



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER SUNRAYS FAMILY HOME, LLC	LICENSE NUMBER 751555
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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. SUNRAYS FAMILY HOME IS LOCATED IN A QUIET NEIGHBORHOOD IN THE SOUTH OF LYNNWOOD. WE ARE DEDICATED TO PROVIDE THE HIGHEST LEVEL OF CARE AND WARMTH FAMILY ATMOSPHERE ENHANCED BY THE COMPANIONSHIP OF A WELL-TRAINED CARING AND COMPASSIONATE STAFF IN A SECURED AND PRIVATE ENVIRONMENT.	
2. INITIAL LICENSING DATE JAN. 13 2010	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSSED: NOT APPLICABLE
4. SAME ADDRESS PREVIOUSLY LICENSSED AS: 21611 16th PLACE WEST, LYNNWOOD, WASHINGTON 98036	
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: WE ACCOMODATE ALL KINDS OF DIET.

CUEING, STAND BY ASSIST, HANDS ON ASSIST WITH EATING

2. TOILETING

If needed, the home may provide assistance with toileting as follows: NIGHT TIME TOILETING REMINDERS.

STAND BY ASSIST, HANDS ON ASSIST, COLOSTOMY CARE, CATHETER CARE

3. WALKING

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

STAND BY ASSIST, ONE PERSON ASSIST, PHYSICAL ASSIST

4. TRANSFERRING

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

ONE TO TWO PERSON ASSIST, Hoyer LIFT TRANSFER

5. POSITIONING

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

REPOSITIONING EVERY 2-3 HRS. FOR CLIENTS WHO NEEDS IT.

6. PERSONAL HYGIENE

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

CUEING, REMINDERS, HANDS ON ASSIST 2-3 X DAILY AND AS NEEDED

7. DRESSING

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

CUEING, REMINDERS, SUPERVISION, HANDS ON ASSIST

8. BATHING

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

CUEING, REMINDERS, SUPERVISION, HANDS ON ASSIST

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

PERSONAL CARE (HYGIENE IS DONE EVERY AM/PM, EVERY SHOWER & BATHING SCHEDULE

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:

CUEING, REMINDERS, SUPERVISION, HANDS ON ASSIST

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

WE CAN PERFORM MEDICATION ASSISTANCE SERVICES THROUGH NURSE DELEGATION

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 PROVIDE OCCUPATIONAL / PHYSICAL THERAPY THROUGH HOME HEALTH AGENCIES, WOUND CARE NURSE, AND THROUGH NURSE DELEGATION

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

CRUSHING MEDICATIONS, TOPICAL AND EYE DROPS, COMFORT KIT ADM., WOUND CARE

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

ARNP VISIT EVERY 2-3 MONTHS OR MORE OFTEN IF NEEDED
CNA, NAR, LTCW - 7 DAYS A WEEK / 24 HRS A DAY STAFFING COVERAGE

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: 1-2 X A WEEK AND IF NEEDED
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: _____
- Awake staff at night
- Other: ADMINISTRATIVE AND CARE COORDINATOR - DAILY

ADDITIONAL COMMENTS REGARDING STAFFING

OUR AFTN IS 24 HRS STAFFING COVERAGE, WITH 12 HRS CONTINUING EDUCATION EVERY YEAR

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 SPEAK ENGLISH AND TAGALOG

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

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:

IF WE FEEL THAT WE WILL BE ABLE TO MEET THE RESIDENT'S NEEDS.

ADDITIONAL COMMENTS REGARDING MEDICAID

WE ACCEPT MEDICAID CLIENTS WITH A RATE OF \$99.00 AND ABOVE PER DAY

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 SOCIAL, RECREATIONAL AND SPIRITUAL ACTIVITIES

CURRENT EVENTS, TRIVIA, CARDS AND GAMES, FITNESS PROGRAM, DANCING, SINGING, KARAOKE

ADDITIONAL COMMENTS REGARDING ACTIVITIES WE DO LADIES NAIL ALSO,

WE CELEBRATE RESIDENTS' BIRTHDAY, THANKSGIVING DAY AND CHRISTMAS