



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER ANGEL CARE AFH LLC/ YONAS, GEBREYOWHANNES	LICENSE NUMBER 753116
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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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Management Services
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RCS/Public Disclosure

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.	
Angel Care AFH is a unique stable living environment which ensures the well-being and safty of its residents. The quality of life for each resident resident is a high priority, and thus all of our staff members are well trained to fulfill this mission. Our main focal point is to provide a safe and comfortable living environment for yourself or your loved ones. In addition, we encourage involvement in various activities with the staff, loved ones and friends.	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
	N/A
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
N/A	
5. OWNERSHIP	
<input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

"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:

In our adult family home, there is minimal assisting to total assisting, whichever the individual requires. We also allow tube feeding is necessary. Angel Care will provide three nutritious meals per day; snacks are also served and we'll always refer to the doctors order. A persons particular favorite foods can also be accommodated.

2. TOILETING

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

Assisting a resident with any and all of their toileting needs is provided and these can also include; one, two person, or a total transfer. Management of a catheter or ostomy is also provided.

3. WALKING

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

Walking assistance is provided and our caregivers are well-trained; from cuing, to complete monitoring and full assist if needed.

4. TRANSFERRING

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

Closely monitored, hands-on, and total assisting for safety while either using; a walker, cane or a wheelchair.

5. POSITIONING

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

Positioning a resident as needed and this will include; protecting all skin areas to avoid any pressure sores, skin discoloration, or signs of breakage in the skin. 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:

Our staff is always encouraging good personal hygiene. This will run from; cuing, to overseeing any and all tasks, to monitoring with hands on complete assist.

7. DRESSING

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

Assist dressing resident according to their particular needs and situation.

8. BATHING

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

Bathing assisting on a regular basis. This can include; from initial cuing, to set up and monitoring, to hands-on and total full assist.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Angel Care AFH is equipped with a roll-in shower, in-room monitoring system, and a Hoyer lift is also provided.

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 assistance in our home includes; mouth/oral, eye drops, insulin = always administered after nurse delegation, any inhalers and topical applications. Re-ordering medications and monitoring of all vital signs is also provided.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES
Closely working with the doctor, pharmacy, and observing any side effects which appear abnormal. A

~~resident's rights are always in high regard~~
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:
A home health nurse can be provided.

The home has the ability to provide the following skilled nursing services by delegation:
Medication is administered after nurse delegation has been documented.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

We have completed DSHS approved training for the following specialty care designations:
 Developmental disabilities
 Mental illness
 Dementia

ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS
Specializing in: serving people with disabilities, dementia, and various other mental health issues. Respite and hospice services also provide.

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 24/7
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: On call & 24/7 as needed
- Awake staff at night
- Other: _____

ADULT FAMILY HOME DISCLOSURE OF SERVICES REQUIRED BY RCW 70.128.280
DSHS 10-508 (REV. 09/2014)

ADDITIONAL COMMENTS REGARDING STAFFING

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 particular focus in our adult family home is to address all individual needs, this is regardless of anyone's language and background.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

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:
Will accept Medicaid based on rate and level of care provided.

ADDITIONAL COMMENTS REGARDING MEDICAID

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:

Daily fulfillment and enrichment time by providing games such as; bingo, dominoes, puzzles, coloring books, and other mental exercise.

ADDITIONAL COMMENTS REGARDING ACTIVITIES