



## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Winged Angels Adult Family Home / Monica Schweigert, LPN</b>	LICENSE NUMBER <b>751179</b>
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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

<b>1. PROVIDERS STATEMENT (OPTIONAL)</b> The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home. <b>Provide peace of mind regarding the care of your loved ones. Serving them with dignity, love and appreciation through the care provided to each individual throughout the day in a home like setting.</b>	
<b>2. INITIAL LICENSING DATE</b> <b>12/23/2008</b>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b>	
<b>5. OWNERSHIP</b> <input checked="" type="checkbox"/> Sole proprietor <input 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:

**Staff provides full assistance with eating. Staff able to provide mechanical soft, ground, puree, and thickened liquids as needed per physicians orders. We do not take peanut allergies.**

### 2. TOILETING

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

**Staff provides full care with toileting. Brief care, peri care, toileting after meals and at bedtime. brief care and toileting at night**

### 3. WALKING

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

**Staff able to provide one person extensive assist with walking.**

### 4. TRANSFERRING

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

**Staff is able to provide full assistance with transferring. We do not use hooyer lift. We do use transfer board or transfer pole as needed with physicians order.**

### 5. POSITIONING

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

**Staff is able to provide total assistance with positioning, pillows for body alignment, bridging, and turning every 2 hours for verbal and nonverbal residents.**

### 6. PERSONAL HYGIENE

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

**Staff able to provide full assistance with brushing teeth, hair care, nail care, facial care as needed by client.**

### 7. DRESSING

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

**Staff able to provide up to full assist with dressing/undressing of client according to their needs.**

### 8. BATHING

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

**Staff able to provide full assistance with transfer into and out of shower, full bathing of client and hair care, or bed bath as needed by client.**

### 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:

**Staff able to provide med management, administration, diabetic blood sugar monitoring, and insulin**

**injections. Nurse on site for intermuscular injections such as EPO**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Staff able to provide medications for hospice care**

**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:

**LPN on site to provide injections.**

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

**RN delegator in quarterly and as needed to update all delegated services for each client**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**All caregivers are delegated by an RN Delagator.**

**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

**Owner graduated in 1979 as an LPN and has many years experience working with the elderly. She has worked in a hospital setting, a long term care setting, a locked Alzheimer unit, an Alzheimer Boarding Home, and now runs this Adult Family Home.**

**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: **LPN is the main caregiver and onsite 90% of the time**
- Certified nursing assistant or long term care workers, days and times: **Monday - Friday 8-5, Saturday 8-5**
- 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:

**Staff has English as the primary language but are willing to work with families to communicate with residents in the language they understand. Items such as flash cards, key words and an interpreter can be used as needed.**

**Staff are open to trying clients favorite food dishes if recipe is provided.**

**Staff willing to help clients celebrate any special occasions and/or holidays they desire to the best of their abilities.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**Staff willing to work with clients and their families to provide cultural desires of clients or find where client can find these in the area.**

#### 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:

**Residents above 70 years old with a daily rate of at least \$70/day.**

ADDITIONAL COMMENTS REGARDING MEDICAID

**We may make exceptions depending upon residents needs and space availability.**

#### 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:

**Bingo, Crosswords, Mini Exercise Class, Movie Night, Music, Gardening, Pets, Walks**

**Holiday Projects/Decorating**

**Monthly Outings for Shopping and Lunch**

**Summer Activities include going to the Fair and Parade, barbecues, parties .**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**Staff are always open to try new activities.**