Name	Client Signature	Date
_____	_____	_____
Parent/Guardian Name	Parent/legal Guardian Signature	Date
_____	_____	_____
Ashley House Staff Name	Ashley House Staff Signature	Date

Exhibit 6
Admission Agreement, Policies & Procedures

ASHLEY HOUSE AT SHORELINE RESIDENT ADMISSION AGREEMENT

This is an agreement between Ashley House and
I/we _____ the parent(s)/legal
guardian(s) of _____ the patient.

The facility is located at 18904 N Burke Av, Shoreline WA. 98133 It is licensed by
the state of Washington as a Skilled Nursing Facility under WAC 388-97-0001-
4720 license no. _____.

This agreement may not be terminated except as provided in Section VII of this
agreement.

Nothing in this Agreement shall be construed to limit any legal right of the
Resident, nor any legal duty of the Facility.

I. SERVICES, ITEMS AND ACTIVITIES

Beginning on _____, Ashley House shall provide to the resident
the services, items and activities listed on in **XI.** of this agreement at the basic
services rate described in Section II below.

Other services, items and activities, available for an additional cost, are
described in **XII.** of this agreement and may be provided if requested by the
resident.

Services will be determined based upon a written assessment made by a
qualified assessor and obtained prior to the resident's admission to the facility.
The assessment will address specific pre-admit information regarding the
applicant, including recent medical history, care needs and preferences, current
prescribed medications, medical diagnosis, significant known behaviors or
symptoms, history of depression, anxiety, and mental illness if applicable, social,
physical and emotional strengths and needs, functional abilities, evaluation of
cognitive status, religious and cultural considerations and activity preferences.
The qualified assessor will complete a treatment/service plan that describes the
needs for services and an initial plan as to how to meet the needs identified in
the assessment.

This care plan will be completed in consultation with the resident, parent(s)/legal
guardian(s), referring and treating physician(s), social workers, and professionals

involved with the resident, appropriate facility staff, and any other person the resident parent(s)/legal guardian(s) wishes to include. It must be agreed to and signed by the parent(s)/legal guardian(s) and resident if possible.

The facility will notify the resident, parent(s)/legal guardian(s) as soon as possible of any changes in the resident's condition that require a different level of service.

II. FEES

A. Basic Services Rate

The basic services rate, as of the date of this agreement, is \$_____ per day or \$_____month. This rate is based on the resident's level of required care and/or selected services and includes the services, items and activities listed in The level of care and required services have been determined by facility staff, the resident, parent and or legal guardians if applicable, and in consultation with appropriate health care professionals.

B. Total Rate

The Total Rate, as of the date of this Agreement, is \$_____per day. This rate is the sum of the basic services rate, identified above, plus the rates for additional services selected by the resident. The resident and/or parent(s)/Legal guardian(s) will be notified in advance of any changes to the total rate. The notification and rationale for rate changes will be confirmed by an attachment to this agreement when applicable for this resident.

C. Payments

Ashley House requires the parent(s)/legal guardian(s) assure that costs of the resident's care and treatment be provided by the patient's medical benefits; private insurance, Medicaid, managed care organization, trusts, or other resources. Ashley House will confirm reimbursement rates and sources before the resident is admitted for care and treatment. The resident's parent(s)/ legal guardian(s) may be charged for unpaid costs of care.

Private payment for treatment and services provided by Ashley House will be billed and paid bi-monthly. A 5% late charge may be required for payments 30 days in arrears. Ashley House will provide billing statements submitted to private insurance, Medicaid, Managed Care Organization, and other payors to parent(s)/legal guardian(s).

D. Deposits and Non-Refundable Fees)

Ashley House does not require a deposit for care and treatment for patients with Medicaid as the primary benefit for the care and treatment provided by Ashley House.

E. Absences From Facility

If agreed to by the resident's parent(s)/legal guardian(s), it is determined that the resident will not return to the facility, the facility may discharge the resident in accordance with Section **VII** of this agreement and the other requirements of Chapter 70.129 RCW (Long-term Care Resident Rights Law). In such a case, reasonable accommodations to prevent the discharge will not be required and notice of the discharge may be made by the facility as soon as practicable rather than 30 days in advance.

It is Ashley House policy to hold a patient's bed/room for up to 20 days during temporary medically necessary absences. Ashley House will hold the bed or room for 20 days when the client is likely to return to the facility by the 20th day. After the 20th day, the room or bed is available to others, unless a third party agrees to pay the provider to continue to hold the bed.

F. Rate Adjustments

All services, items and activities available at the facility, along with the related charges, are described in **XI.** and **XII.** of this agreement. Except in cases of emergency, the facility will give the resident 30 days advance written notice of any changes in the availability of or charges for services, items, or activities.

If, there has been a substantial and continuing change in the resident's condition necessitating substantially greater or lesser services, items or activities, then charges for those services, items or activities may be changed upon 14 days advance written notice.

Ashley House will provide the needed services, if agreed to by the resident and/or parent(s)/legal guardian(s), at the rates identified on in **XI.** and **XII.** of this agreement. The charges for the new services may exceed the rates specified in **XI.** and **XII.** in this agreement only if the Ashley House has given the resident 30 days advance written notice of the fee change. Determinations that the resident needs greater or fewer services will be made by the facility in consultation with the resident and/or parent(s)/legal guardian(s) and include appropriate assessment. The resident and/or parent(s)/legal guardian(s) have the right to refuse any service offered by the facility. Ashley House will honor patient and/or

parent(s)/legal guardian(s) wishes to refuse recommended care and treatment. Ashley House will notify treating physicians and required child protective agencies including the State of Washington, Child Protective Services if refusal of care and treatment may cause serious harm, worsening of conditions or fatality to the resident. The resident has the right to an independent assessment by health care professionals of his or her choice, at a cost to be borne by the resident.

G. Medicaid Payment Policy

Ashley House will accept Medicaid and Medicaid contracted benefits for costs of for the services care, and treatment for patients who's private payments or private medical benefits terminate and when medical necessity for continued Ashley House level of care is confirmed. The patient and/or parent(s)/legal guardian(s) are responsible to establish and/or coordinate Medicaid eligibility and payment of Ashley House services; care, and treatment.

III. RESIDENT'S RIGHTS AND RESPONSIBILITIES

A. Resident Rights

The resident and/or parent(s)/legal guardian(s) acknowledges that he or she has been provided with a list of Resident's Rights and Responsibilities and that a representative of the Ashley House has explained these rights to the resident, parent(s)/legal guardian(s) prior to or upon admission. Ashley House shall protect and promote the rights of each resident.

B. Facility Policies and Rules

The resident and/or parent(s)/legal guardian(s) acknowledges that he/she or they were provided with "Ashley House Guidelines" containing the general policies and rules of the facility, and that a representative of the facility has explained these policies and rules to the resident and/or parent(s)/legal guardian(s) prior to or upon admission. The resident and/or parent(s)/legal guardian(s) agree to abide by and observe these policies and rules as consistent with the resident rights law. Except in cases of emergency, Ashley House will give 30 days advance written notice to the resident and/or parent(s)/legal guardian(s) of any change in the facility's policies or rules.

