



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER ABUNDANCE OF CARE AFH/ STEPHEN MAGDADARO RN	LICENSE NUMBER 751332
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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.

WE ARE FOUNDED IN THE BELIEF THAT EVERY INDIVIDUAL DESERVES TO LIVE WITH A GOOD QUALITY OF LIFE AND TREATED WITH UTMOST RESPECT. WE ENCOURAGE INDEPENDENCE WITH GREAT ATTENTION TO SAFETY OF THE INDIVIDUALS IN THE HOME. THIS HOME WAS INTENDED FOR PEOPLE TO FEEL LIKE IT IS THEIRS. FAMILY INVOLVEMENT IS ALWAYS ENCOURAGED AS THE CORE OF OUR VALUES IS ABOUT FAMILY.

2. INITIAL LICENSING DATE

06/05/2009

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

N/A

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

7910 SHASTA CT SE LACEY WA. 98503

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

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

MAXIMUM ASSIST, INCLUDING FEEDING AND CHANGING FOOD CONSISTENCIES PER PHYSICIANS ORDERS.

2. TOILETING

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

MAXIMUM ASSIST, INCLUDING INCONTINENCE CARE AND PERINEAL CARE.

3. WALKING

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

MAXIMUM ASSIST, INCLUDING TWO PERSON ASSIST (WALKERS, FOLLOWED WITH WHEELCHAIR).

4. TRANSFERRING

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

MAXIMUM ASSIST, INCLUDING TWO PERSON ASSIST AND MECHANICAL LIFT TRANSFERS.

5. POSITIONING

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

MAXIMUM ASSIST, INCLUDING TWO PERSON ASSIST.

6. PERSONAL HYGIENE

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

MAXIMUM ASSIST, INCLUDING TWO PERSON ASSIST.

7. DRESSING

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

MAXIMUM ASSIST, INCLUDING TWO PERSON ASSIST.

8. BATHING

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

MAXIMUM ASSIST, INCLUDING TWO PERSON ASSIST.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

WE ENCOURAGE EVERY INDIVIDUAL TO DO AS MUCH FOR THEMSELVES AS POSSIBLE WITH ATTENTION TO SAFETY. SUPERVISION IS MAINTAINED TO ENSURE SAFE

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 OWNER/PROVIDER IS AN RN LICENSED BY THE STATE. WE CAN ADMINISTER MEDICATION PER STATE GUIDELINES AND CAREGIVERS AS WELL THRU NURSING DELEGATION EXCEPT CONTINUOUS IV INFUSION. WE CAN CRUSH OR GIVE MEDICATION WITH PUDDING OR APPLE SAUCE PER PHYSICIANS ORDERS.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

THE OWNER/PROVIDER IS AN RN WHICH HAVE A LOT OF ADVANTAGE REGARDING MEDICATION INFORMATION ITS EFFECTS AND SIDE EFFECTS. MOST OF ALL MAKING
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:

N/A

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

N/A

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

WE TAKE CARE OF RESIDENTS WHO REQUIRES END OF LIFE CARE AND HOSPICE CARE.
WE ALSO PARTNER WITH OUTSIDE THERAPY SERVICES FOR OT, PT, AND SPEECH
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: **DAILY MOSTLY IN THE MORNING**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24 HRS A DAY**
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

TWO STAFFS ARE PRESENT DURING THE DAY TIME AND ONE AT NIGHT.

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 SERVE AND ACCOMODATE EVERYBODY AS LONG AS THEY CAN UNDERSTAND AND

SPEAK EVEN A LITTLE ENGLISH.

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:

THE HOME IS CONTRACTED WITH THE STATE WITH MEDICAID ASSISTED RESIDENTS.

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:

CARD GAMES, PUZZLE, BINGO, LUNCH OR DINNER AT THE RESTAURANT AT LEAST ONCE A MONTH, DAILY NEWSPAPER AVAILABLE, BOOKS, EXTENSIVE TV CHANNELS.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

WE UNDERSTAND THAT EVERY INDIVIDUAL HAS DIFFERENT PREFERENCES REGARDING ACTIVITIES AND WE TRY OUR BEST TO PERSONALIZE IT.