



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER SUNSHINE AFH	DEVIKA BHAN	LICENSE NUMBER 750568
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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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RCS/Public Disclosure

About the Home	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home.</p> <p><i>Located in safe, quite Neighbour hood. Treated clients with respect, And provide good care and services.</i></p>	
<p>2. INITIAL LICENSING DATE</p> <p><i>8/01/07</i></p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p> <p><i>None.</i></p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p> <p><i>823.S. 27th ST, RENTON. WA 98055</i></p>	
<p>5. OWNERSHIP</p> <p><input checked="" type="checkbox"/> Sole proprietor</p> <p><input type="checkbox"/> Limited Liability Corporation</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input type="checkbox"/> Other:</p>	
Personal Care	
<p>"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)</p>	
<p>1. EATING</p>	

If needed, the home may provide assistance with eating as follows: Can provide food to clients room can feed them by hand if client is unable to feed themselves. Can cut food for client to make it easy to eat.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: Can take client to toilet if client cannot go by themselves, can clean them if client cannot. Also can help to get the equipment needed for their toilet use.

3. WALKING

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

Walker, cane, supervision, stand by

4. TRANSFERRING

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

Help resident to transfer in bed or sofa

5. POSITIONING

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

Able to help when needed.

6. PERSONAL HYGIENE

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

Apply lotion, shave, apply make up.

7. DRESSING

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

Change clients clothes.

8. BATHING

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

Help shower, can give shower

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE..

Always available for my resident's need.

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:

3 x medications with insulin.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES Order meds, document, put meds in small cup for clients to take or put it in their mouth. Also hand insulin to client. Keep the insulin in locked, cool. Only give meds which is Rx by doctors to client.

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:

Nurse Delegation.

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

Available upon request.

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

Nurse Delegation for Nursing Assistant: Special Focus on Diabetes

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: Provider - 7 days and all times.
- 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:

Very Good background | English and Hindi.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

beside English only other language All cultural residents are welcome, but ~~beside~~ which provider can spoke is Hindi.

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: Gardening, Resident have ~~video~~ ^{Video} game in there room, have group to go, walk and also it depends what activities client want to do.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

My AFH client like to do things on there own, like gardening, fishing also we all go out and have fun as a family. Also clients have game and depends clients mood.

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