C. Nondiscrimination

Ashley House will not discriminate and will comply with all applicable state and federal laws with respect to age, race, color, national origin, ancestry, religion, sex, handicap or disability.

IV. RESIDENT'S PERSONAL PROPERTY

The resident has the right to have and use personal property, space permitting, provided that it does not endanger the health or safety of the resident and/or others. Ashley House shall protect and promote this right.

The resident and/or parent(s)/legal guardian(s) and Ashley House shall take reasonable steps to ensure that the resident's property is not lost, stolen, or damaged. The resident will be provided with lockable storage space upon request.

V. LIABILITY

Ashley House will maintain liability insurance to cover loss or damage to resident's property to the extent such loss or damage is caused by the facility's negligence.

The liability insurance will also cover injury or harm to the resident resulting from the provision of services or failure to provide needed services or incidents occurring in the Ashley House building or on the facility premises.

However, because not all loss or damage may be caused by Ashley House negligence, and because the facility's insurance may not cover losses for which the facility is not responsible, the resident is encouraged, but not required to maintain insurance to cover loss or damage to resident's personal property.

VI. VISITING POLICY

Ashley House has an open visitation policy. Visitors will be required to abide by any and all facility policies that pertain to the resident in regards to the use of any facility or service. Disruptive visitors will be required to leave the premises. The facility locks the exterior entrances between 8:00 p.m. and 7:00 a.m. Out of respect to other residents and staff, it is requested that prior arrangements be made for visits during non-visiting hours.

Ashley House will develop a parent(s)/legal guardian(s) authorized visitor and contact list to include; treating physician(s), and an authorized telephone contact list. All visitors will be required to provide the name of the child/resident they wish to visit; the visitor's name, address, phone contacts, with date and times of their visitation. The facility will confirm parent(s)/legal guardian(s) authorization for visitor contacts with the resident.

VII. TERMINATION OF THIS AGREEMENT

A. Termination by Resident and Refund Policy

The resident may terminate this agreement at any time, regardless of cause, by giving the Ashley House 30 days advance notice in writing. This notice is deemed to have been given automatically under extenuating circumstances beyond the resident's, parent(s)/legal guardian(s) reasonable control.

If the resident for reasons beyond the patient's reasonable control; is hospitalized, or is transferred to another facility for more appropriate care, and does not return to Ashley House, then the facility shall comply with the following refund requirements¹

1. Regardless of whether or not the Resident has given 30 days advance notice, the Ashley House shall refund any deposit or charges already paid, less the facility's per diem rate for the days the resident actually resided or reserved (when permitted) or retained a bed in the facility. In an effort to mitigate the number of days that the resident is considered to have retained a bed, the Ashley House will make reasonable efforts to store personal items that are left at the facility following a transfer.
2. In addition to the amount retained under subparagraph 1, the Ashley House may retain an additional amount to cover its reasonable, actual expenses incurred as a result of the resident's move, not to exceed five days' per diem charges. The facility may not retain this additional amount if the resident has given the 30 days advance notice.
3. Medicaid termination of residency and refund requirements will be followed by Ashley House for residents for whom their care, treatment and residency is under Medicaid.

The Facility shall refund any amount due to the Resident or his or her legal representative, less charges for damage beyond normal and reasonably foreseeable wear and tear caused by the Resident, within 30 days of the Resident's death, discharge, or transfer. The Facility also shall provide to the Resident or the Resident's legal representative an explanation of any charges retained by the Facility.²

B. Termination by Facility and Discharge or Transfer Requirements

Ashley House will permit the resident to remain in the facility, and will not transfer or discharge the resident against the resident, parent(s)/legal guardian(s) will unless:

1. Transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met by Ashley House;
2. The safety of individuals; residents, Ashley House staff, professionals associated with the facility, and others at the facility are endangered;
3. The health of the resident; other residents, Ashley House staff, professionals associated with the facility, and other individuals at the facility would otherwise be endangered;
4. The resident's parent(s)/legal guardian(s) or medical benefit provider(s) have failed to make required payment or made diligent efforts to assure medical benefit funding for the patient through private insurance, Medicaid or other resources.
5. Ashley House ceases to operate.

If Ashley House transfers or discharges the resident for one or more of the above reasons, the facility shall provide written notice of the transfer or discharge to the resident's parent(s)/legal guardian(s) and his or her at least 30 days in advance. However, written notice may be made on less than 30 days, and as soon as practicable before discharge or transfer if:

1. The health or safety of individuals; residents, Ashley House staff, professionals associated with the facility, and others at the facility would be endangered;
2. An immediate transfer or discharge is required by the resident's urgent medical needs;
3. The Resident has not resided at the facility for 30 days.

Before transferring or discharging a resident, Ashley House will attempt, through reasonable accommodations to avoid the transfer or discharge, unless the resident and/or parent(s)/legal guardian(s) agrees to the transfer or discharge.

If the resident must be transferred by the Ashley House to a hospital or another facility for more appropriate care, and the resident does not return to the facility, Ashley House shall comply with the refund requirements set forth in section VII of this agreement. If the Resident is transferred or discharged for any other reason, this facility will comply with the refund requirements set forth above in **VII.** of this agreement.

VIII. SEVERABILITY

The provisions of this agreement shall be severable and if any phrase, clause, sentence, or provision of this agreement or its application is held to be invalid or unenforceable for any reason, the remainder of the agreement shall remain in full force and effect.

IX. NOTICE

All written notices required by this Agreement shall be delivered either in person or by mail. Notices delivered by mail shall be addressed as indicated below, or as specified by subsequent written notice by the party whose address has changed.

Facility: Ashley House
18904 N Burke Ave
Shoreline, WA. 98133
Attention: Administrator

Resident: _____

Resident's parent(s)/Legal Guardian(s):

X. SIGNATURES

My/our signature(s) below as the resident and/or parent(s)/legal guardian(s) indicates that I/we have read, or had read to me/us, the provisions of this agreement, that I/we enter into this agreement voluntarily, that I/we agree to be bound by all of its terms, and that I have received a copy of this agreement for my/our own records.

Resident signature if applicable:

Date

Parent(s)/Legal guardian(s) signature(s), if applicable:

Date

Signature of Ashley House representative:

Date

XI.SERVICES, ITEMS AND ACTIVITIES INCLUDED IN BASIC SERVICES RATE

The Basic Services Rate includes the following accommodations and services³

1. Room: This is a [private/semi-private] room. The room includes space for storage of clothing and a reasonable amount of personal possessions, and adequate lighting. The resident may use his or her own personal belongings and furniture, subject to space considerations and the safety of others. If the resident desires personalized; bed, linens, blankets, and pillow; a lockable storage space for small items of personal property will be provided.

Ashley House reserves the right to assign rooms and change room assignments or roommates for any resident. The resident and/or parent(s)/legal guardian(s) will receive prompt notice of any room or roommate change. The Ashley House will make reasonable attempts to honor the resident's, parent(s)/legal guardian(s) other roommate requests and preferences.

