



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Magnolia Domicile	LICENSE NUMBER 750799
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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. <i>The mission of Magnolia Domicile is to provide the best care to our residents, that is professional, compassionate and individualized to alleviate suffering brought about by advancing age, diminishing mental faculties and falling health and to bring back life to our residents and peace of mind to their loved ones.</i>	
2. INITIAL LICENSING DATE JANUARY 2008	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: NONE
4. SAME ADDRESS PREVIOUSLY LICENSED AS:	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

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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: *Promoting independence a priority Can Pureed the food as needed*
Set-up, Feeding (spoon-feed), Tube feeding

2. TOILETING

If needed, the home may provide assistance with toileting as follows: *Transfer (steadying + lifting)*
Set-up, Assistance with cleansing + changing, Total Care

3. WALKING

If needed, the home may provide assistance with walking as follows:
1-2 Person assistance, or quit or stand-by-assistance, (use gaitbelts)

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows:
From cueing + encouragement, 1-2 person assistance, Use of mechanical lifts or transfer device

5. POSITIONING

If needed, the home may provide assistance with positioning as follows:
Minimal assistance, 1-2 person assistance, to total assistance, Putting pillows or other assistive devices

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: *Promoting independence still a priority*
Set-up, minimal assistance w/ washing + changing, moderate to total care

7. DRESSING

If needed, the home may provide assistance with dressing as follows: *Promoting indygence is still a priority*
Assistance in choosing clothes, fastening, + other aspects to total care for dress
Fed Home application + removal

8. BATHING

If needed, the home may provide assistance with bathing as follows: *Promoting indygence still a priority*
Set up supplies, assistance in safe transfer, minimal assistance to total care

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

The Wellness of the residents is always our priority in all aspects of care.

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: *From set-up of oral medication to crushing of oral pills + feeding them to residents. As needed medications are also provided. All tasks are nurse-delegated by the provider who is an RN*
ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES *The Provider being an RN can give injections also. The home also provides Topical, Rectal or inhalational medications and they are all nurse delegated.*

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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: *Wound Care, Injections, Suctioning, Nebulization, Colostomy Care, Tube feedings*

The home has the ability to provide the following skilled nursing services by delegation: *Blood sugar monitoring, Topical application of meds, inhalational, suppositories, insulin injections, Instillation of Eye Drops or Ear drops*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

The Provider is an RN + can do all those skilled nursing services + Nurse Delegation Process of all caregivers

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

At the moment, all residents have Dementia + other medical issues. none of them have mental health issue

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.

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The normal staffing levels for the home are:

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Registered nurse, days and times: 7 days, from 7AM to 7PM

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Licensed practical nurse, days and times: _____

Certified nursing assistant or long term care workers, days and times: 2 Caregivers 7AM to 7PM daily

Awake staff at night (7PM to 7AM)

Other: 1 Back up Caregiver @ night with the awake staff

ADDITIONAL COMMENTS REGARDING STAFFING

The Provider is always in the home as the head caregiver from 7AM to 7PM.

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 cater to all kinds of residents of different backgrounds or languages as long as their personal preferences will not be disruptive to other residents. English is our main language*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

The residents with Catholic beliefs receive communion every Sunday in the home. Others with other Christian religion gets to be visited by their pastor. Everybody's belief is respected in the home.

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. *as of now. But may convert to Medicaid & be accredited if needed.*
- The home will accept Medicaid payments under the following conditions:

ADDITIONAL COMMENTS REGARDING MEDICAID

As stated in our policy, a resident can pay by Medicaid, after 3 years of private pay when they drop out of funds.

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: *Card games, arts + crafts (easy for them like cutting out pictures from magazines), music time with light exercises, as allowed by their doctor*

ADDITIONAL COMMENTS REGARDING ACTIVITIES

all caregivers are encouraged to communicate with them (listening to their stories)

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