



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

HOME / PROVIDER <b>ANGELS OF JOY LLC</b>	LICENSE NUMBER 755113
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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>To provide a safe and competent environment that enrich our Residents' lives and health through compassionate care in a home-like environment that bring optimum level of health and comfort</b>	
2. INITIAL LICENSING DATE 8/3/21	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
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:

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

**Assist with eating through set-up, cueing, supervision**

**Total feeding assistance when indicated**

**Diet modification per physician's order**

**Home will accept someone who is on Tube Feeding**

**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:**

**Provide assistance with toileting from cueing/toileting reminders**

**Implement toileting schedule and reminding resident to use bathroom**

**Total incontinence care 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**

**Assistance with ambulating through cueing and reminder to use assistive device if needed**

**Encourage participation in regular exercise**

**Cueing residents on correct use of all medical services**

**Stand-by or contact-guard assistance with or without use of gait belt while ambulating**

**4. TRANSFERRING**

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

**Supervision/stand-by assistance with transfer**

**One-person assist with transfer**

**Provide Hoyer lift or sit-to-stand transfer when 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 reminder to our residents to shift position per turning schedule while in bed/chair**

**Turning/reposition on frequent (2) hour schedule for residents at high risk for skin breakdown or pressure sores**

**One-person assistance with changing position or turning while in bed or chair**

**6. PERSONAL HYGIENE**

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

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

**Assistance with oral care, shaving, hair styling and nail care**

**Assistance with application of deodorant, lotions and makeup**

**7. DRESSING**

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

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

<p><b>Assistance with dressing including cueing/supervision and set up</b>  <b>Provide stand- by assist and total assistance with dressing</b></p>
<p>8. BATHING          If needed, the home may provide assistance with bathing as follows:  <b>When deemed appropriate by the provider, the adult family home may provide the following:</b>  <b>Assistance with showers 2 times per weekly or per clients' preference or as client is able</b>  <b>Bedbath if patient is unable to use a shower</b>  <b>supervision during shower, cueing resident who needs limited assistance with showers</b>  <b>Total assistance with showers</b>  <b>Perform skin assessment during during each shower when indicated</b></p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE  <b>Personal care will be customized based on individual preference, encourage participation and independence</b></p>
<p><b>Medication Services</b></p>
<p>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)</p>
<p>The type and amount of medication assistance provided by the home is:  <b>When deemed appropriate by the provider, the adult family home may provide the following:</b>  <b>Reminding clients to take their medication on time</b>  <b>Assist clients with administration or oral medication and topical medications</b>  <b>Total assistance with medication administration that can be delegated per WAC</b>  <b>All medications are locked up and dispensed per order</b></p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES  <b>Qualified caregivers have been trained in various nursing tasks through the Nurse Delegation program</b></p>
<p><b>Skilled Nursing Services and Nurse Delegation</b></p>
<p>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)</p>
<p>The home provides the following skilled nursing services:  <b>The home is owned and managed by a RN who has many years working in long-term care. When deemed appropriate by the provider, Angels of Joy LLC may contract with RN delegator for nurse delegation</b></p>
<p>The home has the ability to provide the following skilled nursing services by delegation:  <b>Administration of oral meds, application of topical creams/ointments, instillation of eardrops/eyedrops, insulin administration, blood sugar monitoring, Tube Feeding, administration of as needed meds.</b></p>
<p>ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION  <b>The provider will ensure there is appropriate staffing in the home</b></p>
<p><b>Specialty Care Designations</b></p>
<p>We have completed DSHS approved training for the following specialty care designations:</p> <p><input type="checkbox"/> Developmental disabilities  <input checked="" type="checkbox"/> Mental illness  <input checked="" type="checkbox"/> Dementia</p>
<p>ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS</p>

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

**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: 3-4 times per week
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: 24/7
- Awake staff at night
- Other: **When deemed appropriate by the provider, the afh may have awake staff if indicated**

ADDITIONAL COMMENTS REGARDING STAFFING

**Staff is based on the needs of our clients our staff has received all required Washington state training.**

**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:

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

**English is the primarily language spoken at the home. Sensitivity and respect of our client's ethnicity, culture beliefs and practices is important to our staff. When deemed appropriate by the provider, the home may assist with specific requests surrounding ethnic requests**

**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:

**Not until written approval is received from the Department of Social and Health Servi**

ADDITIONAL COMMENTS REGARDING MEDICAID

**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 clients' preferences**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**We will personalize activities with according to personal interest**

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