2. Reasonable access to a non-pay telephone in an area that affords privacy to the resident.
3. Laundry services will be provided as needed, sheets, blankets and pillowcases will be laundered weekly or more frequently as needed.
4. Staffing:
Ashley House will provide the level of care and treatment ordered by your child's treating physician(s) and when in the identified scope of Ashley House practice. Staffing will be provided in accordance with State of Washington guidelines and Administrative Codes. The 24 hour resident's care will be provided by licensed nurses including nurses licensed as: BSN; RN, and LPN. Personal care and other tasks will be provided by home health assistants and CNA. Staffing for staff to patient ratios will be provided in accordance within applicable State of Washington licensing guidelines including a minimum of 3.4 hours of direct care daily.
5. Immediate notification to resident's physician; parent(s)/legal guardian(s), family, and other appropriate professionals and persons identified in the admissions agreement whenever there is a significant change in the resident's condition or a serious injury; trauma, or fatality occurs.

6. Assistance with personal care needs such as and not limited to: Dressing; bathing, grooming, oral care, toileting, changing briefs and diapers, oral feeding, oral hygiene, mobility, transferring(bed, chair, wheelchair, bath chair, bath tub), walking, use of phone, laundry, ROM, recreation, activities, comforting, as appropriate holding, rocking, orienting (time, date, location), and other tasks as needed.

- 7 Personal care items provided:
Age appropriate personal care items will be provided including body Soaps shampoo, tooth brush, tooth paste, age and developmentally relevant toys, games, videos.

8. Three nutritious meals daily, snacks and beverages when ordered by treating physician(s). Special dietary needs will be accommodated. Individual food preferences will be taken into consideration and Provided when possible. The resident and/or parent(s)/legal guardian(s) may bring foods and beverages for the resident to the facility with notification to the licensed nurse assigned to the resident and when approved by the resident’s treating physician(s). Dietary and nutritional needs will be addressed and accommodated according to physician orders including g tube, NG tube, G/J tube, N G/J tube feedings.

9. Planned activity programs as specified in the nursing care plan designed to meet the resident’s and parent(s)/legal guardian(s) preferences.

10. Medication and Nursing Services: Assistance with medications and medical needs as identified in the assessment and care plan. Medications will be kept in locked storage. Nursing services provided According to and under physicians’ specific written and signed orders. Nursing tasks include and are not limited to: Daily assessments as needed, administration of medications, respiratory treatments, ordered respiratory management of airway with and without tracheotomy, vital sign monitoringSAO2 monitoring and associated supplemental O2 administration, Ventilator, CPAP, BiPAP, nasal stint, high flow O2 supports, respiratory toileting/CPT, oral and tube feedings including bolus or continuous by prescribed routes including: G tube, G/J tube,

Nasal G tube, or nasal G/J tube, wound care, orthopedic care, post-surgery management, pre surgical protocols, titrations of treatments including: oral feedings, medications, titration of ventilator settings and weaning. I.V. medication treatment, and other nursing tasks as prescribed and within Ashley House identified scope of practice, symptom management, pain management, medical care management (medical, transition planning and management, educational, written and verbal communication with medical benefit entities treating physicians and their staff, associated medicals professionals).

11. Ashley House will ensure that appropriate professionals provide needed and physician ordered services to the resident. Ashley House will assist the resident to obtain additional onsite health care services requested by the resident and/or parent(s)/legal guardian(s) and when ordered by the resident's physician(s). These services may be at additional cost to resident's financially responsible person(s) when the additional services are not medically necessary or otherwise cover by medical insurance benefits, Medicaid or MCOs.

Except in cases of emergency, Ashley House will give the resident and/or parent(s)/legal guardian(s) 30 days advance written notice of any changes in the availability of/or charges for services, items, or activities.

Resident signature if applicable:

Date

Parent(s)/legal guardian(s), if applicable:

Date

Signature of Ashley House representative:

Date

XII. ADDITIONAL SERVICES, ITEMS AND ACTIVITIES, NOT COVERED IN THE BASIC SERVICES RATE

Additional services, items, activities, treatments dietary choices, not provided under the patient's medical benefits and or when not determined to be medically necessary by threatening physicians may be provided when parent(s)/legal guardian(s) pay for or otherwise provide the specific services, items, treatments or other requested services.

Except in cases of emergency, Ashley House will give the resident 30 days advance written notice of any changes in the availability of or charges for services, items, or activities.

Resident signature, if applicable

Date

Parent(s)/legal guardian(s) signature:

Date

Signature of Facility representative:

Date

XIII. PATIENT RIGHTS AND RESPONSIBILITIES

Individuals living in licensed long-term care facilities (adult family homes, boarding homes, nursing homes, children's group care and veteran's homes) in the state of Washington have legal rights. Residents and his/her parent(s)/legal guardian(s) also have responsibilities.

Each resident and legal representative must be notified both orally and in writing, in a language they understand, of his/her rights, the rules and regulations governing his/her conduct in the facility, and the rules of operation of the facility. Notification must be provided prior to or upon admission and reviewed at least every 24 months in writing and in a language the resident and legal representative understands.

Ashley House Patient Rights and Responsibilities will be provided to the resident and his/her parent(s)/legal guardian(s) prior to or upon admission to Ashley House. (See attached Ashley House Rights and Responsibilities And patient signature pages.)

FOR ASSISTANCE WITH PROBLEMS AND COMPLAINTS ABOUT VIOLATION OF RIGHTS, CARE AND SERVICE ISSUES, ABUSE, NEGLECT OR EXPLOITATION

WASHINGTON STATE OMBUDSMAN'S OFFICE.....1-800-562-6028
COMPLAINT HOT LINE.....1-800-562-6078
AGING AND ADULT SERVICES ADMINISTRATION.....1-800-422-3263
CHILD PROTECTIVE SERVICES.....1-866-363-4276

(Nursing Homes, Boarding Homes, Adult Family Homes, Children's Licensed Homes licensing and regulations)



Ashley House Guidelines

LOCATION (circle one): AU BP KT NS OLY CLIENT'S NAME:

Ashley House is dedicated to helping families with medically fragile children and young adults. It is our goal to provide high quality health care in a home like setting. Ashley House understands the importance of the bond between children and their families and will work hard to sustain that bond. These guidelines are established in order to ensure continuity of care, safety, and respect of all our clients. In the event that these guidelines are not adhered to, Ashley House will meet with the family to address violations of these guidelines.

Guidelines

1. The kitchen at each location is available for families to use for meal preparation. Ask for assistance when looking for cookware to use. All food in the refrigerator must be labeled and leave with you at the end of your visit. Please clean up all dishes promptly.
2. Smoking or vaping is not permitted in Ashley House or on the property. We also ask that you do not use strong perfume, cologne, or lotion before visiting. If you or your guests smell of tobacco or other strong odors, you may be asked to leave.
3. Alcohol or drugs are not permitted in Ashley House or on the property. If it appears that someone is under the influence then they will be asked to leave. Failure to leave will prompt a call to the police.
4. Fire arms (guns) or any weapons are not permitted in Ashley House or on the property. This includes vehicles parked on the premises.
5. If you or a family member have signs or symptoms of illness or a communicable disease (lice, fleas, bedbugs), we ask that you stay home during the incubation period or until you are no longer infectious.
6. All visitors must sign in when entering and leaving the facility. Parents and visitors are expected to visit in common areas or their child's bedroom.
7. Parents and visitors are not permitted in a shared bedroom while another client is present. Please ask staff to facilitate the visit.
8. If you bring other children or visitors to Ashley House, you agree to be solely responsible for them and to provide supervision at all times.
9. Visitors unaccompanied by a parent or guardian must be cleared by a background check prior to visiting.
10. Please use appropriate and respectful language while at Ashley House. Swearing and loud voices are not permitted.
11. When calling Ashley House, please keep your calls brief. Remember other parents, physicians, and therapists may be trying to call in so it is important that the phone lines not be occupied.



