

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

HOME / PROVIDER <b>Sunset Gardens Home, LLC</b>	LICENSE NUMBER <b>751887</b>
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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

<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. <b>Our home has two registered nurses available twenty-four hours a day and a physician on-call who visits the residents on a regular basis. This home will provide any type and level of care if the needs of the resident can be met in a safe manner. We are owned and operated by two registered nurses with over forty years nursing experience and over twenty years in the adult family home business.</b>	
<b>2. INITIAL LICENSING DATE</b> <b>03/21/2011</b>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> <b>NA</b>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b> <b>NA</b>	
<b>5. OWNERSHIP</b> <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 offer minimal to total assistance with feeding as needed. We provide fresh nutritious meals and are able to accommodate a variety of special diets such as low fat, low sodium, carbohydrate managed, and heart healthy. We also accommodate several textures from regular, mechanical soft to pureed diets. We can manage tube feeding with nurse delegation.**

### 2. TOILETING

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

**We provide assistance from cueing, standby assist to total assist with toileting.**

### 3. WALKING

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

**We provide 1 person assist with ambulation with or without an assistive device.**

### 4. TRANSFERRING

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

**We provide assistance from stand by assist, 1 person assist, hoist lift and sit to stand machine as necessary.**

### 5. POSITIONING

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

**We provide 1 person assist with repositioning at least every 2 hours or as needed.**

### 6. PERSONAL HYGIENE

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

**We provide hygiene assistance from cueing to total assist.**

### 7. DRESSING

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

**We provide 1 person assist with dressing and undressing including total assist.**

### 8. BATHING

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

**We provide 1 person assist with bathing from stand by to total assist.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**We have a beautiful shared roll in shower. Additionally there are two private rooms with private baths.**

## 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:

**We provide assistance with medication management reminding, handling or opening the medication container.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Provider is a RN and can administer IV, subcutaneous, or IM medications.**

**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:

**Diabetic management, nebulizers, oxygen therapy up to and including ventilators. Sterile wound care, eye drops, ear drops, ointments, medication patches, nasal sprays and inhalers.**

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

**Insulin injections, blood glucose monitoring, eye drops, ear drops, ointments, medication patches, nasal sprays, inhalers, nebulizers, oxygen therapy and wound care.**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**Provider is a registered nurse. Our preferred pharmacy is Ready Meds Pharmacy.**

**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: **Home has two registered nurses on call 24 hours a day.**
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **Home has 24 hour 7 days a week staff, including wake night staff.**
- 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: <b>All backgrounds and languages welcome.</b>
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS
<b>Medicaid</b>
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) <input checked="" type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments. <input type="checkbox"/> The home will accept Medicaid payments under the following conditions:
ADDITIONAL COMMENTS REGARDING MEDICAID
<b>Activities</b>
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: <b>Music therapy, visiting live musicians, bingo, puzzles, exercise sessions, art projects, and walks both inside and outside the home.</b>
ADDITIONAL COMMENTS REGARDING 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