

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Morgan Cottage Adult Family Home	LICENSE NUMBER 682000
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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.

Morgan Cottage offers services to seniors with Dementia and other care needs, in a warm, peaceful environment with the feel of home away from home.

2. INITIAL LICENSING DATE

04/08/2005

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

N/A

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

Same

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- 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

<p>If needed, the home may provide assistance with eating as follows: Clueing, supervision, limited assistance, total assistance.</p>
<p>2. TOILETING If needed, the home may provide assistance with toileting as follows: Stand by assistance with one or two persons if needed.</p>
<p>3. WALKING If needed, the home may provide assistance with walking as follows: Stand by assistance with one or two person if needed.</p>
<p>4. TRANSFERRING If needed, the home may provide assistance with transferring as follows: Clueing, one-two person physical assist with the aid of transfer belt or mechanical lift.</p>
<p>5. POSITIONING If needed, the home may provide assistance with positioning as follows: Clueing one -two person assistance , repositioning on a routine basis if needed</p>
<p>6. PERSONAL HYGIENE If needed, the home may provide assistance with personal hygiene as follows: Incontinence management,oral care,bathing and grooming. We monitor by cuing, one on one total assist.</p>
<p>7. DRESSING If needed, the home may provide assistance with dressing as follows: With dressing by means of set up, cuing or total assist.</p>
<p>8. BATHING If needed, the home may provide assistance with bathing as follows: We provide assistance with bathing by clueing , set up and total assist.</p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE We offer private and shares rooms. Large roll in shower, to accommodate special shower needs.</p>
<p>Medication Services</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: Assistance with insulin administration, schedule and PRN medications delegated through RN nurse delegation.</p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES Our medications are delivered by local pharmacy in bubble packs.</p>
<p>Skilled Nursing Services and Nurse Delegation</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: Podiatrist, RN nurse delegation, Special diets,</p>
<p>The home has the ability to provide the following skilled nursing services by delegation:</p>

Monitoring Diabetic insulin, medication administration

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

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: **Provided by home health if needed.**
- Licensed practical nurse, days and times: **as needed**
- Certified nursing assistant or long term care workers, days and times: **Daily 24hrs a day**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

Provider lives in the home and work full time in the home along with caregivers.

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 provide services to cultural and ethnic residents of all backgrounds.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We provide meals for all cultural backgrounds

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 payments per State contract and private pay payments at time of admission.

ADDITIONAL COMMENTS REGARDING MEDICAID

Medicaid rooms may be pivate, or shared depending on room availability at time of request.

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:

Social hour, Exercices, Music, Bible Study, Movies, bingo, Arts and crafts, outdoor activiies as weather permits.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Activities are tailored to Residents choice, needs and capabilities,we encourage all residents to participate.

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