



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Sunset Adult Family Home LLC	LICENSE NUMBER 753410
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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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RCS/Public Disclosure

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. At Sunset Adult Family Home we provide the highest level of care . with the mission of treating everyone with respect , dignity, love and kindness, and the most important thing to help the residents to continue enjoying their quality of life.	
2. INITIAL LICENSING DATE 8/23/17	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: none
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Company <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:

if is nesasry will help with feeding residents, encouraging

2. TOILETING

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

if is nessasry assisting with transers, commodes, bed pans ,

3. WALKING

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

assisting with gate belt, walkers, wheelchair,

4. TRANSFERRING

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

transfer device , poll, hoyer if nessasry, one person tranfer, board.

5. POSITIONING

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

if nessasry help positionig resident to a more confortable position for better posture

6. PERSONAL HYGIENE

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

helping residents with oral care, bathing, shaving, shapooing hair,

7. DRESSING

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

yes, at resident prefences and choice of coths and styles

8. BATHING

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

yes. will assist with showers, sponge baths, wich ever residents prefences

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

sunset will not be responsible for hair cuts or pedicures that may cause danger to diabetic residents

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:

will assist residents with reminding of taking meds, Sunset has a delegated nurse that helps and oversee all work and task that needs to be delegated per doctors orders and special treatments to comply with rules and regulations in administration of medicine.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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:

if necessary crush medicine with doctors orders, and nurse delegated, apply special creams as long as is safe and is delegated per facility Nurse. if there is sterile dressings Nurse will be able to perform those tasks.

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

crush medicine as long as is delegate per nurse facility, apply special creams or lotions

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

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

we are certify to assist residents with insuline following a sliding scale and nurse delegation

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: **on call**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24/7**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

staff is certified CNAs, background checks upon request,

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 serve all cultures and accommodate different choices in food preference

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Sunset AFH does not discriminate race, culture, color of skin, religious 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:

ADDITIONAL COMMENTS REGARDING MEDICAID

we will maintain a ratio of 5/2 medicaid patients and private clients.

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:

Sunset AFH will strive to maintain an active day of activities like exercises, games, cooking, walking ,to promote independence and movitily of residetns or an activity of choice.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

activites may be tailored depending on residents health and sircunstances of weather and seasons.

Please Return the completed form electronically to 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