



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER

LICENSE NUMBER

**SILVER LIGHT HOMES, LLC**

754524

**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.

**To provide a loving and skilful care to our residents, in the warmth and comfort of a real home, with compassionate, professional individualized care in a clean, pleasant and peaceful environment, Entity Representative is a Registered Nurse.**

**2. INITIAL LICENSING DATE**

5/15/2020

**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:

- a) help the resident cut food in smaller pieces**
- b) supervicing and cueing residents who are at risk of choking**
- c) help with tube feeding**
- d) prepare food in texture ordered, help feed residents who are not able to feed themselves.**

### 2. TOILETING

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

- a) check for incontinence regularly, change residents who are incontinent and provide peri care.**
- b) assist with transfers to the toilet or commode, provide hygiene after toileting.**
- c) toilet reminders**

### 3. WALKING

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

- a) standby or contact assistance to prevent falls**
- b) encourage regular exercise like walking**
- c) provide environment that is clean and free of clutter to make it easy to walk without falls.**

### 4. TRANSFERRING

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

- a) use of hoist lift when necessary for easy transfers.**
- b) use of other transfer assist devices as needed e.g sit to stand, gait belt**
- c) independent, standby assist, one person assist**

### 5. POSITIONING

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

- a) reminding residents turn, assisting those who are unable, reposition, support of limbs bearing in mind the safety of resident.**
- b) independent to total assistance, frequent skin checks.**

### 6. PERSONAL HYGIENE

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

- a) full assist with all hygiene care**
- b) Licensed hairstylist are available to help the residents with their special needs.**
- d) independent, cueing, total assistance**

### 7. DRESSING

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

- a) assist residents with extremities weakness to dress with desired clothing.**
- b) provide residents with comfort and privacy, retrieve clothing for proper disposition.**

**c) independent, cueing, total assist**

8. BATHING

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

- a) assist residents with scheduled baths or as often as required depending on their needs.**
- b) provide assistance such as active or passive exercise, allowing the resident to feel relaxed and comfortable.**
- c) stand by assist to total care, complete personal hygiene**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**AFH staff are responsible to help resident maintain normal function, compensate for or regain lost functions. We encourage resident to take part in their daily care as much as they are able.**

**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:

**staff will make sure that the residents receive the medications as they are ordered by their doctor. medication are kept locked up to ensure safety.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Our staff are nurse delegated and trained before administering oral or topical medications. The manager is a Registered Nurse.**

**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:

**Nurse delegator for all care givers.  
manager is a Registered Nurse**

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

**A nurse delegator is available to all care givers. (cost of services could be client responsibility)**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**To provide the best nursing services to residents at all times.**

**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 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: **as needed**
- 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

#### 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:

**SILVER LIGHT HOMES accepts residents of all cultural and ethnic backgrounds. However primary language is English as we do not have interpreter services.**

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:  
**SILVER LIGHT HOMES will accept medicaid clients if we are aware of the daily rates before admission and if they are ok to share a room. The home also accepts private pay clients.**

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:

**puzzles, walking outside if weather permits, cable TV, card and board games, reading materials, listening of music, religious visits if needed.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Activities depends on the resident preference and interest. WELCOME TO OUR HOME.**

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Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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