



Adult Family Home Disclosure of Services

Required by RCW 70.128.280

HOME / PROVIDER ANGEL'S PALACE (Geoffrey Kuria)	LICENSE NUMBER 753401
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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](#)

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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 our residents with good quality of care in a safe and comfortable environment, we believe that every resident will have the opportunity to live their lives in a good setting and treated with dignity, respect and compassionate through the support of our devoted care givers**

2. INITIAL LICENSING DATE

11/18/2016

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

5. OWNERSHIP Sole

- proprietor
- Limited Liability Company 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:

As needed can help with meal set up, cuing, minimal assist to 1:1 feed

2. TOILETING

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

As needed can assist with toileting after 2 hrs, changing diapers from cuing minimal assist to total assist

3. WALKING

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

Can assist as needed with ambulation in and outside the room from cuing, minimal assist to contact guard assist with walker

4. TRANSFERRING

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

Can help move from bed to the chair. Cuing, contact guard to maximum assist with transfer devices

5. POSITIONING

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

Can help with turns every 2 hours or as needed per patient comfort

6. PERSONAL HYGIENE

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

Assist as needed with oral care, nail care, skin care, hair wash and change of linens

7. DRESSING

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

Can assist with changing clothes as needed. ensuring they are clean and dry

8. BATHING

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

Can assist with set up including cuing , minimal assist to maximum assist

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We care for our residents like our family members

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:
**From independent to dependent. Ensuring the resident take their medication on time as delegated by the RN or care provider
Ensuring proper charting electronically in order to know when medications are needed and record when medication are given**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Medications are locked all the time

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:

Nurse delegate

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

Monitoring blood sugar, injecting insulin

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: The home has on call RN delegator to consult
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: CNA is on 24/7
- 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) **Afh fosters the right that every individual be treated with dignity and respect regardless of gender religion, race individual lifestyle and cultural background**

<p>The home is particularly focused on residents with the following background and/or languages: English</p>
<p>ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS</p>
<p style="text-align: center;">Medicaid</p>
<p>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)</p> <p><input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments.</p> <p><input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions:</p>
<p>ADDITIONAL COMMENTS REGARDING MEDICAID Resident can convert from private to medicaid if they run out of personal funds</p>
<p style="text-align: center;">Activities</p>
<p>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).</p> <p>The home provides the following: We can help hosting birthday celebrations and other special occasions , watching tv</p>
<p>ADDITIONAL COMMENTS REGARDING ACTIVITIES</p>

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