



Adult Family Home Disclosure of Services Required by RCW 70.128.280

Received
DEC 30 2014

HOME / PROVIDER Golden Angel AFH, LLC/Mimie R. Miguel	LICENSE NUMBER RCS/Public Disclosure 751202
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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.

There's no place like home. Golden Angel Adult Family Home, provides a loving atmosphere in a non-institutionalized home environment. We offer a safe and comfortable place where our friendly, professional caregivers are dedicated to meeting each resident's individual needs and providing a positive environment. Ensuring peace of mind to family members that their loved ones physical and emotinal needs are being met.

2. INITIAL LICENSING DATE
02/01/2009

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:
yes

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:

one-one assist, spoon, puree, tube feeding

2. TOILETING

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

one-one/two person assist, catheter care, voiding, monitor the BM, BM program.

3. WALKING

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

one-one assist with w/c, walking, propel the w/c, tilt the w/c

4. TRANSFERRING

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

one-one/two person assist, Hoyer Lift, transfer board, pivot transfer, bed to w/c/bed to w/c

5. POSITIONING

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

full assistance, re-positioning assist every 3 to 4 hrs, range of motion

6. PERSONAL HYGIENE

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

one-one assist brushing teeth/denture, comb hair, cut/file nail and toenail, cutting hair every 3 months, scrub back, apply topical cream, apply lotion to dry skin

7. DRESSING

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

assist the resident's to choice appropriate clothes, zip or bottom, assist with sock/shoe on

8. BATHING

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

one-one/two persons assist scheduled bath, scrub back, feet, shampoo hair.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

range of motion based of doctor's order and by a professional/good caregivers

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:

Nurse delegated to qualified caregivers, prescribed doctor orders, documentation to MAR's resident

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Obserbed and assist resident's reaction to the medications, report to MD or Family.

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:

TBI, Stroke, Hopice Care, Tube Feeding

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

Yes

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

24 hrs available

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

ADDITIONAL COMMENTS REGARDING STAFFING

Provider, two caregivers all the time

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:

Race, Religion, Gender

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Filipino, Japanese, Caucasian

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:

Not accepting resident's under & below \$89.26 per day.

ADDITIONAL COMMENTS REGARDING MEDICAID

Adult Family not accept resident if cannot met their care needs.

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:

Social outing, singing, shopping, church, bingo, casino

ADDITIONAL COMMENTS REGARDING ACTIVITIES

All activities is able to provided based on resident's capabilities and abilities but cost is handled by resident and family members.