

## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>Angelic Hands Adult Family Home LLC</b>	LICENSE NUMBER <b>753685</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. <b>With our Angelic Hands, we strive to support, nurture, promote and provide care to vulnerable adults, with dignity and respect. Angelic Hands AFH is committed to ensure that each resident's rights are respected. With safety in mind, care services are delivered according to the individualized plan of care; We offer peace of mind to our residents' families knowing that their loved ones are receiving the best possible care.</b>	
2. INITIAL LICENSING DATE <b>05/04/2018</b>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <b>N/A</b>
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Co-owned by: <input type="checkbox"/> 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:

**Residents who are unable to feed themselves will be assisted by staff.**

### 2. TOILETING

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

**Maintain privacy, safe transfers in/out of the bathroom, provide incontinence care, promote personal hygiene etc**

### 3. WALKING

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

**As needed to include use of assistive device-walker, cane, wheelchair; Supervision, contact guard etc**

### 4. TRANSFERRING

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

**As needed to include, supervision, standby assist, contact guard assist, use of devices; Fall risk precautions; residents requiring more than one person assist with transfers will be accommodated.**

### 5. POSITIONING

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

**To ensure adequate distribution of weight and balance in order to prevent, falls; Frequent repositionings for dependent residents to prevent skin breakdown; skin checks, monitoring and follow up**

### 6. PERSONAL HYGIENE

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

**Changing briefs, underpads, clothing, maintaining good hygiene**

### 7. DRESSING

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

**Ensure residents are well groomed throughout the day; Assist as needed with set up, standby assist, total assist, provide and simplify choices, maintain optimal level of functioning, encourage independence and support as needed, use of assistive devices etc**

### 8. BATHING

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

**Assist with set up, contact guard/standby/total care assist, maintain privacy, skin check**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Provide education, discuss options, provide privacy, respect resident rights, report concerns**

## 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 cueing, ordering, storage, verification, administration, monitoring, reporting concerns to the doctor as needed; assisting with topical cream application, insulin administration etc**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**All medications/treatments needing nurse delegation will be administered after proper delegation**

**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:

**All nursing care needs including wound/incision care and management, catheter care etc**

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

**Insulin administration, instillation of eye drops, topical care, wound care etc**

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

**All residents requiring more services will be addressed on a case to case basis to ensure safety**

**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: **2 days a week 8am- 8pm**
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **5 days a week and on call 24hours a day**
- Awake staff at night
- Other: **Staffing will be done according to care/needs of each resident;Provider/resident manager is on call 24hours/day**

ADDITIONAL COMMENTS REGARDING STAFFING

**Night awake staff will be determined on a case by case basis and as needed so as to meet resident(s) needs.**

**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:

N/A
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS N/A
<b>Medicaid</b>
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)
<input type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments. <input checked="" type="checkbox"/> The home will accept Medicaid payments under the following conditions: <b>Resident must be eligible for medicaid reimbursement/supplemental benefits program</b>
ADDITIONAL COMMENTS REGARDING MEDICAID
<b>Activities</b>
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: <b>Music, playing cards, birthday celebrations, board games; varies according to each resident's likes and dislikes</b>
ADDITIONAL COMMENTS REGARDING ACTIVITIES N/A

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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