



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER CHLOE'S GOLDEN SUNSET AFH LLC.	LICENSE NUMBER 756054
--	---------------------------------

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.

Table of Contents

- [About the Home](#)
- [Personal Care](#)
- [Medication Services](#)
- [Skilled Nursing Services and Nursing Delegation](#)
- [Specialty Care Designations](#)
- [Staffing](#)
- [Cultural or Language Access](#)
- [Medicaid](#)
- [Activities](#)

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 "CHLOE'S GOLDEN SUNSET AFH" we strive to provide more than just a place to live, we offer a warm, beautiful home environment. We celebrate life and the experiences each new day brings. We have a friendly, dedicated 24 hour, Awake staff. We accept male and female residents. We serve well balanced, home cooked meals. In most cases we offer care through end of life.	
2. INITIAL LICENSING DATE 1/9/23	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 13021 E. Valleyway
4. SAME ADDRESS PREVIOUSLY LICENSED AS: N/A	
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:

We provide assistance with whatever the resident's levels and needs are. We accept residents that are independent through those who are totally dependent. We will assist with queuing, prompting, monitoring, supervising and performin direct care tasks. We accept those who are on modified diets, and those on feeding tubes. We are not able to assis with tasks that require licensed Health Care Professionals, but we can make arrangements to bring in professional help as needed.

2. TOILETING

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

We provide assistance ranging from independent to total assistance. We document, monitor and assist our residents at whatever level of care that they need.

3. WALKING

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

We provide care by monitoring, queuing and assisting at whatever level the resident needs. We provide residents with a one person assist. We also use medical equipment as necessary to aide with their mobility. 1 on 1 assist with walkers, wheelchairs, etc.

4. TRANSFERRING

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

We provide care ranging from independent-total dependent. We provide transfer assistance from queuing, monitoring, and 1on 1 person assist. If needed, we use medical equipment as necessary for the resident's and the caregiver's safety. We look at the whole picture of all resident's involved, keeping their safety in mind. If the amount of assistance is too great, we may not be able to meet all of the other existing residents needs. We look at this first before accepting a new resident.

5. POSITIONING

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

We provide assistance with positioning ranging from queuing, monitoring, clear through 1X1 person assist. We use medical equipment as necessary for both the resident's and the caregiver's safety.

6. PERSONAL HYGIENE

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

We provide assistance with personal hygiene ranging from monitoring and queuing thru total assistance. We strive to allow the residnet as mauch independence as possible.

7. DRESSING

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

We provide dressing assistance ranging from independent to total assistance.

8. BATHING

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

We provide assistance with bathing ranging from independent with some queuing thru total assistance. We encourage dignity, self esteem, and well being. We allow our residents to perform as much as the are

<p>able to independently. If needed we arrange for extra help with an additional caregiver or aide. We are able to use medical equipment to aide in caring for your loved one. We have a roll in shower, special shower chair, mobile hair sink, etc.</p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE We have all private rooms, some with private bathrooms and some with shared bathrooms.</p>
<p>Medication Services</p>
<p>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)</p>
<p>The type and amount of medication assistance provided by the home is: We provide a range of medication assistance from independent to completely dependent. We monitor and assist as necessary allowing the resident to have as much independence as possible, and still remain safe. We maintain and abide by the WAC rules. We work with our pharmacy to provide the medications and delivery as needed. We communicate with MD to retain a close relationship ensuring our residents needs are met. We monitor and document. We report changes or adverse side effects to MD.</p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES We will attend resident to Dr. Appointments as we are able.</p>
<p>Skilled Nursing Services and Nurse Delegation</p>
<p>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)</p>
<p>The home provides the following skilled nursing services: We have a RN - Nurse Delegator who works with our AFH's. She will delegate caregivers and residents as needed. Our RN Delegator will answer questions, but does not treat our residents. Our RN contracts with the resident or POA for delegation with the residents needs (those areas permitted to be delegated in accordance with the WAC's).</p>
<p>The home has the ability to provide the following skilled nursing services by delegation: We have the ability to be delegated for oral, topical, diabetic insulin care, optical eye drops, nebulizer treatments, feeding tubes, oxygen etc. When a resident's needs are out of our scope of care, we call the doctor and report issues. We help arrange for an "in home agency" to to make visits as needed for as long as necessary.</p>
<p>ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION Our caregivers are qualified to be delegated by the RN Nurse Delegator.</p>
<p>Specialty Care Designations</p>
<p>We have completed DSHS approved training for the following specialty care designations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Developmental disabilities <input checked="" type="checkbox"/> Mental illness <input checked="" type="checkbox"/> Dementia
<p>ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS We have some training in Mental Health, however our passion is with elderly and dementia residents.</p>

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: **No regular hours. Our RN is on call or comes as needed for Delegation purposes.**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24 hours a day..... 7 days a week.. 1 caregiver on duty at all tiems. Occasionally there are 2 caregivers on duty or available to help. The typical shift is 8 hours. 7am-3pm, 3pm-11pm, and 11pm-7am.**
- Awake staff at night
- Other: _____

ADDITIONAL COMMENTS REGARDING STAFFING

We have 24 hr. Awake Staff. This way our residents have the care they need anytime.... day or night.

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:

Our elderly population generally speaks english. We do have caregivers who speak Spanish, Kenyan,. Residents are encouraged to believe and worship as they are accustomed. We will assist them as needed. We do not discriminate and we readily accept different cultures. We will accommodate their needs to the best of our ability. We celebrate our unique differences and welcome each resident with open arms.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We gladly welcome recipes from all areas and customs. We will accommodate cultural needs, as we are able. We occasionally make special meals for requested holidays.

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're contracted w/Medicaid, & require 30 months of private pay before a resident goes on Medicaid. When a resident transfers from Private pay to Medicaid, the resident will be asked to transfer to the medicaid room. We will make every effort to accommodate this change. Should a

Medicaid room not be available, we will work with the resident to find other housing options.	
ADDITIONAL COMMENTS REGARDING MEDICAID We have designated Medicaid rooms.	
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 of daily living, Bingo, games, hired music or performers brought in occasionally. Library visits with residents being able to check out books. Blind Foundation activites and stories on CD, crafts, movie night, gardening activities, painting , family parties, etc.	
ADDITIONAL COMMENTS REGARDING ACTIVITIES Volunteers occasionally come to spend time, perform etc.	

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