



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

Received

JAN 00 2014

HOME / PROVIDER <i>Sunshine Care / Daniela Mezinu.</i>	LICENSE NUMBER <i>461401</i>
---	---------------------------------

**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.

### Table of Contents

- About the Home
- Personal Care
- Medication Services
- Skilled Nursing Services and Nursing Delegation
- Specialty Care Designations
- Staffing
- Cultural or Language Access
- Medicaid
- Activities

### 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. <i>At our home you are free from daily tasks, free to spend your time with your friends engaged in activities that most appeal to you, or free to enjoy the privacy of your own room... the choice is always yours.</i>	
2. INITIAL LICENSING DATE <i>11-1-2005</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>none</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>none</i>	
5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> 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: Preparing meals, serving meals, help with feeding, and feeding tubes w/delegation.

### 2. TOILETING

If needed, the home may provide assistance with toileting as follows: Help with taking to bathroom perineal cleaning and changing of depends.

### 3. WALKING

If needed, the home may provide assistance with walking as follows: Walk alongside resident use lift belt if needed, gently guidance and cuing.

### 4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: Help resident stand and transfer; give gentle directions to next step.

### 5. POSITIONING

If needed, the home may provide assistance with positioning as follows: Watch skin closely and reposition every couple of hours.

### 6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: Wash face, wash perineal area, cleaning dentures, brush hair daily.

### 7. DRESSING

If needed, the home may provide assistance with dressing as follows: Guide and cue resident to lift arms if possible and help put on lower body clothing.

### 8. BATHING

If needed, the home may provide assistance with bathing as follows: Take resident to shower wash entire body and shampoo hair.

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

## 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 medication assistance except insulin.

### ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Resident must be able to administer their own insulin.

### 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: *We contact dr. to order Home Health visits or we contact nurse delegator.*

The home has the ability to provide the following skilled nursing services by delegation: *We administer all medication by delegation except insulin.*

#### ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

*Resident must be able to administer insulin on their own*

### 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

*We cannot provide services for bipolar, schizophrenia, exit seekers, or violent behaviors.*

### 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: *Nurse delegator on schedule every 3 mo.*
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: *at all times*
- Awake staff at night
- Other: *Dr. on home visits every 1, 2, or 3 mo. as needed.*

#### 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:

*American culture, American food, English language*

#### ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

*We only provide informational materials in English.*

**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: *NO violent behaviors, bipolar, schizophrenia, wanderers, exit seekers, extreme anxiety,*

ADDITIONAL COMMENTS REGARDING MEDICAID

*We do not accept smokers.*

**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: *reading, subscription to different magazines, board games, music therapy, aroma therapy, reminiscing.*

ADDITIONAL COMMENTS REGARDING ACTIVITIES