

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Sunrise Adult Family Home in Spokane/Untak Cash	LICENSE NUMBER 754407
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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.

We will provide professional quality care for 24 hours/7 days a week care with love and respect in a pleasant home like atmosphere.

2. INITIAL LICENSING DATE

3/6/2020

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP

Sole proprietor

Limited Liability Company

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:

We will sit close to the resident, assist the resident with cuing, helping, and feeding as needed.

2. TOILETING

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

We will provide assistance with toileting with cuing, monitoring to one person total assistance. We will provide scheduled toileting

3. WALKING

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

We will provide assistance with walking from supervision to one person assistance

4. TRANSFERRING

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

We will provide assistance from supervision to one person total assistance

5. POSITIONING

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

We will provide assistance from cuing to one person total assistance

6. PERSONAL HYGIENE

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

We will assist from supervision & cuing, to one person assistance. We will assist with grooming tasks, oral care, washing hands/face/other body parts as needed.

7. DRESSING

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

We will provide assistance with dressing from supervision & cuing to one person assistance

8. BATHING

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

We will provide assistance with bathing from supervision & cuing to one person assistance

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Resident will have scheduled 2x a week bath routinely at least

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:

LPN (Untak Cash) & other staff member (delegated by licensed registered nurse) will assist and administer medications

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:

Blood sugar monitoring with insulin injection, medication administration, v/s, catheter care, ostomy care, oxygen treatment/nebulizer/inhaler, wound care etc.

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

LPN(Untak Cash) will supervise for 24 hours or will have a manger as needed (delegated by Licensed Registered Nurse)

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

I will complete mental illness class soon

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: _____

Licensed practical nurse, days and times: 24 hours a day /7 days a week

Certified nursing assistant or long term care workers, days and times: 24 hours a day/7 days a week

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:

I, myself speak Korean as a first language however, we will use English mainly. We will be able to embrace residents from any cultural background.

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:

ADDITIONAL COMMENTS REGARDING MEDICAID

We require minimum of 2 years of private pay. Please refer to our Agreement packet for additional information.

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:

Exercise, walking, music, drawing & coloring, reading books, watching news & drama and discussion of topics and events, gardening, bird watching etc. We will make a reasonable individualize activities for each residents as needed.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We encourage residents to continue with whatever activities they used to enjoy before admission and we will make a reasonable attempt to include specific activities per resident's request.

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

The form may also be returned by mail at: