



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Angela's Adult Family Home/ Angela Oeck	LICENSE NUMBER 603900
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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.

Angela's Adult Family Home is an Adult Family that cares for the needs of Developmental Disabled and Geriatric individuals. Our goal is to make residents feel at home. We feel that we provide a loving and caring atmosphere and a lot of encouragement to make this goal possible.

2. INITIAL LICENSING DATE
05/21/2002

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

The home has always been licensed as Angela's Adult Family Home

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- 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:

The home encourages residents to eat by cuing and monitoring. If needed staff cuts food and will feed those residents that are no longer able to do so. Special diets are followed. We do not provide tube feeding.

2. TOILETING

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

The home provides toileting assistance from cuing and monitoring, to helping residents on and off the toilet or commode. Staff cleans the resident after urine or bowel incontinence. For those residents that are urine incontinent we like to time toilet every two hours. This helps in keeping the residents dry and prevents skin from breaking down. We do not manage osomy or catheters.

3. WALKING

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

The home provides assistance with cuing and monitoring. We are equipped as a one person physical assist. We can help with a walker or even walk them with a gate belt. We encourage them to keep mobile and will practice walking with them to help them maintain their mobility.

4. TRANSFERRING

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

The home provides transfer assistance from cuing and monitoring. We are able to help with a one person transfer. Transferring resident from bed to chair, to wheelchair to standing position. Also, in and out of bath chair and off the toilet.

5. POSITIONING

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

The home provides assistance with positioning from cuing to monitoring. We do not have an awake staff, but provider gets up every two to three hours to reposition those that are unable to reposition themselves, to prevent pressure ulcers. We also try to keep them from sitting on one side for too long.

6. PERSONAL HYGIENE

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

The home provides assistance with personal hygiene from cuing and set up to total assistance.

7. DRESSING

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

The home provides assistance with dressing from cuing and set up to total assistance. We encourage residents to help pick out what they like to wear if at all possible.

8. BATHING

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

The home provides assistance with bathing from cuing and set up to total assistance.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Angela's Adult Family Home takes pride in keeping residents looking and smelling good.

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:

The home can be delegated to administer oral medications, topical ointments and eye drops. We do not have the training required to give residents insulin.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Our Delegating nurse is Marcia Reynolds, a registered nurse delegated by the state of Washington.

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 home can be delegated to pass medications. It can be delegated to check blood sugars.

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

The home has the ability to administer oral medications, apply topical ointments and give eye drops. Also, check blood sugars.

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

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: **On call basis**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **1 certified nursing assistant from 6am to 10pm seven days a week. We don't have an awake staff, but provider gets up every 2 to 3 hours to check on residents.**

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:

Our home encourages different backgrounds. We are limited on language. Our staff speaks English only.

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:

That our home is able to meet the individuals needs.

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:

The home likes to celebrate holidays and birthdays. Weekly exercise, picnics, rides (residents like to go looking at Christmas lights). We take residents shopping. Residents like to play games and watch movies. We like to order Abby's pizza at least once a month.

ADDITIONAL COMMENTS REGARDING ACTIVITIES