Ashley House Guidelines

LOCATION (circle one): AU BP KT NS OLY CLIENT'S NAME:

12. The TV and entertainment equipment at Ashley House are for the children. The programming you view must be appropriate for children.
13. Family and visitors are not permitted to spend the night due to licensing restrictions. Exceptions may be made for training purposes, end of life care, and family traveling long distances. Please contact social work to request an exception.
14. At time of admit, an inventory of the client's personal belongings will be collected. All items will be clearly marked with the client's initials. All items removed or added must be documented on the client inventory list by Ashley House staff.
15. Ashley House is not liable for lost, stolen, or damaged items. Please keep sentimental, costly, and irreplaceable items at home.

_____	_____	_____
Guardian/Visitor Name	Guardian/Visitor Signature	Date
_____	_____	_____
Guardian/Visitor Name	Guardian/Visitor Signature	Date
_____	_____	_____
Ashley House Staff Name	Ashley House Staff Signature	Date



HIPAA

33811 9th Avenue South
Federal Way, WA 98003
Phone: 253.533.9050
Fax: 253.517.7706

LOCATION (circle one): AU BP KT NS OLY CLIENT'S NAME:

Your Information. Your Rights. Our Responsibilities.

HIPAA required Privacy Notice Acknowledgment

YOUR SIGNATURE IS REQUESTED BELOW:

Federal regulations require that we ask you to acknowledge receiving this Notice. Please sign and date below.

The undersigned have received the Notice of Privacy Practices of Ashley House.

_____ Guardian/Visitor Name	_____ Guardian/Visitor Signature	_____ Date
_____ Guardian/Visitor Name	_____ Guardian/Visitor Signature	_____ Date
_____ Ashley House Staff Name	_____ Ashley House Staff Signature	_____ Date

STAFF INSTRUCTIONS:

HAVE PARENT OR LEGAL GUARDIAN SIGN TWO ACKNOWLEDGMENT FORMS
GIVE HANDOUT TO SIGNING PARENT OR LEGAL GUARDIAN
RETAIN ADDITIONAL ORIGINAL SIGNATURE PAGE FOR ASHLEY HOUSE FILES



HIPAA

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Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Provide mental health care
- Market our services
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions



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Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list accounting of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.



HIPAA

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File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care.
- Share information in a disaster relief situation.

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes.
- Most sharing of psychotherapy notes.

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information? We typically use or share your health information in the following ways:

Treat you

We can use your health information and share it with other professionals who are treating you.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before



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we can share your information for these purposes. For more information see:
www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues: We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research: We can use or share your information for health research.

Comply with the law: We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests: We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director: We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests: We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions: We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy & security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.



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Phone: 253.533.9050
Fax: 253.517.7706

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticapp.html.

Changes to the Terms of this Notice

We can change the terms of this notice and the changes will apply to all information we have about you. The new notice will be available upon request and in our office.

Other Instructions for Notice

- Effective Date of this Notice: 9/15/14
- If you have general questions about this notice please call the Executive Director / Privacy Officer at (253) 533-9050. If you think we may have violated your privacy rights or you disagree with a decision made about access to your PHI, you may file a written complaint with the Privacy Officer by writing to the Executive Director, 33811 9th Avenue S, Federal Way, WA 98003. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. You will not be penalized if you file a complaint about our privacy practices with us or with Health and Human Services.

Exhibit 7
Amortization Schedule

----- Loan Amortization Schedule -----
 Loan Account Number = 101779300

Payment	Payment Date	Start Balance	Payment Amount	Interest Paid	Principal Paid	Ending Balance
*1	08-10-2024	4,965,545.27	30,753.13	16,236.65	14,516.48	4,951,028.79
2	09-10-2024	4,951,028.79	30,753.13	16,189.19	14,563.94	4,936,464.85
3	10-10-2024	4,936,464.85	30,753.13	15,620.86	15,132.27	4,921,332.58
4	11-10-2024	4,921,332.58	30,753.13	16,092.09	14,661.04	4,906,671.54
5	12-10-2024	4,906,671.54	30,753.13	15,526.59	15,226.54	4,891,445.00
6	01-10-2025	4,891,445.00	30,753.13	15,994.35	14,758.78	4,876,686.22
7	02-10-2025	4,876,686.22	30,753.13	15,946.10	14,807.03	4,861,879.19
8	03-10-2025	4,861,879.19	30,753.13	14,359.19	16,393.94	4,845,485.25
9	04-10-2025	4,845,485.25	30,753.13	15,844.08	14,909.05	4,830,576.20
10	05-10-2025	4,830,576.20	30,753.13	15,285.79	15,467.34	4,815,108.86
11	06-10-2025	4,815,108.86	30,753.13	15,744.75	15,008.38	4,800,100.48
12	07-10-2025	4,800,100.48	30,753.13	15,189.36	15,563.77	4,784,536.71
13	08-10-2025	4,784,536.71	30,753.13	15,644.78	15,108.35	4,769,428.36
14	09-10-2025	4,769,428.36	30,753.13	15,595.37	15,157.76	4,754,270.60
15	10-10-2025	4,754,270.60	30,753.13	15,044.34	15,708.79	4,738,561.81
16	11-10-2025	4,738,561.81	30,753.13	15,494.45	15,258.68	4,723,303.13
17	12-10-2025	4,723,303.13	30,753.13	14,946.34	15,806.79	4,707,496.34
18	01-10-2026	4,707,496.34	30,753.13	15,392.87	15,360.26	4,692,136.08
19	02-10-2026	4,692,136.08	30,753.13	15,342.64	15,410.49	4,676,725.59
20	03-10-2026	4,676,725.59	30,753.13	13,812.36	16,940.77	4,659,784.82
21	04-10-2026	4,659,784.82	30,753.13	15,236.86	15,516.27	4,644,268.55
22	05-10-2026	4,644,268.55	30,753.13	14,696.24	16,056.89	4,628,211.66
23	06-10-2026	4,628,211.66	30,753.13	15,133.62	15,619.51	4,612,592.15
24	07-10-2026	4,612,592.15	30,753.13	14,596.01	16,157.12	4,596,435.03
25	08-10-2026	4,596,435.03	30,753.13	15,029.71	15,723.42	4,580,711.61
26	09-10-2026	4,580,711.61	30,753.13	14,978.30	15,774.83	4,564,936.78
27	10-10-2026	4,564,936.78	30,753.13	14,445.22	16,307.91	4,548,628.87
28	11-10-2026	4,548,628.87	30,753.13	14,873.39	15,879.74	4,532,749.13
29	12-10-2026	4,532,749.13	30,753.13	14,343.36	16,409.77	4,516,339.36
30	01-10-2027	4,516,339.36	30,753.13	14,767.81	15,985.32	4,500,354.04
31	02-10-2027	4,500,354.04	30,753.13	14,715.54	16,037.59	4,484,316.45
32	03-10-2027	4,484,316.45	30,753.13	13,244.09	17,509.04	4,466,807.41
33	04-10-2027	4,466,807.41	30,753.13	14,605.85	16,147.28	4,450,660.13
34	05-10-2027	4,450,660.13	30,753.13	14,083.59	16,669.54	4,433,990.59
35	06-10-2027	4,433,990.59	30,753.13	14,498.54	16,254.59	4,417,736.00
36	07-10-2027	4,417,736.00	30,753.13	13,979.42	16,773.71	4,400,962.29
37	08-10-2027	4,400,962.29	30,753.13	14,390.54	16,362.59	4,384,599.70
38	09-10-2027	4,384,599.70	30,753.13	14,337.04	16,416.09	4,368,183.61
39	10-10-2027	4,368,183.61	30,753.13	13,822.61	16,930.52	4,351,253.09
40	11-10-2027	4,351,253.09	30,753.13	14,228.00	16,525.13	4,334,727.96
41	12-10-2027	4,334,727.96	30,753.13	13,716.74	17,036.39	4,317,691.57
42	01-10-2028	4,317,691.57	30,753.13	14,118.26	16,634.87	4,301,056.70
43	02-10-2028	4,301,056.70	30,753.13	14,063.87	16,689.26	4,284,367.44
44	03-10-2028	4,284,367.44	30,753.13	13,105.47	17,647.66	4,266,719.78
45	04-10-2028	4,266,719.78	30,753.13	13,951.59	16,801.54	4,249,918.24

