



Adult Family Home Disclosure of Services Required by RCW 70.128.280

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| HOME / PROVIDER <i>Magdala's Loving care</i> | LICENSE NUMBER <i>299402</i> |
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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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Received

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RCS/Public Disclosure

| About the Home | |
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| 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. <i>Loving care and respect for our elders, keep residents clean & fed. We provide care for Aging, Dementia, Physically or Developmentally disabled, Diabetes, High Blood Pressure, Wound care, Brain injury and hospice-end of life We provide a safe environment, professional & compassionate loving care.</i> | |
| 2. INITIAL LICENSING DATE <i>5-12-2006</i> | 3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: |
| 4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>7009 Louisiana Dr. Vancouver WA 98664.</i> | |
| 5. OWNERSHIP <input checked="" type="checkbox"/> Sole proprietor <input 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:

Provide custom meals based on special diet, and feeding.

2. TOILETING

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

Stand by or assist with sitting, changing, cleaning.

3. WALKING

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

Can give wide support, help standing, walking next to resident.

4. TRANSFERRING

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

Using hoist, pivot lifting & wheel chair.

5. POSITIONING

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

CG will reposition a resident every 2h day or night.

6. PERSONAL HYGIENE

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

CG assist with shaving, brushing teeth, hair care, skin care, nail care.

7. DRESSING

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

laundry, having clean clothes, to change clothes.

8. BATHING

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

Sponge bath, bed bath and showering assistance.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Our first priority is to have our residents clean & fed.

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 medication assistance/administration through nurse delegation.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We may order, prepare, monitor, document and store medication in double lock cabinet.

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: *through contracted home health agencies and hospice care services. These skilled services include: physical, occupational & speech therapy.*

The home has the ability to provide the following skilled nursing services by delegation: *to include blood glucose monitoring, insulin injections, catheter care, oxygen, simple wound care.*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Our staff is train & certified to perform nurse delegated tasks.

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 may provide services for individuals with dementia or other memory loss and services for end of life care / hospice.*

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: *Nurse delegator available only as needed.*
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: *nurse delegator upon request.*
- Awake staff at night
- Other: *2 1/2 hr care by (CNA) Service of Doctor available upon request.*

ADDITIONAL COMMENTS REGARDING STAFFING *All staff are certified in dementia, mental health nurse delegation (chapters), 1st Aid / CPR, background check include fingerprinting.*

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 backgrounds. This is English speaking home.*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We do our best to accommodate different need and diets and honor cultural or religious events.

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 Private Pay and Medicaid Pay clients

ADDITIONAL COMMENTS REGARDING MEDICAID

All residents must have current assessment 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: *numerous activities to benefit the resident's needs, physical, mental, social, emotional and spiritual.*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We celebrate holidays, birthdays, special events and occasions. Music, games, reading. We also provide exercises and flowers arrangements (crafts)

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