



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

HOME / PROVIDER SUNRAYS VILLA AFH - RaymondOME Brillantes	LICENSE NUMBER 750888
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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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<b>About the Home</b>	
<b>1. PROVIDERS STATEMENT (OPTIONAL)</b> The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. To provide a home environment where each resident is assured of good care - physical, mental, emotional and other aspects of their well-being. Our skilled staff are also trained to protect their rights as individuals as mandated by the State regulations. Each resident is guaranteed of respect, understanding & consideration that they deserve.	
<b>2. INITIAL LICENSING DATE</b> April 2008	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> none
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> NewSystem Adult Family Home	
<b>5. OWNERSHIP</b> <input checked="" type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Company <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 1. S.W.I.P.E.S.: 2. clothing protector; 3. upright, sitting position; If needed, the home may provide assistance with eating as follows: 4. sit at client's level; 5. offer bite size food; 6. mouth empty before more food or drinks; 7. talk to client; 8. wipe food fr. mouth; 9. remove clothing protector; 10. clean-up

2. TOILETING 1. Assist client to normal position; 2. when transferring from a wheelchair, secure all wheels; If needed, the home may provide assistance with toileting as follows: a wheelchair, secure all wheels; 3. set up his things (toilet paper, soap, etc.); 4. assist with wiping if necessary.

3. WALKING 1. S.W.I.P.E.S.; 2. fasten non-skid footwear; 3. stand in front of client; If needed, the home may provide assistance with walking as follows: 4. brace client's lower extremities; 5. use gait belt for transfer (when needed); 6. place arm around client's torso; 7. assist client where he/she is going.

4. TRANSFERRING 1. S.W.I.P.E.S. 2. place chair touching bed; 2. lock wheels; If needed, the home may provide assistance with transferring as follows: 3. assist client roll toward side of bed; 4. support client's back and hips to sitting position, feet flat on floor; 5. put on non-sid footwear; 6. use transfer belt when needed.

5. POSITIONING 1. S.W.I.P.E.S.; 2. bend client's knees; 3. move client's body towards self; If needed, the home may provide assistance with positioning as follows: 4. position client in proper body alignment; 5. cover client with top sheet; 6. remove gloves.

6. PERSONAL HYGIENE 1. mouth care; 2. clean and store dentures; 3. shave; 4. finger/toe nail; If needed, the home may provide assistance with personal hygiene as follows: 5. footcare; 6. bathing; 7. bed bath; 8. dressing

7. DRESSING 1. S.W.I.P.E.S.; 2. ask what to wear; 3. remove clothes; weak arm to the correct sleeve; If needed, the home may provide assistance with dressing as follows: 4. put them on (clothes) gently;

8. BATHING 1. start at head then down (ask for preference); 2. use less soap; If needed, the home may provide assistance with bathing as follows: 3. use gentle touch; 4. ensure good lighting; 5. keep bathroom warm

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE Always consider client's preference and adjust level of care when 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: 1. Caregivers can assist when: 1. client is aware he/she is taking medication; 2. can put meds on mouth; 3. apply on own skin

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES Also, 1. coaching to take meds; 2. opening meds container; 3. handing it to the client; 4. crushing, cutting or mixing meds; 5. guiding client to pick up or when using lotion. 5. Other steps can be used when nurse delegated.

### 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:

A nurse delegator comes to check the clients every three months or as required. An ARNP comes every three months to check vitals, etc.

The home has the ability to provide the following skilled nursing services by delegation: 1. administration of oral, topical, inhaled meds and drops; 2. adm. of enemas or suppositories; 3. catheter, tube feedings, simple dressing, colostomy care.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Crown Health Clinic provides other tests (blood, x-rays, etc.)

### 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: \_\_\_\_\_
- 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:  
Residents with developmental disabilities, geriatrics.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

No cultural preferences - English and other understood languages.

**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: I AFH will also accept private pay clients until their benefits is transitioned to Medicaid.

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: Movie nights, bingo, eating out, activities with the local Parks and Recreation; Valley Cities group activities.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

AFH welcomes active family and other group supports in providing other activities.

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