



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

HOME / PROVIDER <i>Sunnyside, AFH / Jocelyn Leon Guerrero</i>	LICENSE NUMBER <i>75D180</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>we are dedicated to meeting each clients individual needs. The center of our business is assuring and offering the best quality of life.</i>	
2. INITIAL LICENSING DATE <i>Nov. 27, 2006</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>Same</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:

*Feeding, Cueing, cutting food into small pieces, full to limited assist.*

2. TOILETING

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

*Total bowel program, toileting every 2 hrs. or as needed*

3. WALKING

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

*stand by assist, total assist, Contact guard assist*

4. TRANSFERRING

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

*One to two person transfer, Hoyer lift, sliding board - one to two person assist*

5. POSITIONING

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

*reposition every 2-3 hrs or as needed, 1-2 person assist*

6. PERSONAL HYGIENE

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

*Full to partial assist or as needed, set-up*

7. DRESSING

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

*Full to partial assist or as needed, set-up*

8. BATHING

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

*sponge bath daily, shower 1-2 times a week or as needed*

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

*We provide from light to total care  
Nail care, Hair care, shopping as needed.*

**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:

*minimal to full assist crushed meds*

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

*oral, topical, crushed meds, and others*

**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:

*Foley care, Colostomy care, Blood sugar, wound care*

The home has the ability to provide the following skilled nursing services by delegation: *Total meds administration, Blood sugar test, ostomy bag cleaning, Foley catheter rinse, intake, etc*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

*Any skilled or delegated task will be strictly under doctors or Hospice order and supervision*

**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 gladly accept and care for the special needed clients however, sometimes we need to maintain a harmonious environment to benefit all clients*

**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: *7 days a week / 24 hrs.*
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

*depending on the type of client we have at least one extra staff to help during daytime to late evening*

**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

*English / Filipino on Sat, Sun, Mon*

**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: *POA needs to understand the rule and policies of becoming medicaid. Provider can assist if POA is willing to cooperate.*

ADDITIONAL COMMENTS REGARDING MEDICAID

*accepted as private fill funds are extinguished then medicaid is okay*

**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: *Exercise, Range of motion activities, scheduled activities, crafting, Games, movies, snack time, music*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

*we individualized activities based on the residents needs and abilities to participate.*