Washington State Department of Social & Health Services
ALTSA Aging and Long-Term Support Administration

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER	LICENSE NUMBER
Magnolia AFH - Mary Cruise RN	694300

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. Excellence in care

2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
1993	2815 - 31st Avenue West - Seattle Wa 98199

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

same

5. OWNERSHIP

- ☐ Sole proprietor
- ☐ Limited Liability Corporation
- ☐ Co-owned by:
- ☑ Other: S-Corp. Mary M. Cruise RN

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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:

Eating assistance from cuing to total assistance

2. TOILETING

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

Toileting assistance from cuing + monitoring to total assistance

3. WALKING

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

Cuing + monitoring to a one or two person assist

4. TRANSFERRING

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

Transfer assistance from cuing + monitoring to one person assist or 2-person assist

5. POSITIONING

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

Positioning from cuing + monitoring to 1-2 person assist

6. PERSONAL HYGIENE

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

Personal hygiene from cuing + set up to total assistance

7. DRESSING

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

Dressing from cuing + set up to total assistance

8. BATHING

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

Bathing from cuing + set up to total assistance

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Light, Big Windows - view of Salmon Bay
Roll in shower room - raised toilets - wheel-chair accessible

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:

Nurse Delegation available - medisets set up by Lafferty's Pharmacy + delivered weekly

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

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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: RN lives in home + is staff person for night shift - RN will provide any prescribed skilled nursing services or resident will contract through home health agency of choice

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

All ordered skilled nursing services by delegation

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

RN/provider is nurse delegator

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Specialty Care Designations

We have completed DSHS approved training for the following specialty care designations:

- [x] Developmental disabilities
- [x] Mental illness
- [x] 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)

- [x] 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:

- [x] Registered nurse, days and times: lives in home - 7 days/wk - is available prn for night shift
- [ ] Licensed practical nurse, days and times:
- [x] Certified nursing assistant or long term care workers, days and times: 7 days/wk 6A - 10pm 1 care giver/shift
- [x] Awake staff at night as needed
- [ ] Other:

ADDITIONAL COMMENTS REGARDING STAFFING

If awake staff needed 8hr night shift - will hire staff.

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) Excellent English spoken by all caregivers

The home is particularly focused on residents with the following background and/or languages: - none in particular

Local Catholic parish has van service to mass, We encourage residents to be involved in their faith community if desired

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

We can provide a specialized diet for any religious or cultural group. We celebrate Christian Christmas + Easter or other event if residents so desire.

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:

Financial supplementation for view rooms.

ADDITIONAL COMMENTS REGARDING MEDICAID

Generally dont accept medicaid except after 2yrs of private pay

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: Walking & exercises, entertainment, music, singing at christmas, birthday parties for residents, occasional pet therapy, massage therapy (as desired)

ADDITIONAL COMMENTS REGARDING ACTIVITIES

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