



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Angels Care Adult Family Home	LICENSE NUMBER 752329
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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](#)

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. Our private care setting gives the highest and most compassionate level of care possible in the industry. From basic assistance to Alzheimer's and dementia care to hospice care, our goal is to return residents to their highest level function and independence, with individualized supportive care, respect and dignity.	
2. INITIAL LICENSING DATE 11/05/2015	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: 26035 14th Avenue South Des Moines, WA 98198
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <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:

set up incl. cutting up foods, cueing, supervision/monitoring for choking. Tube feeding / 1:1 feeding / assistance with feeding / puree diet / renal diet / special diet.

2. TOILETING

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

cueing to use the bathroom /assistance with toileting / changing incontinent pads; assistance with use of commode in bedroom, bedpans, urinals; routine peri-care assistance.

3. WALKING

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

monitoring, cueing, encouragement, standby assist for safety, with or without assistive devices like cane,walker, crutches, gaitbelt, legbrace or any other assistive devices.

4. TRANSFERRING

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

monitoring, cueing, encouraging, standby assist, hands on assist to stand/sit / total assist. Assistance with all transfer including hoyer lift.

5. POSITIONING

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

monitoring, cueing, encouragement, standby assist, repositioning every 2-3 hours especially to bed bound residents - help to guide limbs in order to turn or reposition, support while moving or lifting part of body, uses drawsheet, hospital bed, special mattress, wedges, foot cradle, pillows; total assist.

6. PERSONAL HYGIENE

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

monitor, cue, encourage, set up, hands on assist to guide thru task completion - brushing teeth; comb hair; wash face; sponge baths; give showers; apply lotions / dry skin care, fragile skincare, bruises, rashes, itchy skin, file fingernails, skin barriers, etc; total assist.

7. DRESSING

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

monitor, cue, encourage, assist for choosing appropriate clothings; help with shoes, socks, ted hose; assist /guide limbs; help in tying or buttoning; total assist.

8. BATHING

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

assist in getting in/out of shower; physical assist with bathing; bed bath, shower; total assist.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

dialy exercises as per MD,PT,OT order, call hair dresser for hair cut, call podiatrist for foot 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:

oral, drops, inhalation, ointments, topical/woundcare treatments as per MD orders and as delegated by RN. Medications are stored in locked storage, documented when given, monitor/report side effect/adverse reactions; re-order; proper disposal of unused medications;

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Medication management: call/fax to pharmacy for medication refills/changes/ new medications. We follow 5Rs of medication administration: Right medication: Right Resident: Right time: Right dosage
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:

glucose monitoring, skin/wound treatment, indwelling urinary catheter care, constipation treatment, tube feeding

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

RN Delegation tasks: glucose monitoring, tube feeding, insuline injection, topical cream application, eye drops application, nasal spray, ear drops, Bowel movement program (ENEMAS/suppository), skin/wound care/treatment, indwelling urinary catheter care, PRN medication administration, inhalation, colostomy care.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Our home has a nurse delegator who does medication reviews/updates, sees assessment for skin issues/vital signs: does 90 day RN delegation and supervisory visits Specialty
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

Hospice Care

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 basis; RN Delegator every 90 days supervisory visit.**
- Licensed practical nurse, days and times: **The Home Doctors - ARNP on call & every 30 days mandatory visits for residents who are qualified for The Home Doctors program (depending of resident's health insurance)**

<input checked="" type="checkbox"/> Certified nursing assistant or long term care workers, days and times: <u>24/7</u> <input type="checkbox"/> Awake staff at night <input checked="" type="checkbox"/> Other: staff makes 2-3 rounds per night. Call buttons are provided to each resident.
ADDITIONAL COMMENTS REGARDING STAFFING Awake staff is hired only if needed
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 male & female residents from any ethnic/religious background.
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS English, Tagalog and German are spoken fluently in the home.
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"/> The home will accept Medicaid payments under the following conditions: Depending on the level of care and if the home can meet the resident's needs.
ADDITIONAL COMMENTS REGARDING MEDICAID We provide private and semi-private rooms. Our home will not deny occupancy based upon the Resident being on or going on Medicaid, we just want to know honestly that it is coming and when
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: Birthdays & holidays celebrations, accompanying resident's to appointments for additional charge, Range of motion exercises (as permitted by MD), sing alongs (karaoke), TV, music, backyard BBQ-weather permitting.
ADDITIONAL COMMENTS REGARDING ACTIVITIES playing card games/ board games, arts & crafts, reading to residents, walks

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