Washington State Department of Social & Health Services
Transforming lives

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
Angel Senior Care LLC / Natalia Oboroceanu	757505

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.

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
8/9/24	**N/A**

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

N/A

5. OWNERSHIP

- ☐ Sole proprietor
- ☒ Limited Liability Company
- ☐ Co-owned by:
- ☐ 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: **The adult family home provides the following:** *** Supervising & cueing clients who are at risk for choking/aspiration** *** Altering texture of food: cutting into bite sized pieces, chopping and/or pureeing of solid foods** *** Full assistance with eating**
2. TOILETING If needed, the home may provide assistance with toileting as follows: **The adult family home provides the following:** *** Reminding clients to visit the bathroom regularly** *** Supervise or provide one-person stand-by assistance while toileting** *** Assistance with use of a bedside commode, bed pan, or urinal** *** Changing of briefs/pads and incontinence as needed** *** One-person full assistance** *** Peri-care**
3. WALKING If needed, the home may provide assistance with walking as follows: **The adult family home provides the following:** *** Reminding client to use assistive devices** *** Cueing clients on correct use of all medical devices** *** One-person standby or contact assistance with or without the use of gait belt during walking** *** Encouraging regular exercise**
4. TRANSFERRING If needed, the home may provide assistance with transferring as follows: **The adult family home provides the following:** *** Supervision or standby assist with transfers** *** One person assistance with transfers** *** Facility staff are trained in the use of Hoyer Lifts** *** Facility staff are trained in the use of sit-to-stands**
5. POSITIONING If needed, the home may provide assistance with positioning as follows: **The adult family home provides the following:** *** Cueing and reminding clients to change position or turn** *** One person assistance with repositioning or turning while in the bed or chair**

*** Provide turning on a regular two (2) hour schedule during waking hours for clients at high risk for skin breakdown/bedsores**

6. PERSONAL HYGIENE

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

The adult family home provides the following:

Assistance to full assistance with:

*** Oral care**

*** Shaving**

*** Combing/brushing hair**

*** Bed bath if client is unable to use shower**

*** Application of deodorant, lotions, and make up**

*** Nail care, toenail trimming - unless resident has diabetes**

7. DRESSING

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

The adult family home provides 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:

The adult family home provides the following:

*** Reminders to take shower**

*** Supervision during showers**

*** Cueing clients during showers**

*** Provide one-person total assistance with showers**

*** Bed baths**

*** Skin assessment during each shower**

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Staff encourage 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:

The adult family home provides the following:

*** Reminding clients to take their medications on time**

*** Assist clients with administration of oral, topical and eye drops medications**

*** Total assistance with medication administration**

*** Ordering and refilling medications**

*** Insulin injections**

*** Monitoring blood sugar levels**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Staff have been trained to be delegated in various tasks

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:

Skilled nursing services in the home are provided by home health nurses, hospice agencies and registered nurses through nurse delegation.

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

Nurse delegation means a registered nurse transfers the performance of selected nursing tasks to competent and qualified nursing assistants. Staff are competent and qualified to perform certain nursing tasks through nurse delegation, and the facility contracts with a RN for nurse delegation. The cost of these services would be the responsibility of the resident.

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The provider will ensure there is appropriate delegated staff 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: **as needed for home health, hospice and nurse delegation**
- ☐ Licensed practical nurse, days and times: _____
- ☒ Certified nursing assistant or long term care workers, days and times: **When the provider is not present in the home, the provider will schedule the appropriate days & times for a CNA or long-term workers in the home.**
- ☐ Awake staff at night
- ☐ Other:

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 our home. Sensitivity and respect of our client's ethnicity, culture beliefs and practices is important to our staff.

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:

We accept Medicaid payment source and in order to provide quality service, require a minimum daily rate of $100.

We require Residents who are using private funds to do so for two years before transitioning to the Medicaid payment system. In order to assure there's adequate time to process the Medicaid paperwork and there's not a lapse in payment, we require the resident to provide the home written notification 90-days prior to them transitioning to the Medicaid payment system.

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 client's preferences. The provider and staff encourage residents to be active in the home and in the community.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Staff tries to provide activities that matches what the resident loved doing prior to moving into the home. In my experience, I have learned that each of us needs a purpose, no matter how big or small, that provides motivation and inspiration to enrich our lives.

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