



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Angelic Care AFH LLC	LICENSE NUMBER 752627
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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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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. Our mission is to provide a safe, comfortable, loving, home environment for your loved one. We strive to support each resident and provide them with daily needs while still promoting independence. Quality of life for each resident is a high priority.	
2. INITIAL LICENSING DATE December 2007	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP Limited Liability Corporation	
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:

At Angelic Care AFH LLC we offer minimal assistance to total assistance, whichever the individual requires and/or prefers. We will provide three nutritious meals per day; snacks are also served. We provide meal set up and preparation by staff who hold a food handlers permit. We provide assistance with drinking and assistance with feeding.

2. TOILETING

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

Stand by to total assistance is offered for toileting and pericare when a resident needs to use the bathroom. Caregivers will assist with changing residents soiled depends and pads as indicated by RN assessment. Monitoring of bowel movements and reporting to family and PCP as needed. Monitor skin for breakdown daily and report to MD and family with concerns.

3. WALKING

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

Walking assistance is provided as needed from stand by assist to one/two person assist.

4. TRANSFERRING

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

We provide assistance with transferring whether that be; closely monitored, hands on, or total assisting for safety while either using; a walker, cane, or wheelchair. Care includes transferring with stand by to total assistance with a trained caregiver.

5. POSITIONING

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

Positioning ranges from cues and reminders to total assistance in helping a resident change positions. Positioning a resident as needed and this will include; protecting all skin areas to avoid pressure sores, skin discoloration, or signs of skin breakdown. Our overall mission is to always make the resident as comfortable as can be.

6. PERSONAL HYGIENE

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

Angelic Care AFH LLC will provide assistance with personal hygiene; depending on the residents needs according to the RN assessment. This may include setup and cueing to total care to maintain an appropriate level of hygiene for the individual.

7. DRESSING

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

Dressing of a resident will include, laying out resident clothes, removing dirty laundry, cueing and reminders and/or total assistance with dressing of clothing items (socks, shoes, pants, shirts, zippers, buttons, etc.)

8. BATHING

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

Bathing assistance ranges from stand by assist to total care. As specified in RN assessment this may include bed baths, assisting resident into the shower, providing necessary supplies; hand held shower head, shower chair and towels, etc. We also provide full shower assistance which includes trained caregiver to wash residents hair and body if resident is unable to do so themselves. Lotion application as needed after shower to maintain skin integrity and prevent skin breakdown.

9. ADDITIONAL COMMENTS REGARDING 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:

Angelic Care AFH LLC is able to become delegated to administer medications: oral medications, topical, eye drops, powders, inhalers and crush medications (Hospice Kit). For diabetic residents, the AFH can be delegated to monitor blood glucose levels using appropriate equipment and administer insulin. Oxygen therapy can also be delegated if needed.

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:

There is an on call nurse available.

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

Ointment application, powders, eye drops, insulin, administration of medication (whole or crushed)

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- 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 Hours a day, 7 days a week**

Awake staff at night: _____ AS Needed _____

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:

English

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 will accept Medicaid payments under the following conditions: The resident has to pay privately for

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, movie nights, puzzles, walks, crafts, holiday and birth celebrations, music entertainment, bird watching, current events, etc.

ADDITIONAL COMMENTS REGARDING ACTIVITIES