



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Angelwings AFH, LLC - Amelia Hertog 484 South 190th Street, Burien WA 98148	LICENSE NUMBER A750140
--	----------------------------------

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](#)

Note: This form was filled out, saved as a PDF document and emailed two times to Pamela Reeves: AFH.Disclosure@dshs.wa.gov on 10/29/2014 at 2:31pm and 3:02pm. Please call Amelia Hertog (Provider) to confirm receipt of this form by mail. Mailed today - 5/19/2015. Thank you,

About the Home

*Amelia Hertog
Ph: 206-660-5224*

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 is to empower our senior citizens to live as independently as possible by offering choice and control. Our goal is to help seniors stay engaged in life by bridging the past with the present and optimizing health and longevity. Built on a foundation of integrity, our philosophy of care, quality and service contains strong moral ethics and an uncompromised commitment to providing a high level of professionally competent services with a humble and compassionate attitude.	
2. INITIAL LICENSING DATE 10/25/2004	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 103 South 197th Street, Des Moines WA 98148
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:	

Received

MAY 27 2015

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:

All assistance up to total assistance, 1:1 feeding, dysphasia diet, diverticulitis diet, cardiac healthy diet (low sodium low fat), special diets, diabetic sugar free diet (food scale available for detailed monitoring). Possible tube feeding, on a case by case bases.

2. TOILETING

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

Up to total assistance, incontinence assistance, catheter care, output monitoring as needed, close monitoring and care of bowel regularity.

3. WALKING

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

Visual supervision, stand by assistance and up to total hands on assistance, walker and wheelchair. No power chairs.

4. TRANSFERRING

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

Up to total hands on assistance, transfer belt, sliding board, and hoyer lift. No two person transfers.

5. POSITIONING

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

Up to total assistance, special mattress, heal floating, special seat cushions, special reclining wheelchair, and on a turn/reposition schedule.

6. PERSONAL HYGIENE

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

Up to total assistance, experienced in thorough oral hygiene, specializing in hair styling, able to assist with make up application, able to do nail care in home. Podiatrist nail care available and required for all residents who are diabetic or on blood thinners, at the expense of the resident.

7. DRESSING

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

Up to total assistance with all dressing and undressing tasks, shoes, bra, buttoning, zippers, Ted Hose, jewelry.

8. BATHING

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

Up to total assistance, shower chair, extra large roll in shower. No bath tub available.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Transportation and escorting to appointments and special events available at an additional cost.

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)

Received

MAY 27 2015

The type and amount of medication assistance provided by the home is:

Up to total assistance and administration of oral meds, eye drops, ointments/topical creams, blood glucose monitoring, administration of Pen insulin injections, oxygen administration, inhalers, patch medications, nurse delegation. All medications including over the counter vitamins must be kept locked at all times. AFH can make available a locked drawer/cabinet in the resident room if resident is deemed able to self administer his/her medications.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Possible wound care and sliding scale insulin administration on a case by case basis.

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 delegation and additional as needed nursing services at the expense of the resident. Home Health Nursing Services may be available to the resident pending on their medical needs and billed to resident's Medicare and/or insurance.

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

Administration of whole and/or crushed oral medications, administration of eye drops, ointments/topical creams or medications, patch medications, inhalers, oxygen administration at maximum of 10 ml per minute of all residents currently living in AFH, administration of Pen insulin injections.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Possible wound care and sliding scale insulin administration on a case by case basis.

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

Vastly experienced and successful in caring for residents with Congestive Heart Failure. Able to closely monitor weight daily on wheelchair scale, closely monitor diet and blood pressure, and significantly reduce recurrent hospitalization by promptly communicating any small changes to physician and accurately following orders.

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:

Received

MAY 27 2015

- Registered nurse, days and times: _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24/7 qualified staff coverage
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING
Low staff turnover.

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:
American, Romanian, Christian (any faith/denomination)

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS
English, Romanian

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
This home does not have a Medicaid Contract and will not accept Medicaid payment. We are approved for Long term care insurance.

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:
Individualized in home activities according to each resident's preferences and abilities. Holiday celebrations, birthday celebrations. Other in home available and routinely offered activities: board games, card games, sitting bicycle, small weights, Sit and be Fit, scheduled walking routine every couple of hours, nail polishing, hair styling, music, hand and feet massage with lotion, cooking and baking activities, reading stories/newspaper/magazines, looking through photo albums and reminiscing, singing along, weekly in home Bible Study and worship, old movies and shows on TV, puzzles, gardening and watering flowers in waist level pots, Jumbo Words (large print), Word Search (large print), etc. One to three routine scheduled outings per week to various places such as: local parks, Starbucks, Alki beach, Shopping Malls, etc.

ADDITIONAL COMMENTS REGARDING ACTIVITIES
All activities offered, participation or refusal, are initialed daily by staff and mailed to POA monthly.

Received

MAY 27 2015