----- Loan Amortization Schedule -----

Loan Account Number = 101779300

Payment	Payment Date	Start Balance	Payment Amount	Interest Paid	Principal Paid	Ending Balance
46	05-10-2028	4,249,918.24	30,753.13	13,448.37	17,304.76	4,232,613.48
47	06-10-2028	4,232,613.48	30,753.13	13,840.06	16,913.07	4,215,700.41
48	07-10-2028	4,215,700.41	30,753.13	13,340.10	17,413.03	4,198,287.38
49	08-10-2028	4,198,287.38	30,753.13	13,727.82	17,025.31	4,181,262.07
50	09-10-2028	4,181,262.07	30,753.13	13,672.16	17,080.97	4,164,181.10
51	10-10-2028	4,164,181.10	30,753.13	13,177.06	17,576.07	4,146,605.03
52	11-10-2028	4,146,605.03	30,753.13	13,558.83	17,194.30	4,129,410.73
53	12-10-2028	4,129,410.73	30,753.13	13,067.04	17,686.09	4,111,724.64
54	01-10-2029	4,111,724.64	30,753.13	13,444.78	17,308.35	4,094,416.29
55	02-10-2029	4,094,416.29	30,753.13	13,388.18	17,364.95	4,077,051.34
56	03-10-2029	4,077,051.34	30,753.13	12,041.26	18,711.87	4,058,339.47
57	04-10-2029	4,058,339.47	30,753.13	13,270.22	17,482.91	4,040,856.56
58	05-10-2029	4,040,856.56	30,753.13	12,786.82	17,966.31	4,022,890.25
59	06-10-2029	4,022,890.25	30,753.13	13,154.30	17,598.83	4,005,291.42
60	07-10-2029	4,005,291.42	30,753.13	12,674.28	18,078.85	3,987,212.57
61	08-10-2029	3,987,212.57	30,753.13	13,037.63	17,715.50	3,969,497.07
62	09-10-2029	3,969,497.07	30,753.13	12,979.72	17,773.41	3,951,723.66
63	10-10-2029	3,951,723.66	30,753.13	12,504.77	18,248.36	3,933,475.30
64	11-10-2029	3,933,475.30	30,753.13	12,861.92	17,891.21	3,915,584.09
65	12-10-2029	3,915,584.09	30,753.13	12,390.41	18,362.72	3,897,221.37
66	01-10-2030	3,897,221.37	30,753.13	12,743.38	18,009.75	3,879,211.62
67	02-10-2030	3,879,211.62	30,753.13	12,684.49	18,068.64	3,861,142.98
68	03-10-2030	3,861,142.98	30,753.13	11,403.60	19,349.53	3,841,793.45
69	04-10-2030	3,841,793.45	30,753.13	12,562.13	18,191.00	3,823,602.45
70	05-10-2030	3,823,602.45	30,753.13	12,099.35	18,653.78	3,804,948.67
71	06-10-2030	3,804,948.67	30,753.13	12,441.66	18,311.47	3,786,637.20
72	07-10-2030	3,786,637.20	3,798,619.57	11,982.37	3,786,637.20	0.00

* -- Indicates that this payment amount is an outstanding receivable

Total Interest Paid: 1,016,546.53 Year Basis: 365 Days Method: Actual Days

Interest Rate Effective Date
3.8500 11-28-2023

Exhibit 8
Financial Schedules and Assumptions

SCHEDULE C - STATEMENT OF OPERATIONS
(in 000's)
(NURSING HOME OPERATION ONLY)
AMOUNTS ENTERED SHOULD REFLECT ADJUSTMENTS/RECLASSIFICATIONS
FOLLOWING ASA REPORTING GUIDELINES

Name of Facility Ashley House

Page 1 of 1

Line No.	Account	Actual FYE 20__	Actual FYE 20__	Actual FYE 20__	Current FYE 20__	NON-INFLATED DOLLARS		
						Projected FYE 2025	Projected FYE 2026	Projected FYE 2027
1	ROUTINE CARE REVENUE					10,950,000	10,950,000	10,950,000
2								
3	OTHER PATIENT REVENUE							
4								
5	OTHER OPERATING REVENUE							
6								
7	REVENUE DEDUCTIONS					766,500	766,500	766,500
8								
9	NET OPERATING REVENUE					10,183,500	10,183,500	10,183,500
10	(lines 1 + 3 + 5 - 7)							
11	ROUTINE EXPENSES							
12	Nursing Services							
13	Food							
14	Property							
15	Administration & Operations							
16	TOTAL ROUTINE EXPENSES							
17								
18	OTHER PATIENT EXPENSES							
19								
20	OTHER OPERATING EXPENSES							
21	(unallowable)							
22	TOTAL OPERATING EXPENSES							
23	(lines 16 + 18 + 20)							
24	NON-OPERATING REVENUE							
25								
26	NON-OPERATING EXPENSES							
27								
28	NET INCOME (LOSS)							
29	(lines 9 - 22 + 24 - 26)							

SCHEDULE E - STATEMENT OF CHANGES IN EQUITY/FUND BALANCE
(in 000's)
(NURSING HOME OPERATION ONLY)
AMOUNTS ENTERED SHOULD REFLECT ADJUSTMENTS/RECLASSIFICATIONS
FOLLOWING ASA REPORTING GUIDELINES

