



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Angelica Adult Family Home / Jannette Sagun	LICENSE NUMBER 751789
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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.

2. INITIAL LICENSING DATE <i>January 2003</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 3540 S. Portland St. Seattle, WA 98118
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4. SAME ADDRESS PREVIOUSLY LICENSED AS:
Same as #3

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)

Received

1. EATING

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

Provides nutritious food, pureed diets, and thick liquids (prescribed by the doctor). We will also assist patients with feeding themselves if needed.

2. TOILETING

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

Assist the patient in washing and cleaning of themselves after the use of the toilet.

3. WALKING

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

The home will use equipment such as gait belts to help in their walking for stability and safety.

4. TRANSFERRING

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

The home will be able to use hoist lifts, wheelchairs, and/or transfer board/pole as long as prescribed by the doctor.

5. POSITIONING

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

Turn over the patients every two hours to prevent pressure sores and help them feel comfortable at all times.

6. PERSONAL HYGIENE

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

The home will help the patient gather all things needed and assist them with all types of personal hygiene such as brushing teeth, peri/anal care, combing/brushing hair.

7. DRESSING

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

The home will take into account the patient's preferences in clothing to wear and also make sure that they are dressed accordingly to the weather. We will also help the patient dress themselves, like buttoning their shirts, putting on pants/socks/shoes.

8. BATHING

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

The home bathes the patient depending on their preferences. However, we give baths/showers twice a week and sponge baths everyday. The home will use a shower bench to help the patients who have difficulty standing in showers. We will also help regulate the temperature of the water to the patient's liking. We also assist the patients in bathing tasks such as washing their hair/back/legs and any areas that they are unable to reach.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

The home is flexible on attending to any needs of the patient.

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:

Medication is delivered from the pharmacy with medi-set. The home will be able to give crushed medication as prescribed by the doctor and with nurse delegation. The home will give/hand the

medication to the patient when it's due time.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

The home will store and lock all medication in a cabinet at all times.

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:

Staff are licensed NAR and provider is an LPN.

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

Assistance in patients with diabetes such as giving insulin shots and checking blood sugar with a doctor's order.

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: **7 days a week, time varies**
- Certified nursing assistant or long term care workers, days and times: **7 days a week**
- 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:

The home has no preferences; we are open to patients of different backgrounds and who speak different languages.

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)

The home is a private pay facility and does not accept Medicaid payments.

The home will accept Medicaid payments under the following conditions:

The home will accept Medicaid payments as long as DSHS approves.

ADDITIONAL COMMENTS REGARDING MEDICAID

The home will accept private pay as well. And we can later convert to Medicaid, if needed.

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:

Playing games like Bingo, watching television, listening to music, walking, barbeques if weather permits.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We will also take into consideration what the patient's choice of activities are.

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