

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Angel Hands Adult Family Home LLC / Tatiana Bogdan	LICENSE NUMBER 754497
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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) Angel Hands Adult Family Home, LLC is owned & operated by Tatiana Bogdan. A custom-built adult family home, Angel Hands is very open & spacious. Each resident has a beautiful private room, view & a private bathroom. Caring staff provides freshly prepared, delicious food. Our goals include helping each resident feel safe, special & comfortable.	
2. INITIAL LICENSING DATE 04/30/2020	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: Best Care Adult Family Home LLC, 1216 NW 54th Way, Vancouver WA, 98663
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability <input type="checkbox"/> Company 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:

All levels of eating assistance levels, from cueing and monitoring to total assistance, are accommodated including tube feeding and enteral pumps. We provide therapeutic diets, diabetic diets, and mechanically altered diets.

2. TOILETING

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

All levels of toileting assistance including cueing, assisting and managing incontinence of bowel and bladder, catheter care and ostomy care.

3. WALKING

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

Can assist with walking using assistive devices, wheelchair, stand-by assistance for safety, and cueing, monitoring and physical therapy exercises. We are unable to accommodate motorized wheelchairs or scooters.

4. TRANSFERRING

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

Able to accommodate one person transfers including gait belt, Hoyer lift and sit to stand lift transfers.

5. POSITIONING

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

All levels of positioning assistance can be provided so long as one person assistance is sufficient.

6. PERSONAL HYGIENE

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

All necessary hygiene including brushing hair/teeth, denture care, skin care, incontinence care, shaving, fingernail care, and assistance with glasses and/or hearing aids.

7. DRESSING

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

All levels of dressing assistance can be provided including encouragement, cueing, monitoring, partial and total assistance.

8. BATHING

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

All levels of bathing assistance can be provided including getting in/out of rolling shower, partial to total assistance with showering. Bed baths are provided if needed.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

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:

All types of medication assistance are provided up to and including administration of medication that are nurse delegated including insulin, eye drops, oxygen, nebulizer, inhaler, nasal drops or sprays, and ostomy care.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We provide daily management of pain, non-sterile dressing changes, monitor vital signs and oxygen levels.

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

Medication administration, wound care, insulin injections, ostomy care

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

We also provide end of life care

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: **24/7 caregivers with a minimum of one caregiver present at all times.**
- Other: **Dementia, First Aide, CPR, Nurse Delegation & Diabetes Training. Extensive pre-hire screening includes FBI fingerprint background checks.**

ADDITIONAL COMMENTS REGARDING STAFFING

Our team performs every task with respect, caring, and commitment. Our care is resident – centered.

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:

We respect all cultural, ethnic, and religious background. Angel Hands is an English – speaking home.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Angel Hands celebrates traditional American holidays and Birthdays.

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: **No more than one Medicaid Pay person in the home.**

ADDITIONAL COMMENTS REGARDING MEDICAID

The home is willing to accept Medicaid payments from only one person. Home requires two year spend down.

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: **Activities are based on individual resident interests. Daily current events, movement activities and exercise, snacks, love and laughter. Twice weekly piano concerts take place. Music therapy, aromatherapy, holiday celebrations, all kinds of board games, watching movies, watching for hummingbirds and squirrels are just some of the activities we enjoy. Our goal is to create moments of joy for all residents and families.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

ACKNOWLEDGEMENT OF RECEIPT:

➤ **Disclosure of Services:**

Resident/Resident Representative Name

Date: _____

Resident/Resident Representative Signature

Date: _____