



# Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Rai Angels AFH. 2441 Hickory Avenue Longview, Wa</b>	LICENSE NUMBER <b>753017</b>
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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	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <b>2437 50<sup>th</sup> Avenue Longview, WA / 2446 50<sup>th</sup> Ave longview Wa98632</b>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <b>Adult Family Home</b>	
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:

**Home provides gourmet home cooked meals with snacks daily and also accomidates clients with food preferences and medical needs including diabetes, low sodium diets, soft and pureed foods.**

### 2. TOILETING

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

**Our home will and is able to accommodate to any toileting needs, such as transfers to and from toilet or changing in bed.**

### 3. WALKING

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

**A caregiver is able to assist with transfers and walking as the client needs.**

### 4. TRANSFERRING

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

**Assist transfers are available with a caregiver using a hoyer lift one on one.**

### 5. POSITIONING

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

**Clients that are not able to reposition themselves will have the assistance repositioning every 2 hours or as needed.**

### 6. PERSONAL HYGIENE

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

**Showers, brushing teeth, washing face and hands, changing depends, combing hair**

### 7. DRESSING

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

**Assistance is available for client if needed including upper and lower body, socks and shoes off and on**

### 8. BATHING

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

**Shower are provided 2 to 3 times a week or as often as needed. May be more if requested by the client.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Fingernail and toenail trimming is provided to non diabetic clients.**

## 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:

**The home provides total assistance with medication administration whether delegated or not. Medications are always kept locked and administered according to physician orders.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**Medication are kept locked in kitchen cupboard with only caregiver and delegated caregiver access 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:

**Medications, lotions and patches**

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

**Medications, lotions and patches**

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: \_\_\_\_\_

Certified nursing assistant or long term care workers, days and times: **Certified caregiver present at all times.**

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 provides care to all residents with background or ethnicity. Residents are accepted by each individual assessment to ensure they will have the care they need and are a proper fit regarding other residents**

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 accepts both private pay and medicaid**

ADDITIONAL COMMENTS REGARDING MEDICAID

**Will accept medicaid that are in the process of transitioning private to state**

**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:

**Magazines, puzzles, coloring, television, movies with snack, summer barbeques, pizza night**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**We are able to accomidate each resident personal preference in a range of activity or conversation**