



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Rai Angels Adult Family Home Inc 2446 50th Ave Longview wa 98632	Balwinder Rai	LICENSE NUMBER A752716
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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.

"It is the mission of this agency to provide adults with developmental disabilities the opportunity to involve themselves with their community and live as independently as possible in a home they can call their own."

2. INITIAL LICENSING DATE

09/15/2014

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

2437 50th Ave Longview wa 98632

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

Our home has always been licensed as Rai Angels Adult Family

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)

1. EATING

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

Our home encourages residents to eat by cueing and monitoring. We cut all food as needed and assist any residents that require feeding. Provide favorite foods on our menu if requested.

2. TOILETING

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

Our home provides toileting assistance, from cueing and monitoring, to help with getting on or off a toilet or commode. Staff provide any needed peri care care from urine or bowel incontinence. We encourage toileting every two hours for all our residents, to help them stay dry and aid in the prevention of skin breakdown.

3. WALKING

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

Our home provides residents with proper cueing and monitoring as needed in their physical mobility. We seek to encourage our residents to maintain their mobility by daily walking and range of motion exercises, as well as game activities aimed at ROM. We are equipped as a one person physical assist .

4. TRANSFERRING

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

Our home provides transfer assistance from cueing to monitoring to full body transfers as needed. We are able to help with one person transfers, and have proper lifting equipment such as a hoier lift or sitto-stand if needed. We assist with transfers from bed, chairs and wheelchairs to a standing position, and with help in and out of showers and off toilets.

5. POSITIONING

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

Our home provides assistance with positioning; including cueing, monitoring, and physical help with repositioning if unable to do so. We provide 24 hour awake care, so a staff member is always avialable to our residents. Repositioning is done every 2 hours during the night, to prevent skin breakdown, and residents are encouraged to reposition during the day when sitting for long periods of time.

6. PERSONAL HYGIENE

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

We provide assistance with personal hygiene, from cueing, set-up and monitoring, to total assistance with task if needed. Including, but not limited to: teeth care, washing face, and brushing hair.

7. DRESSING

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

We provide assistance with dressing, from cueing, set-up, and monitoring, to total assistance as needed. We encourage residents to pick out own clothes if at all possible. We help with tasks such as socks, ted hose, and shoes that may be more difficult. Also, making sure residents have all sensory assistive devices, such as glasses , or hearing aids.

8. BATHING

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

We provide assistance with bathing, from cueing, set-up, and monitoring to total assistance. Including, but not limited to: washing, drying, and skin care and dressing.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Our home takes pride in assisting our residents in looking and smelling their best at all times.

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 cuing, monitoring, dispensing to Nurse Delegation administration

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

our home has nurse delegated .

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:

Our home can be delegated to pass medications as needed.

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

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Our staff meet all educational requirements and continually seek to further their knowledge.

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: 24 hr on call
- Licensed practical nurse, days and times: _____

<input checked="" type="checkbox"/> Certified nursing assistant or long term care workers, days and times: <u>24 hr every day</u>
<input checked="" type="checkbox"/> Awake staff at night
<input type="checkbox"/> Other: We put their needs first and foremost and seek to help them continue to keep their quality of life as comfortable and happy as possible.

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 accept anyone

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: There are 2 beds that serve medicaid

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:
 Arts, crafts, games, activities with friends, holiday parties, bbq's, etc.

ADDITIONAL COMMENTS REGARDING ACTIVITIES
 Staff will assist in making arrangements for out of home activities and transportation.

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