Name of Facility ___Ashley House-Bridges to Home_____

Page 1 of 1

Line No.	Account	Actual FYE 20__	Actual FYE 20__	Actual FYE 20__	Current FYE 2024	NON-INFLATED DOLLARS		
						Projected FYE 2025__	Projected FYE 2026	Projected FYE 2027
1	BEGINNING EQUITY/FUND BALANCES				0	-366,348	3,727,915	7,822,178
2								
3	PRIOR PERIOD ADJUSTMENTS (EXPLAIN)							
4								
5								
6								
7								
8	ADJUSTED BEGINNING BALANCE							
9	ADD:							
10	Net Income (loss)				-366,348	4,094,263	4,094,263	4,094,263
11	Additional Stock Issues							
12	Additional Paid-in Capital							
13	Other (Explain)							
14								
15								
16								
17								
18	DEDUCT:							
19	Dividends							
20	Partnership Distributions							
21	Owners Draws							
22	Other (Explain)							
23								
24								
25								
26	ENDING EQUITY/FUND BALANCE				(366,348)	3,727,915	7,822,178	11,916,441

SCHEDULE G - ITEMIZED LIST OF REVENUE AND EXPENSES
REVENUE - (in 000's)
(NURSING HOME OPERATION ONLY)
AMOUNTS ENTERED SHOULD REFECT ADJUSTMENTS/RECLASSIFICATIONS
FOLLOWING AASA REPORTING GUIDELINES

Name of Facility: Ashley House

Page 1 of 9

Line No.	Account	Actual FYE 20__	Actual FYE 20__	Actual FYE 20__	Current FYE 20__	NON-INFLATED DOLLARS		
						Projected FYE 2025	Projected FYE 2026	Projected FYE 2027
0	ROUTINE CARE REVENUE							
1	Medicare							
2	Medicaid							
3	Private					1,018,350	1,018,350	1,018,350
4	Other Routine Care					9,165,150	9,165,150	9,165,150
5	TOTAL ROUTINE CARE REVENUE					10,183,500	10,183,500	10,183,500
6	OTHER PATIENT REVENUE							
7	Physician Care							
8	Physical Therapy							
9	Pharmacy							
10	Speech Therapy							
11	Occupational Therapy							
12	Nursing Supplies							
13	Equipment Rental							
14								
15	Patient Activities							
16	Laboratory/ X-Ray							
17	Exceptional Care							
18	Oxygen							
19	Other Patient Revenue							
20	Mental Retardation							
21	Mental Health							
22	Supplementation							
23	Hold Room							
24	TOTAL OTHER PATIENT REVENUE							
25	OTHER OPERATING REVENUE							
26	Laundry							
27	Meals							
28	Vending Machines							
29	Barber & Beauty Shop							
30	Gift Shop							
31	Patient Telephone							
32	Property Rental							
33	Other Operating							
34	TOTAL OTHER OPERATING REVENUE							
35	NON-OPERATING REVENUE							
36	Gain on Sale of Fixed Assets							
37	Interest Income							
38	Divident Income							
39	Other Non-Operating							
40	TOTAL NON-OPERATING REVENUE							
41	REVENUE DEDUCTIONS							
42	TOTAL REVENUE					10,183,500	10,183,500	10,183,500
43	(lines 5+24+34+40+41)							

SCHEDULE G - ITEMIZED LIST OF REVENUE AND EXPENSES
NURSING SERVICES EXPENSES - (in 000's)
(NURSING HOME OPERATION ONLY)
AMOUNTS ENTERED SHOULD REFECT ADJUSTMENTS/RECLASSIFICATIONS
FOLLOWING AASA REPORTING GUIDELINES

Name of Facility: Ashley House

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Line No.	Account	Actual FYE 20__	Actual FYE 20__	Actual FYE 20__	Current FYE 20__	NON-INFLATED DOLLARS		
						Projected FYE 2025	Projected FYE 2026	Projected FYE 2027
44	SALARIES & WAGES							
45	DNS					133,152	133,152	133,152
46	RN					814,680	814,680	814,680
47	LPN					611,930	611,930	611,930
48	Nursing Assistants					887,738	887,738	887,738
49	Other Nursing Services					196,881	196,881	196,881
50	TOTAL SALARIES & WAGES					2,644,381	2,644,381	2,644,381
51								
52	FRINGE BENEFITS							
53	PAYROLL TAXES					449,545	449,545	449,545
54	PURCHASED SERVICES					241,538	241,538	241,538
55	ALLOCATED EXPENSES					220,434	220,434	220,434
56	REVENUE OFFSET					3,556	3,556	3,556
57	NURSING SERVICES (lines 50+52+53+54+55+56+57)					3,559,454	3,559,454	3,559,454

FOOD EXPENSES

Line No.	Account	Actual FYE 20__	Actual FYE 20__	Actual FYE 20__	Current FYE 20__	NON-INFLATED DOLLARS		
						Projected FYE 2025	Projected FYE 2026	Projected FYE 2027
58	Food					18,630	18,630	18,630
59								
60	Revenue Offset							
61								
62	TOTAL FOOD (lines 58 + 60)					18,630	18,630	18,630

SCHEDULE G - ITEMIZED LIST OF REVENUE AND EXPENSES
ADMINISTRATION AND OPERATIONS EXPENSES - (in 000's)
(NURSING HOME OPERATION ONLY)
AMOUNTS ENTERED SHOULD REFECT ADJUSTMENTS/RECLASSIFICATIONS
FOLLOWING AASA REPORTING GUIDELINES

Name of Facility: Ashley House

Page 3 of 9

Line No.	Account	Actual FYE 20__	Actual FYE 20__	Actual FYE 20__	Current FYE 20__	NON-INFLATED DOLLARS		
						Projected FYE 2025	Projected FYE 2026	Projected FYE 2027
63	GENERAL AND ADMINISTRATIVE							
64	Salaries and Wages							
65	Administrator					150,836	150,836	150,836
66	Assistant Administrator					0	0	0
67	Administrator In-Training					0	0	0
68	Other					444,459	444,459	444,459
69	TOTAL SALARIES					595,295	595,295	595,295
70								
71	Admin., Asst. Admin., Admin-in-Training							
	Fringe benefits					25,642	25,642	25,642
72	Admin. Asst., Admin., Admin. in-Training					0	0	0
	Payroll Taxes					0	0	0
73	Other Fringe Benefits					75,558	75,558	75,558
74	Other Payroll Taxes					40,597	40,597	40,597
75	Admin. Supplies					5,400	5,400	5,400
76	PURCHASED SERVICES							
77	Administrator					0	0	0
78	Assistant Administrator					0	0	0
79	Administrator In-Training					0	0	0
80	Ward Clerks					0	0	0
81	Medical Records					0	0	0
82	Accounting/Bookkeeping					0	0	0
83	Legal					0	0	0
84	Other					0	0	0
85	TOTAL PURCHASED SERVICES					0	0	0
86								
87	Allocated Expenses							
88								
89	Management Fees							
90	Travel					14,950	14,950	14,950
91	Telephone							
92	Dues and Subscriptions					3,540	3,540	3,540
93	Education & In-Service Training					15,420	15,420	15,420
94	Insurance					3,996	3,996	3,996
95								

