



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

HOME / PROVIDER <i>Sun Rise' Ridge AFH</i>	LICENSE NUMBER <i>752298</i>
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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.	
2. INITIAL LICENSING DATE <i>6-12-2012</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>10718 140th St. E, Puyallup WA 98174; 16573 135th Ave E. Puyallup;</i>
4. <del>SAME ADDRESS PREVIOUSLY LICENSED AS:</del>	
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:

**Our residents enjoy homemade, nutritious, and lovingly prepared meals. We use fresh ingredients when possible and accommodate special diets. Caregivers eat with residents for socialization, to provide assistance with cutting and/or feeding, and to respond to potential choking incidents.**

2. TOILETING

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

**We learn each resident's toileting habits, schedule, and abilities, and help them accordingly, including monitoring and documenting urine and feces output - and providing peri-care.**

3. WALKING

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

**We encourage and motivate our residents to walk as much as possible if they can. Our caregivers stay with residents who need cueing and stand by assistance if they are at risk of falling.**

4. TRANSFERRING

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

**We provide whatever assistance is appropriate to help residents transfer safely. We don't however, accept new residents who require a hoist lift for transfer.**

5. POSITIONING

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

**When appropriate, our caregivers help position and frequently reposition our residents to promote their safety, health and skin integrity.**

6. PERSONAL HYGIENE

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

**Personal hygiene is important to positive self image and well being. We provide a full range of personal hygiene assistance, ranging from cueing and set up - to flossing our residents' teeth.**

7. DRESSING

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

**We help residents dress, according to need. Sometimes this requires helping residents be safe while dressing and undressing themselves. Sometimes it means fully dressing residents when they are unable to do so.**

8. BATHING

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

**Our residents are provided one-on-one assistance with bathing without exception.**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**We offer and provide in-home personal care services including manicures, hair cuts and sets, professional massage, dental hygiene services, and podiatry services on a routine basis.**

**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: <b>Our medication policies and procedures meet all adult family home laws and regulations pertaining to medication assistance and administration. We securely store, track, and document all medications taken by each resident.</b>	
ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES <b>We order all resident medications from MatRX Pharmacy. They are delivered to our home in bubble packs. MatRX sends a monthly bill to each resident or resident representative.</b>	
<b>Skilled Nursing Services and Nurse Delegation</b>	
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: <b>We have a contracted Registered Nurse on staff who provides skilled nursing services and nurse delegation services on an as needed basis. All of our caregivers are nurse delegated.</b>	
The home has the ability to provide the following skilled nursing services by delegation: <b>Placing a medication in a resident's mouth. Squeezing eye drops into a resident's eye. Rubbing a topical medication onto a resident's skin. Putting ear drops into a resident's ear. Pressing the cylinder while a resident inhales a medication. Placing a suppository in a resident's rectum or vagina.</b>	
ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION	
<b>Specialty Care Designations</b>	
We have completed DSHS approved training for the following specialty care designations: <input type="checkbox"/> Developmental disabilities <input checked="" type="checkbox"/> Mental illness <input checked="" type="checkbox"/> Dementia	
ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS	
<b>Staffing</b>	
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)  <input type="checkbox"/> The provider lives in the home. <input type="checkbox"/> A resident manager lives in the home and is responsible for the care and services of each resident at all times. <input checked="" type="checkbox"/> 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: <input checked="" type="checkbox"/> Registered nurse, days and times: <b>As needed.</b> <input type="checkbox"/> Licensed practical nurse, days and times: <b>None</b>	

- Certified nursing assistant or long term care workers, days and times: We are staffed 24 hours.
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING  
**Our residents and their family members consistently express how grateful they are for our competent and caring staff members.**

**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:  
**English**

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:  
**We prefer that residents pay privately for two years before accepting Medicaid funding as payment for residential care.**

ADDITIONAL COMMENTS REGARDING MEDICAID  
**We ask that Medicaid funded residents pay a monthly supplemental fee for one of our private and unusually spacious bedrooms.**

**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:  
**Each day, residents are offered some type of group activity such as cards, a board game, or arts & crafts after lunch. Every evening after dinner, residents are read aloud to from an ongoing book or magazine.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES  
**We offer a weekly "sit-and-be-fit" class and a weekly music class. Once a month, we plan a recreational outing and also invite family and friends over for a community potluck.**