

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER SUNRISE VALLEY AFH / SUSAN LALANGAN VAUGHAN	LICENSE NUMBER 752194
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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.

Currently providing care for higher functioning adults who are working towards their goals such as sober living and/or independent living.

2. INITIAL LICENSING DATE

04/02/2012

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

N/A

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- 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: Help client to receive food and/or drink. This means preparing foods that client can eat independently.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: Clients must be able to toilet themselves independently, however, additional services such as peri care may be available on an as needed basis.

3. WALKING

If needed, the home may provide assistance with walking as follows: Maintain clear floors and walkways in order to avoid trips or falls. Clients must also be able to ambulate and navigate stairs independently.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: Clients must be able to transfer themselves independently, however, one person assist services may be available on an as needed basis.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: Clients must be able to position themselves independently, however, re-positioning services may be available on an as needed basis.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: Mostly cueing, but can help client with grooming, including but not limited to combing hair, brushing teeth, denture care, shaving, washing/drying face and hands, and fingernail care.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: Mostly cueing, but can help client to put on, fasten, and take off all items of clothing, including sleepwear, socks and shoes, and clothes worn out of the home. Also includes putting on and taking off braces, artificial limbs, and compression (TED) hose.

8. BATHING

If needed, the home may provide assistance with bathing as follows: Mostly cueing, but can help client to take a full body bath, shower, or sponge bath. Client must be able to get in and out of the tub/shower independently.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Primary clientele for consideration are mostly high functioning adults whose activities of daily living are independently achieved with some cueing.

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: Help client to take or use prescription medications. AFH may also assist in use of over-the-counter medicines, vitamins, or herbal supplements so long as client is cognitive and understanding of proper usage. Clients may also receive assistance with self-administration (subject to supervision), self-administration with assistance, and/or nurse delegation.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Clients who wish to self-administer their medications must maintain their own medications in a locked box and are subject to caregiver checks to ensure medications are being taken as prescribed.

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: N/A

The home has the ability to provide the following skilled nursing services by delegation: Insulin checks and administration.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Other tasks may be delegated by a supervising nurse delegator on an as needed basis.

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

Current clientele are primarily adults with mental illness (ie. schizophrenia, bi-polar disorder, depression, etc.). We also accept ECS eligible clients.

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)

X 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: N/A

Licensed practical nurse, days and times: N/A

Certified nursing assistant or long term care workers, days and times: Generally 24 hours / 365 days. See additional comments.

Awake staff at night: N/A

Other: Provider lives in the home and can be alerted of any emergent services during the night.

ADDITIONAL COMMENTS REGARDING STAFFING

Caregiver services are generally available 24/7; however, on occasion caregiver may be absent from the adult family home for a period of no more than four hours at a time. Caregiver will always be present for medication pass and will be accessible by phone at all times. Clients must be assessed as independent both inside and outside of the home. Clients must also be able to utilize the phone to contact essential persons as needed (caregiver, provider, emergency service, etc.)

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: American English

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS: AFH is able to provide a variety of meals from various regions such as Asia, Latin America, and Europe. Provider can speak limited conversational Spanish and Tagalog.

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.

X The home will accept Medicaid payments under the following conditions: Completed DSHS Assessment within one year of expected date of admission.

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: Games (card, board, and video), puzzles, television/movies, arts and crafts, and chore assistance. Weekly pizza night. Occasional outings pending resident interest levels. We encourage participation in activities outside of the AFH. Wi-Fi service available.

ADDITIONAL COMMENTS REGARDING ACTIVITIES