SCHEDULE G - ITEMIZED LIST OF REVENUE AND EXPENSES
ADMINISTRATION AND OPERATIONS EXPENSES - (in 000's)
(NURSING HOME OPERATION ONLY)
AMOUNTS ENTERED SHOULD REFECT ADJUSTMENTS/RECLASSIFICATIONS
FOLLOWING AASA REPORTING GUIDELINES

Name of Facility: Ashley House

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Line No.	Account	Actual FYE 20__	Actual FYE 20__	Actual FYE 20__	Current FYE 20__	NON-INFLATED DOLLARS		
						Projected FYE 2025	Projected FYE 2026	Projected FYE 2027
96	Miscellaneous Taxes					150	150	150
97	Start-up/Organization Costs							
98	Advertising							
99	Other							
100	Nursing Supplies					58,800	58,800	58,800
101	Group retro expenses							
102	Licenses					17,260	17,260	17,260
103								
104	Other					34,764	34,764	34,764
105	TOTAL GENERAL AND ADMIN. (lines 69 through 104, less line 85)					891,372	891,372	891,372

SCHEDULE G - ITEMIZED LIST OF REVENUE AND EXPENSES
ADMINISTRATION AND OPERATIONS EXPENSES - (in 000's)
(NURSING HOME OPERATION ONLY)
AMOUNTS ENTERED SHOULD REFECT ADJUSTMENTS/RECLASSIFICATIONS
FOLLOWING AASA REPORTING GUIDELINES

Name of Facility: Ashley House

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Line No.	Account	Actual FYE 20__	Actual FYE 20__	Actual FYE 20__	Current FYE 20__	NON-INFLATED DOLLARS		
						Projected FYE 2025	Projected FYE 2026	Projected FYE 2027
106	MAINTENANCE							
107	Salaries and Wages					76,313	76,313	76,313
108	Fringe Benefits					12,973	12,973	12,973
109	Supplies/Other					5,596	5,596	5,596
110	Purchased Services					13,110	13,110	13,110
111	Allocated Expenses					5,196	5,196	5,196
112	Payroll Taxes					6,970	6,970	6,970
113	TOTAL MAINTENANCE					120,158	120,158	120,158
114	LAUNDRY							
115	Salaries and Wages					86,990	86,990	86,990
116	Fringe Benefits					76,313	76,313	76,313
117	Supplies/Other					37,800	37,800	37,800
118	Purchased Services							
119	Allocated Expenses							
120	Payroll Taxes					7,946	7,946	7,946
121	TOTAL LAUNDRY					209,049	209,049	209,049
122	HOUSEKEEPING							
123	Salaries and Wages					100,000	100,000	100,000
124	Fringe Benefits					76,313	76,313	76,313
125	Supplies/Other					12,600	12,600	12,600
126	Purchased Services							
127	Allocated Expenses							
128	Payroll Taxes					9,134	9,134	9,134
129	TOTAL HOUSEKEEPING					198,047	198,047	198,047
130	DIETARY							
131	Salaries and Wages					207,867	207,867	207,867
132	Fringe Benefits					76,313	76,313	76,313
133	Supplies/Other					4,200	4,200	4,200
134	Purchased Services							
135	Allocated Expenses							
136	Payroll Taxes					18,987	18,987	18,987
137	TOTAL DIETARY					307,367	307,367	307,367
138	OTHER PROPERTY							
139	Utilities					98,262	98,262	98,262
140	Property Insurance					14,748	14,748	14,748
141	Real Estate Taxes					200	200	200
142	Personal Property Taxes							
143	Allocated Expenses							
144	Minor Equipment					11,750	11,750	11,750
145	Other					1,000	1,000	1,000
146	Incidental Rentals							
147	TOTAL OTHER PROPERTY					125,960	125,960	125,960
148	REVENUE OFFSET							
149								
150	TOTAL ADMIN. & OPERATIONS					1,851,953	1,851,953	1,851,953
151	(Lines 105+113+121+129+137+147+148)							

SCHEDULE G - ITEMIZED LIST OF REVENUE AND EXPENSES
PROPERTY EXPENSES - (in 000's)
(NURSING HOME OPERATION ONLY)
AMOUNTS ENTERED SHOULD REFECT ADJUSTMENTS/RECLASSIFICATIONS
FOLLOWING AASA REPORTING GUIDELINES

Name of Facility: Ashley House

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Line No.	Account	Actual FYE 20__	Actual FYE 20__	Actual FYE 20__	Current FYE 20__	NON-INFLATED DOLLARS		
						Projected FYE 2025	Projected FYE 2026	Projected FYE 2027
152	DEPRECIATION							
153	Land Improvements							
154	Buildings					356,747	356,747	356,747
155	Building Improvements							
156	Equipment					71,336	71,336	71,336
157	Leasehold Improvements					3,211	3,211	3,211
158	TOTAL DEPRECIATION					431,294	431,294	431,294
159								
160	INTEREST					223,906	223,906	223,906
161	ALLOCATED EXPENSES							
162	LEASE PAYMENTS							
163	Lease Payment-Land							
164	Lease Payment-Building							
165	Lease Payment-Equipment							
166	TOTAL LEASE PAYMENTS							
167								
168	REVENUE OFFSET							
169								
170	TOTAL PROPERTY (lines 158 + 161 + 168)					655,200	655,200	655,200
171	TOTAL ROUTINE EXPENSES (lines 57 + 62 + 150 + 170)					6,085,237	6,085,237	6,085,237

SCHEDULE G - ITEMIZED LIST OF REVENUE AND EXPENSES
OTHER PATIENT EXPENSES - (in 000's)
(NURSING HOME OPERATION ONLY)
AMOUNTS ENTERED SHOULD REFECT ADJUSTMENTS/RECLASSIFICATIONS
FOLLOWING AASA REPORTING GUIDELINES

Name of Facility: Ashley House

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Line No.	Account	Actual FYE 20__	Actual FYE 20__	Actual FYE 20__	Current FYE 20__	NON-INFLATED DOLLARS		
						Projected FYE 2025	Projected FYE 2026	Projected FYE 2027
172	Physical Therapy							
173	Salaries & Wages							
174	Fringe Benefits							
175	Payroll Taxes							
176	Supplies/Other					1,200	1,200	1,200
177	Purchased Services							
178	Allocation Expenses							
179	TOTAL					1,200	1,200	1,200
180	Speech Therapy							
181	Salaries & Wages							
182	Fringe Benefits							
183	Payroll Taxes							
184	Supplies/Other							
185	Purchased Services							
186	Allocation Expenses							
187	TOTAL							
188								
189	Occupational Therapy							
190	Salaries & Wages							
191	Fringe Benefits							
192	Payroll Taxes							
193	Supplies/Other					1,200	1,200	1,200
194	Purchased Services							
195	Allocation Expenses					1,600	1,600	1,600
196	TOTAL					2,800	2,800	2,800
197								
198	(SPECIFY)							
199								
200								
201								
202								
203								
204								
205								
206								
207								
208	TOTAL (199-207)					0	0	0
209	TOTAL OTHER PATIENT EXPENSES (Lines 179 + 187 + 196 + 208)					4,000	4,000	4,000

