Washington State Department of Social & Health Services
Transforming lives

# Adult Family Home Disclosure of Services Required by RCW 70.128.280

| HOME / PROVIDER | LICENSE NUMBER |
|---|---|
| SUNSHINE CARE / CAMELIA RARINCA CNA | 623701 |

**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.

SUNSHINE CARE is an CNA owned and operated AFH since 2006. We believe in providing the highest level of individualized personal care care in a place like your own home. Because of the small intimate, home like environment, our residents truly become part of our family.

2. INITIAL LICENSING DATE: 13th Feb 2006

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- [x] 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

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If needed, the home may provide assistance with eating as follows:
supervision and feeding therapeutic diets (renal, diabetic cardiac)

2. TOILETING

If needed, the home may provide assistance with toileting as follows:
Bladder/bowel program, incontinence care management straight catheterization.

3. WALKING

If needed, the home may provide assistance with walking as follows:
stand by assistance, transfer, cane, walker, wheelchair assistance

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:
1-2 person assistance, transfer pole mecanical lift.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:
1-2 person assistance with turning and reposition every 2 hours and as need, use draw sheet, trapeze etc.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows:
Assistance or total care with daily grooming: brushing teeth, shaving, make-up, hair care, nail care skin care. etc

7. DRESSING

If needed, the home may provide assistance with dressing as follows:
Assistance or total care with dressing/undressing.

8. BATHING

If needed, the home may provide assistance with bathing as follows:
1-2 person assistance with shower or bath 1-2 times per week and as need, bed bath, sponge bath etc

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE
Each resident will receive services personalized to their specific needs while promoting 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:
Our staff is trained and delegated to administer oral medication PRN, eye drops, ear drops ointments etc

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES
THE AFH is owned and operated by a licensed who provides complete medication management.

## 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:
wound care, Ostomy care, Catheter care etc

The home has the ability to provide the following skilled nursing services by delegation:
medication administration, blood sugar monitoring wound care, catheter,

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ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The AFH provides delegation to all qualified staff. Home nurse nursing

## Specialty Care Designations

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

- [x] Developmental disabilities
- [x] Mental illness
- [x] Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS

Diabetes, Stroke, Heart Problems, Alzheimer's Disease, Renal Disease Hospice Care, etc

## 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)

- [x] 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: _____
- [x] Certified nursing assistant or long term care workers, days and times: 24/7
- [ ] Awake staff at night
- [ ] Other:

ADDITIONAL COMMENTS REGARDING STAFFING

our facility is operated by owner with over 10 years experience.

## 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:

We are accomodating all cultural and ethnic backgrounds by serving ethnic food and providing traditional activities.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Currently, the AFH staff speaks English, Romanian Spanish.

## 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.
- [x] The home will accept Medicaid payments under the following conditions:

THE AFH is Medicaid contracted and does not apply any conditions for Medicaid eligible residents.



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| ADDITIONAL COMMENTS REGARDING MEDICAID |
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| Activities |
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| 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: Exercise or physical games, entertainment, sing-along. Music therapy crafts an arts Holiday and Birthday Celebration. |
| ADDITIONAL COMMENTS REGARDING ACTIVITIES Activity is an integral part of the daily living proces satisfaction and developing the individual interests of each resident. |

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

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

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