



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Angel of Hope LLC	LICENSE NUMBER 753764
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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.

Our Mission is : We aspire to provide quality care in a family environment full of love, compassion and laughter.

2. INITIAL LICENSING DATE

7/23/18

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

N/A

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:
- Other:

Personal Care



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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:

When deemed appropriate by the provider, the adult family home may provide the following:

- * **Supervising & cueing clients who are at risk for choking and aspiration.**
- * **Altering texture of food. IE: cutting into bite sized pieces, chopping and or pureeing of solid food.**
- * **Feeding clients as indicated.**

2. TOILETING

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

When deemed appropriate by the provider, the adult family home may provide the following:

- * **Reminding residents to visit bathroom regularly.**
- * **Supervise or provide standby assistance during toileting.**
- * **Changing of briefs/pads and incontinent as needed.**

3. WALKING

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

When deemed appropriate by the provider, the adult family home may provide the following:

- * **Reminding clients to use assistive device.**
- * **Cueing clients on correct use of medical devices.**
- * **Stand-by or contact assistance with or without the use of a gait belt during walking.**
- * **Encourage regular exercise.**

4. TRANSFERRING

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

When deemed appropriate by the provider, the adult family home may provide the following.

- * **Supervision or standby assistance with transfer.**
- * **One person assistance with transfer.**
- * **Provide hoist lift or sit to stand transfers as indicated.**

5. POSITIONING

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

When deemed appropriate by the provider, the adult family home may provide the following.

- * **Cueing and reminding clients to change position or turn.**
- * **One person assistance with changing position or turning while in chair or bed.**
- * **Provide turning and repositioning on a regular basis for clients at high risk for skin breakdown or bedsores.**

6. PERSONAL HYGIENE

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

When deemed appropriate by the provider, the adult family home may provide the following.

- * Assistance with oral care and personal hygiene.
- * Assistance with shaving and hair styling.
- * Assistance with showers 2-3 times a week or as client is able.
- * Bed bath if client is unable to use a shower.
- * Application of deodorant, lotion and makeup.
- * Assistance with nail care and nail filing.
- * Total assistance with personal hygiene.

7. DRESSING

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

When deemed appropriate by the provider, the adult family home may provide the following.

- * Supervision and standby assistance during dressing.
- * Provide total assistance with dressing.

8. BATHING

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

When deemed appropriate by the provider, the adult family home may provide the following.

- * Supervision during showers.
- * Cueing clients during showers or limited assistance during showers.
- * Provide total assistance with showers.
- * Skin assesment during each shower when indicated.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Staff at Angel of Hope LLC encourages clients to be as independent as possible.

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:

When deemed appropriate by the provider, the adult family home may provide the following.

- * Reminding clients to take medications on time.
- * Assist client with administration of medications that can be delegated per WAC 388-76-10430.
- * Total assistance with medication administration that can be delegated per WAC 388-76-10430.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

The Owner of Angel of Hope LLC is a Registered Nurse and lives in the same home.

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:

The Owner/provider of Angel of Hope LLC is a Registered Nurse and lives in the same home. When deemed appropriate the provider can assess and contact nurse delegator, Doctors and emergency medical personal as indicated.

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

When deemed appropriate by the provider, Angel of Hope LLC staff may perform delegatable tasks under WAC 246.841.405. The cost of these services will be the responsibility of the client.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The provider will ensure there is appropriate staffing in the home.

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

When deemed appropriate by the provider, Angel of Hope LLC may provide special care and attention to clients with a diagnosis related to mental illness, dementia and developmental disability.

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 owner of the Adult Family Home is a Registered Nurse and lives in the home.**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **Provider will schedule CNA or longterm care workers or the provider herself 24/7 to make sure that there is at least one person in the home with clients at all times..**
- Awake staff at night
- Other: **When deemed appropriate by the provider, the Adult Family Home may have awake staff.**

ADDITIONAL COMMENTS REGARDING STAFFING

Staff is based on the needs of the clients. Our staff has received all required training by DSHS.

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:

English is the primary language spoken in Angel of Hope LLC. Sensitivity and respect of our client's culture, ethnicity, cultural beliefs, and practices is important to our staff. When deemed appropriate by the provider the staff may assist with specific requests surrounding ethnic/cultural requests.

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:

This adult family home will require 36 months of private pay funds and 180 days of advance notification prior to the start of medicaid pay conversion

ADDITIONAL COMMENTS REGARDING MEDICAID

This Adult family home has a medicaid policy that is disclosed to clients and families prior to admission.

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:

The provider will offer appropriate activities and consider client preferences.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

When deemed appropriate by the provider, the staff at Angel of Hope LLC may try to provide activities that would match with what a client has loved doing in the past. In my experience as a registered nurse, activities play a vital role in our well being both body, mind and soul and it also enhances quality of life.

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

**Angel of Hope LLC
811 15th Ave SW
Puyallup, Wa 98371
253-736-3841**

Disclosure of Services

I have read the above Disclosure of Services and understand its content.

Resident/Legal Representative.

Date

Provider

Date.