

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
Abundance Love AFH/Angela Semerjiants	750852

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 (O	PTIONAL)	
The optional provider's stathome.	ement is free text description of the mission, values, and/or other distinct attributes of the	
Abundance Love provide	des quality care in a loving environment.	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:	
03/12/2008	8250 NE 159th ST. Kenmore, WA. 98028 (Angela's Adult Home Care)	
	14217 NE 142 nd ST. Kirkland WA. 98034 (Angela's Adult Home Care)	
4. SAME ADDRESS PREVIOUSLY LICENSED AS:		
Abundance AFH/Ester Ianku		
5. OWNERSHIP		
Sole proprietor 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:

From Cueing and monitoring to total assistance

2. TOILETING

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

From Cueing and monitoring to total assistance

3. WALKING

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

From Cueing and monitoring to total 1-2 peron assistance

4. TRANSFERRING

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

From Cueing and monitoring to total 1-2 peron assistance

5. POSITIONING

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

From Cueing and monitoring to total 1-2 peron assistance

6. PERSONAL HYGIENE

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

From cueing and set up to total assistance

7. DRESSING

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

From cueing and set up to total assistance

8. BATHING

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

From cueing and set up to total assistance

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

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:

From set up and handing medication to client to administration of the medication to client

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Nurse delegation will be set up as needed to be in compliance with DSHS for medication 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:
If skilled nursing tasks are needed; nurse delegation will be provided for teaching/training of tasks
The home has the ability to provide the following skilled nursing services by delegation:
The nurse delegator will only delegate tasks within the scope of practise and what level of comfortability
there is for the task which is being delegated
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:
Licensed practical nurse, days and times:
 ✓ Certified nursing assistant or long term care workers, days and times: 24 hours per day/7 days per week
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:
All different types of cultures, languages and religions are welcome at Abundance Love

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS	
Medicaid	
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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 will accept Medicaid payments under the following conditions:	
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:	
Activities are based on each individual clients desires and abilities to participate in activities. We cater to	
the individual preferences and abilities rather than provide a variety of activities which not everyone	
may enjoy.	
ADDITIONAL COMMENTS REGARDING ACTIVITIES	