



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER ANGELS' ARMS LLC / MIA NUNER	LICENSE NUMBER 751674
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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.

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

Received

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RCS/Public Disclosure

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. At Angels' Arms LLC we pride ourselves on setting the highest standards in adult and elderly care services. With a ratio of maximum three residents per caregiver and professional staff, we provide an excellent care while preserving the dignity and respect of the residents. Our house is located in a beautiful neighborhood and has a nice territorial view, six large bedrooms and four bathrooms.	
2. INITIAL LICENSING DATE 05/11/2010	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: Sold the business in 16106 SE 174th St Renton WA 98058
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:	

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:

Cueing, one on one assistance, feeding tube, special diet accommodated

2. TOILETING

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

Reminder, stand by assistance, hands on assistance, night time toileting

3. WALKING

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

Independent, stand by assistance, wheel chair

4. TRANSFERRING

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

Independent, one person assistance, two persons assistance

5. POSITIONING

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

Repositioning every two hours

6. PERSONAL HYGIENE

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

Cueing, stand by assistance, total assistance min twice daily and as needed

7. DRESSING

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

Cueing to total assistance

8. BATHING

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

Supervision to total assistance and bed bath

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

The personal preferences are always taken in consideration

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:

Assistance, administration, nurse delegated tasks

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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:

PT, OT as directed by Home Health Care Agencies

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

Eye drops, inhalers, topical ointments, Insulin administration, wound care, feeding tube, hospice care

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Home visit Podiatrist is 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 / 7**
- 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:

We welcome any residents as long as we are sure we can meet their needs and they are a good fit for the other residents

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)
<input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments. <input checked="" type="checkbox"/> <i>The home will accept Medicaid payments under the following conditions:</i> We only accept Medicaid clients if they convert from being private for a minimum of 60 months.
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: Daily exercise / stretching, games and crafts, music audition, scenic trips, gardening, Bible study
ADDITIONAL COMMENTS REGARDING ACTIVITIES Hair and nail care is complementary

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

The form may also be returned by mail at:
RCS – Attn: Disclosure of Services
PO Box 45600
Olympia, WA 98504-5600