



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER SUNRISE AFH II/ Ramel N. Dizon	LICENSE NUMBER 751465
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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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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. Sunrise AFH mission is to provide Compassionate, Professional, and Individualized Care for each of our residents and Peace of Mind for their loved ones. The home is owned and operated by Registered Nurses	
2. INITIAL LICENSING DATE 10/21/2009	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: n/a
4. SAME ADDRESS PREVIOUSLY LICENSED AS: 1139 Loyola St. NE, Olympia, WA. 98516	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" 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:

Assistance ranges from monitoring, cueing, cutting food to smaller pieces, to total feed assistance.

2. TOILETING

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

Assistance include timed toileting, transferring on & off toilet, changing briefs/attends, and total peri-care.

3. WALKING

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

Assistance ranges from helping residents to stand, support/contact guard, to total assistance while walking.

4. TRANSFERRING

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

Assistance is provided from cueing, monitoring, one to two person assist to total max assist. We can use mechanical lifts (hoyer lift / sit to stand) per MD's approval.

5. POSITIONING

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

Assistance is provided in bed mobility with repositioning the residents as needed, to total max assistance.

6. PERSONAL HYGIENE

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

Assistance is provided with personal hygiene from direct supervision, monitoring, cueing, set-up, to total assistance.

7. DRESSING

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

Assistance is provided from promoting independence, cueing, set-up, to total assistance.

8. BATHING

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

Assistance is provided from direct supervision, cueing, set-up to total assistance.

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 levels

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

All prescribed meds and prescribed over-the-counter meds will be administered at a designated time.

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 can provide all skilled nursing services under RN scope of practice.

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

The home is managed by a registered nurse who performs nurse delegation to all staff if needed.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

All medicaid residents will be delegated by state -contracted RN delegator.

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: **7 days a week, RN daily rounding, On-call RN if needed**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **2 staff, 7days a week**
- 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:

Some employees are bilingual (tagalog & english) however , we prefer speaking in english

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

no cultural preference

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:

The home will accept Medicaid payment residents after at least 3 years of being private pay.

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:

All activities will be based on resident's individual interests, choices, and participation levels.

ADDITIONAL COMMENTS REGARDING ACTIVITIES