

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER SKY CARE HOMES LLC	LICENSE NUMBER 754129
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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 a free text description of the mission, values, and/or other distinct attributes of the home.

We plan to serve clients who value expert and loving care, safety and injury prevention skills, 24/7 care with the ability to remain in the home even when care needs to increase. We will maintain a positive, friendly environment for the specific needs that each resident has.

2. INITIAL LICENSING DATE

7/8/2019

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

n/a

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

n/a

5. OWNERSHIP

- Sole proprietor
- Limited Liability Company
- Co-owned by:
- Other:

Personal Care

"Personal care services" means both physical assistance and/or promoting 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 assist with eating as follows:

Up to 100% assistance provided. We will be able to create and accommodate pureed, soft foods, low salt, and other diets. We will implement and use specific strategies to help you maintain the best possible nutrition to give your body every chance to stay healthy, nourished and hydrated to feel as well as possible.

2. TOILETING

If needed, the home may assist with toileting as follows:

Up to 100% assistance provided. All toileting will be done with respect, privacy and dignity to ensure you are dry and comfortable. We will focus and specialize in managing and improving incontinence of bowel and bladder and keep skin in great shape.

3. WALKING

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

Up to 100% assistance provided. Walkers, canes, and wheelchairs accepted. Daily exercises and walking can be arranged so you will remain as strong and mobile as your health permits.

4. TRANSFERRING

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

Up to 100% assistance provided. We will assist you in transferring to ensure participation in daily activities, meals, showers, and outing.

5. POSITIONING

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

Up to 100% assistance provided. Positioning is provided to ensure you are comfortable to allow the body to change positions to rest properly.

6. PERSONAL HYGIENE

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

Up to 100% assistance provided. Aid will be provided to you if needed for peri care, showering, mouth care, bed bath and any other personal hygiene as necessary. All this will be done with care and respect for each resident.

7. DRESSING

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

Up to 100% assistance provided. You will always have the right to choose how you would like to dress and appear so that the resident will look your best every day!

8. BATHING

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

Bathing/showering aid will always be provided to the resident if needed.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We aim to ensure all your needs are met with dignity and respect.

Medication Services

If the home admits residents who need medication's 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's assistance provided by the home is:

We admit resident that we can be delegated for by our Nurse or the Nurse you currently have. We do NOT administer insulin injections

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Staff and provider can be delegated for all medicines except for shots/injections.

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 offers the following skilled nursing services:

We will have a Registered Nurse that will delegate the task to all our staff and provider.

The home can provide the following skilled nursing services by delegation:

A Registered Nurse will delegate all allowed services/tasks to the provider and staff. This rule excludes injections.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Our staff can do no insulin injections. We are NOT a regular"skilled nursing facility."

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 necessary 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 necessary decisions is always present in the home.

The average staffing levels for the home are:

- Registered nurse, days and times: **As needed or required for residents**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long-term care workers, days and times: **7 days a week/ 24hours a day**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

We are NOT a nursing facility; a nurse may not be available at all times. We call 911 for any emergencies

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 mainly focused on residents with the following background and/or languages:

We accept residents who are ambulatory with minimal assistance, alert and oriented, have mild-to-moderate dementia, memory loss, mental health, and developmental disabilities.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

English is the primary language, and other languages can be accommodated with arrangements for translation as necessary.

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 accept from the time of admission or anytime after a private pay resident has exhausted their private pay funds, so long as we can safely meet all the resident's care and safety needs, and that the services required by the resident are within the scope of services we offer.

ADDITIONAL COMMENTS REGARDING MEDICAID

Please contact Provider for additional details (425)-948-6599

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:

Activities will vary and differ from person to person. By default our AFH offers intergenerational activities consist of safe activities for both younger and older generation such as movie nights, puzzles, board games, card games, music nights, indoor/outdoor gardening, light yoga/stretches, word puzzles, balls-toss and reading nights.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

DISCLAIMER: The services described in the document are 'typically available' in our AFH, but may change at any time. This information should not be construed as a guarantee of services unless agreed explicitly upon and contracted for at the time of admission.

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