Washington State Department of Social & Health Services
Transforming lives

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
#1 SUNSHINE HOME, LLC / Mathilde Ruth Azatassou	756885

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.

Our mission: We serve individuals and families in need of care by making sure your loved ones are well taken care of.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
12/21/2023	**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 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: **Per resident´s care plan from setting the food to full assist.**
2. TOILETING If needed, the home may provide assistance with toileting as follows: **We will assist our residents with all their toileting needs.**
3. WALKING If needed, the home may provide assistance with walking as follows: **We will provide assistance to our clients with all their walking needs including those with assistive devices such as canes, walkers, gait belt and wheelchairs.**
4. TRANSFERRING If needed, the home may provide assistance with transferring as follows: **Assistance to stand and pivot from or to bed, chair, wheelchair or standing.**
5. POSITIONING If needed, the home may provide assistance with positioning as follows: **Every 2 hours to prevent bed sores as per care plan or any other assistance the resident may need.**
6. PERSONAL HYGIENE If needed, the home may provide assistance with personal hygiene as follows: ***Assistance with all levels of personal hygiene is provided as needed.***
7. DRESSING If needed, the home may provide assistance with dressing as follows: **Assistance with all levels of dressing is provided as needed.**
8. BATHING If needed, the home may provide assistance with bathing as follows: **Assistance with bathing is provided as needed.**
9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE **We encourage our residents to be independent as possible, however, we are always ready to assist.**
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: **Our staff will have and maintain all necessary nurse delegations, therefore we will provide both medication assistance and full medication administration allowed under nursing delegation.**
ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES **Staff will also maintain nurse delegation for insulin administration.**

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:
The facility will contract with a registered nurse licensed in the state of Washington to provide nurse delegation and resident's assessment.

The home has the ability to provide the following skilled nursing services by delegation:
Blood sugar monitoring, insulin administration, tube feeding assistance.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION
All nurse delegations are done by licensed registered nurses in the state of Washington.

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: _____
- ☐ 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
Our staff is well trained and current with all certifications and continuing education requirements.

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:
English

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS
N/A

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: **If the daily rate is accepted by the Facility.**
ADDITIONAL COMMENTS REGARDING MEDICAID **Refer to the Medicaid payment acceptance policy.**
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: **Movies, puzzle, and cards games, newspaper reading, TVs, birthday/holiday celebrations, short walks in the neighborhood, grocery shopping, art and craft.**
ADDITIONAL COMMENTS REGARDING ACTIVITIES **We will try to accommodate our residents as much as possible with any activities that would increase their quality of life.**

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