



Adult Family Home Disclosure of Services Required by RCW 70.128.280

Received

DEC 30 2014

RCS/Public Disclosure

HOME / PROVIDER <i>Angelina Care Home Inc John Allan Restrepo</i>	LICENSE NUMBER <i>751913</i>
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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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- Medication Services *Assistance with administration of medications*
- Skilled Nursing Services and Nursing Delegation *Nursing Delegation*
- Specialty Care Designations *Mental Health, Dementia, Developmental Disabilities Specialty Training*
- Staffing *1 or 2 staff for 24 hours.*
- Cultural or Language Access *English*
- Medicaid *Medicaid + Private Pay*
- Activities *Exercise daily, Board Games, Gardening, Bingo*

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. <i>Mission: We are committed to providing an environment in our home where our residents will continue to live their life in a dignified & respectful manner. Value: To exceed Residents + family Expectation by providing highest quality care as possible.</i>	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
<i>July 2008</i>	<i>none</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
<i>none</i>	
5. OWNERSHIP	
<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input checked="" type="checkbox"/> Other: <i>Inc</i>	

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: Modified diabetic diet or Prescribed by PCP, Physical Assist, supervision, Caring, Extensive Assistance.

2. TOILETING

If needed, the home may provide assistance with toileting as follows: Transfer on/off toilet, Proper incontinency, change in continence pads, Assist & manage ostomy or catheter care, adjust clothes.

3. WALKING

If needed, the home may provide assistance with walking as follows: Extensive assistance, one person physical assist, can assist w/ walker, manual wheelchair.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: SBA minimal to extensive assistance to/from bed to chair or wheelchair to/from wheelchair.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: Extensive assistance, positioning on bed, Positioning on the chair, Reposition every 2 hrs as needed.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: Including combing hair brushing teeth, shaving, make up washing (drying face, hand & pericare, grooming need, trim fingernails) as needed.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: Extensive assistance one person physical assist, put on/off appropriate clothes, shoes.

8. BATHING

If needed, the home may provide assistance with bathing as follows: Extensive assistance, one person physical assist, shower, sponge, bath, Transfer in/out shower/tub.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

As much as residents allow C.G. to assist w/ 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: Hand medication in cup Remind Res. to take medication. Re order meds - Report adverse reaction care to swallow medication. Nurse delegation for PRN medications

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: *none*

The home has the ability to provide the following skilled nursing services by delegation: *For diabetic Residents Resident with catheter. Nurse Delegation in giving PRN medications*

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: *As needed provided by HHC or Hospice Care*
- Licensed practical nurse, days and times: *every 5 weeks*
- Certified nursing assistant or long term care workers, days and times: *24 hours*
- Awake staff at night *Depend on needed care of Residents.*
- 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:

yes

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:

medicaid or Private Pay have the same Special Personal Care

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:

*Exercise, Arts, Puzzle, Playing Cards, Board games watching
movie*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Regarding per residents need.