



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

HOME / PROVIDER

**Sunday Lake AFH Vicky J Chapman**

LICENSE NUMBER

**412500**

**NOTE:** The term "the home" refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through "reasonable accommodations." The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

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### About the Home

1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.

**This home only provides care for developmentally disabled women.**

2. INITIAL LICENSING DATE

**07/01/1998**

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

**2015 252<sup>nd</sup> ST NW, Stanwood, WA 98292**

5. OWNERSHIP

- Sole proprietor  
 Limited Liability Corporation  
 Co-owned by:  
 Other:

### Personal Care

"Personal care services" means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident's needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

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

**Provider will cut up or puree food, assist with getting food on utensil, feed the client, assist with drinking, and we will watch and cue client to eat slower if needed to avoid choking.**

2. TOILETING

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

**Provider will assist with transferring client to the toilet, change pads or pull ups, pull clothes up or down and assist with wiping and cleaning the client.**

3. WALKING

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

**Provider will walk beside the client, offer an arm to hold onto, offer use of walking aids such as canes or walkers.**

4. TRANSFERRING

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

**This home only offers transfers requiring one person assists.**

5. POSITIONING

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

**Provider will rotate every 2 hours or as often as needed. Provider will use pillows to prop client if needed.**

6. PERSONAL HYGIENE

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

**Provider will comb or brush hair, brush and floss teeth, clip nails, shave, apply make up and lotion, and wipe the clients face.**

7. DRESSING

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

**Provider will assist the client with dressing or fully dress a client. Provider will allow the client to pick out what they want to wear or assist if needed.**

8. BATHING

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

**Provider will assist with entering and exiting the tub or shower, assist with bathing or showering. Provider will completely bath or shower including hair care. Will also just stand by if needed.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Provider will encourage the client to do as much for themselves as possible to maintain independence.**

**Medication Services**

If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)

The type and amount of medication assistance provided by the home is:

**All clients in this home must be able to self medicate. Provider will provide medications from a locked area to client. Explain what each medication is. Place the medication in clients hand if needed. Provide water, drink or food as needed to take medication. Chart all medication on clients individual med chart.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**All medication are delivered in bubble packs.**

### Skilled Nursing Services and Nurse Delegation

If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)

The home provides the following skilled nursing services:

**Providers are trained in nurse delegation and the home has a RN who consults with care providers.**

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

**Any skilled nursing service covered with nurse delegation.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

### Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- Developmental disabilities
- Mental illness
- Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

### Staffing

The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)

- The provider lives in the home.
- A resident manager lives in the home and is responsible for the care and services of each resident at all times.
- The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home.

The normal staffing levels for the home are:

- Registered nurse, days and times: \_\_\_\_\_
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **as needed**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

### Cultural or Language Access

The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)

The home is particularly focused on residents with the following background and/or languages:

**English**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**Will provide or make meals of different cultures as requested by clients of family members.**

**Medicaid**

The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)

- The home is a private pay facility and does not accept Medicaid payments.
- The home will accept Medicaid payments under the following conditions:

ADDITIONAL COMMENTS REGARDING MEDICAID

**Activities**

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

**Provider provides going out to eat, bowling, movie night, game time, going to the park, take walk with client, arranging transportation if client works, or adult day health.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Activies can change according to clients likes and needs.**

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto:AFHDisclosures@DSHS.WA.GOV)

The form may also be returned by mail at:  
RCS – Attn: Disclosure of Services  
PO Box 45600  
Olympia, WA 98504-5600