



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

HOME / PROVIDER <p style="text-align: center;">ADEL Home Care, LLC</p>	LICENSE NUMBER <p style="text-align: center;">754421</p>
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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	
<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>In our facility we are caring, loving, respectful and kind towards one another. Our mission is make every one feel safe, and cared for. This home is bright, peaceful, safe and filled with lots of fun activities that everyone will enjoy!</p>	
<p>2. INITIAL LICENSING DATE</p> <p style="text-align: center;">3/6/2020</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 checked="" type="checkbox"/> Limited Liability Company</p> <p><input type="checkbox"/> Co-owned by:</p> <p><input type="checkbox"/> Other:</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:

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 sizes pieces, chopping or pureeing of solid food.
- \*Feeding each client 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 briefs or 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 the assistive device.
- \*Cueing clients on correct use of medical devices.
- \*standby 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 the adult family home may provide the following:

- \*Supervision or standby assistance with transfer.
- \*one person assistance with transfer.
- Provide hooyer lift or sit to stand transfer as indicated.

### 5. POSITIONING

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

when deemed appropriate the adult family home may provide the following:

- \*Cueing and reminding patient client to turn or position.
- \*one person assistance with changing position or turning while in chair or bed.
- provide turning and repositioning on a regular basis for clients at risk for skin breka down or bed sores.

### 6. PERSONAL HYGIENE

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

when deemed appropriate the adult family home may provide the following:

- \*Assistance with oral care and personal hygiene.
- \*assistance with shower 2-3 times a week.
- \*application of make up, lotion, deodorant, assistance with nails acre and nail filing, total assistance with perosnal hygiene.

### 7. DRESSING

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

when deemed appropriate 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 the adult family home may provide the following:

- \*supervision during showers.
- \*Cueing clients during showers or limited assistance.
- \*skin assistance during each showers or as incated.

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Staff at ADEL Home Care encourage clienst 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:

Reminding clients to take medication 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 WAC388-76-10430

### ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

The owner of ADEL Home Care is a Nursing assistant and lives in the same house.

**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 ADEL Home care is a Nursing assistant who lives in the same house. When deemed appropriate can access and contact nurse

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

When deemed appropriate by the provider, ADEL home care staff may perform delegatable tasks under WAC 246.841.405. the cost of services will

**ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION**

The provider will ensure 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 Porvider, ADEL Home care may provide special acre and attention to clients with a diagnosis related to mental illenss, dementia or 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: \_\_\_\_\_
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: The owner/provider of ADEL Home care is a Nursing assistant who lives in the same house
- Awake staff at night

Other: When deemed appropriate the provider may have awake staff.

**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)

The home is particularly focused on residents with the following background and/or languages:

English is the primary language spoken in ADEL Home Care. Sensitive and respect of our clients culture, ethnicity, cultural beliefs and practices are important to our staff. When deemed appropriate by the provider the staff may assist with specific request surrounding ethnic/cultural request.

**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 advance notification prior to the start of medicaid conversion

ADDITIONAL COMMENTS REGARDING MEDICAID

This adult family Home has a medicaid policy that 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 the provider will try to provide activities that would match a client's has loved doing in the past. In my experience as a Nurs assinstant, activites play a vital role in out well being both body, mind, soul and it also enhances quality of life.

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  
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