



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Earth Angels, INC	LICENSE NUMBER 754229
---	---------------------------------

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](#)

About the Home	
<p>1. PROVIDERS STATEMENT (OPTIONAL)</p> <p>The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.</p> <p>Earth Angels' passion is to provide quality care to individuals who needs assistance with activities of daily living, and also to promte a peaceful environment with best care, treating residents with compassionate care and dignity .</p>	
<p>2. INITIAL LICENSING DATE</p> <p style="margin-left: 20px;">09 /23 /2019</p>	<p>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</p>
<p>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</p>	
<p>5. OWNERSHIP</p> <p><input type="checkbox"/> Sole proprietor</p> <p><input type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input checked="" type="checkbox"/> Other: S. Corportion</p>	

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:

Earth Angels provide eating assistance and monitorian to total aid.

2. TOILETING

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

We provide from queing to total assistance.

3. WALKING

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

We provide walking assistance, encourage self ambulation, and one personal assistance.

4. TRANSFERRING

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

According to individual care plans, we will assist all transforts as needed.

5. POSITIONING

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

Earth Angels provide with bed mobility as well as repositioning as needed. Also, we'll support to maintain skin & prevent pressure ulcers as well.

6. PERSONAL HYGIENE

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

To assist with oral care, groomling, as well as other personal hygiene as needed .

7. DRESSING

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

If possible, we encourage independence and assist with appropriate dressing as needed.

8. BATHING

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

Earth Angels help bathing assistance set up time and monitors to total assistance.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Earth Angels encourage all the necessary facility and service to ensure a comfortable, peaceful and joyful living environment

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:

We provide medicaction of administration with delegation and medication reminders.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Medication will be stored in a locked med cabinet 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:

We will arrange with the residents' nurse and physician depending on nursing care plan needed.

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

To provide oral medication administration, glucose monitoring , wound care, insulin injection when needed.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

If specific needs, we would be happy to schedule a meeting to discuss about it.

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

ADDITIONAL COMMENTS REGARDING STAFFING

Awake staff at night can be available if needed. Additionally, we'll provide these: physicians, beauticians, foot doctors, and others; those arrangements will be prepared when your needs are

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; however, Earth Angels accommodate people with different cultures.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Our goal is to assist diverse cultural backgrounds.

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:

ADDITIONAL COMMENTS REGARDING MEDICAID

We will accept Medicaid pay after the resident completes 17 months of private pay, so that conversion to DSHS

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:

We have many different types of exercises, simple yoga, card games, reading, listening music, movies, different kinds celebrations depending on client needs and abilities.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Earth Angels will work with physician, DSHS, social workers to have your needs met.

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