SCHEDULE G - ITEMIZED LIST OF REVENUE AND EXPENSES
OTHER OPERATING EXPENSES (UNALLOWABLE) - (in 000's)
(NURSING HOME OPERATION ONLY)
AMOUNTS ENTERED SHOULD REFECT ADJUSTMENTS/RECLASSIFICATIONS
FOLLOWING AASA REPORTING GUIDELINES

Name of Facility: Ashley House

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Line No.	Account	Actual FYE 20__	Actual FYE 20__	Actual FYE 20__	Current FYE 20__	NON-INFLATED DOLLARS		
						Projected FYE 2025	Projected FYE 2026	Projected FYE 2027
210	(SPECIFY)							
211	Salaries & Wages							
212	Fringe Benefits							
213	Payroll Taxes							
214	Supplies/Other							
215	Purchased Services							
216	Allocated Expenses							
217	TOTAL							
218								
219	(SPECIFY)							
220	Salaries & Wages							
221	Fringe Benefits G & A							
222	Supplies/Other							
223	Purchased Services							
224	Allocation Expenses							
225	Payroll Taxes							
226	TOTAL							
227	OTHER UNALLOWABLE EXPENSES							
228	Admin. Compensation over Ceiling							
229	Management Fees over Ceiling							
230	Unallowable Depreciation							
231	Unallowable Bed Debts							
232	Unallowable Advertising							
233	Unallowable Travel							
234	Unallowable Interest							
235	Unallowable Allocated Property							
236	Unallowable Lease Payment							
237	Other (Specify)							
238								
239								
240								
241								
242								
243	TOTAL (lines 256 - 281)					0	0	0
244	TOTAL OTHER OPER. EXPENSES (UNALLOWABLE) (Lines 217 + 226 + 243)					0	0	0

SCHEDULE G - ITEMIZED LIST OF REVENUE AND EXPENSES
NON-OPERATING EXPENSES (UNALLOWABLE) - (in 000's)
(NURSING HOME OPERATION ONLY)
AMOUNTS ENTERED SHOULD REFECT ADJUSTMENTS/RECLASSIFICATIONS
FOLLOWING AASA REPORTING GUIDELINES

Name of Facility: Ashley House

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Line No.	Account	Actual FYE 20__	Actual FYE 20__	Actual FYE 20__	Current FYE 20__	NON-INFLATED DOLLARS		
						Projected FYE 2025	Projected FYE 2026	Projected FYE 2027
245	LOSS ON SALE OF FIXED ASSETS							
246	INCOME TAX							
247	OTHER (Specify)							
248								
249								
250								
251	TOTAL NON-OPERATING EXPENSES (UNALLOWABLE)					0	0	0
252	TOTAL EXPENSES (Lines 171+209+244+251)					6,089,237	6,089,237	6,089,237
	NET INCOME (loss)					4,094,263	4,094,263	4,094,263

**SCHEDULE H
DEBT INFORMATION FOR CURRENT FISCAL YEAR 2024**

(NURSING HOME OPERATION ONLY)

Name of Facility: Ashley House

Page 1 of 1

Line No.	Date of Loan	Lender	Purpose & Security	Original Term of Loan	Annual Interest Rate	Original Loan Amount	Loan balance as of the End of Prior Year	Report Period Payments		Balance per Financial Statement
								Principal	Interest	
DEBT WITH BALANCE OVER \$5,000 AT THE END OF REPORT PERIOD										
1	2/27/2023	Heritage Bank	Construction of SNF Secured by Collateral : Deed of Trust covering real property in King County: Shoreline facility (18904 Burke Ave N, Shoreline WA 98133) and Admin Bldg (33811 9th Ave S, Federal Way WA 98003	7 years	3.85% fixed	5,140,000	5,068,454	176,996.63	192,040.93	4,891,457
2										
3										
4										
5										
6										
7										
8										
TOTAL OF ALL INDIVIDUAL DEBT UNDER \$5,000 AT THE END OF REPORT PERIOD										
9										

Financial Assumptions:

Expenses, in general, were based upon Ashley House’s existing operations and experience and assumptions regarding Bridges to Home actual experience.

Line Item	Assumption
Revenue:	
Routine Revenue	\$2,500 per day and only payer is HMO-Other
Expenses:	
Salaries, Wages, Benefits and Payroll Taxes	Represented staff are on union contract with wage increases. 2025 assumptions: RN: \$62.00 (average); MDS coordinator/staff development (\$62.00 CNA: \$33.78 (average); LPN: \$46.57 (average); Social Services: \$24.04 Administrator: \$72.50 Director Learning and Empowerment (allocated position) Dietitian: \$55.00 Food manager: \$40.00 Dietary/Housekeeping/laundry: \$32.00 Activity /OT: \$46.31 Social Worker: \$45.60 Maintenance: \$36.68 Activity Assistant: \$32.00 Accounting: Allocated position Network Support: IT support Reception/Admin: \$39.67 Benefits, including payroll taxes were assumed to be 17%.
Purchased Services (Line 54)	Medical Director: \$56,671 Primary Care Team: \$154,500. Pharmacy: \$6,180 Language line: \$1,236
Food (including dietary supplements) (Line 58)	\$4.31 per patient day (confirm)
Admin Supplies (Line 75)	\$100/month for office supplies; 150/month for toner and paper; postage: 50/month
Accounting/Bookkeeping (Line 82)	\$200/month
Other Purchased services: (Line 84)	\$1,780/month for information system subscription
Management Fees (overhead) (Line 89)	0.5% of annual revenue
Travel (Line 90)	\$675/month (mileage) and \$850/year for travel
Education and In Service Training (Line 93)	Education and training: \$1,144/month Conferences: 77.50/month

Line Item	Assumption
Insurance (Line 94)	\$1,272/month (listed as other overhead)
Advertising (recruitment) (Line 98)	\$604/month (staff recruitment & staff employment expenses)
Nursing Supplies (Line 100)	Nursing PPE: \$2,000/month Nursing OTC: \$300/month Incontinent: \$2,500/month Personal care: \$1,200/month
Office Equipment Lease Payments (Line 102)	\$250/month
Licenses (Line 103)	\$1,450.50 for all licenses (EMR, CLIA, software, etc.). IT support: \$2,060/month
Other (Line 104)	Clothing and Toys: \$100/month Social and Cultural: \$100/month Summer/Winter Events: \$400/event (2 per year) Holiday Party: \$400 per event/2 per year Family Supplies: \$100/month Staff appreciation and staff meetings: \$276.50
Maintenance – purchased services (Line 110)	Equipment: \$750/month; is this the same line item as original? Other maintenance: \$2,128/month
Laundry – purchased services (Line 118)	Linen: \$2,500/month
Housekeeping supplies (Line 125)	Dietary disposables and chemicals: \$350/month Laundry disposables: \$300/month Housekeeping disposables and chemicals: \$1,050/month
Utilities (Line 139)	\$8,601 per month, also includes internet and streaming service for residents
Property Insurance (Line 140)	\$1,229/mo.
Depreciation (Line 158)	Based on the capital expenditure and assumes an average useful life of 27.5 years for the building, 20 years for land improvements and 7 years for equipment
Interest (Line 160)	Is there a separate amortization schedule that we could submit?
Vehicle Expense	Average of \$953.83 per month for gas, insurance and maintenance