



## Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <b>MAGNOLIA HOME CARE</b>	LICENSE NUMBER <b>753170</b>
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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

<b>1. PROVIDERS STATEMENT (OPTIONAL)</b> The optional provider's statement is free text description of the mission, values, and/or other distinct attributes of the home. <b>As one of the few nurse-owned and managed adult family homes in Seattle, we are able to accommodate residents requiring almost any level of care, and almost always are able to satisfy their care needs until end-of-life. Our mission is to provide compassionate, professional, individualized care for each of our residents, and peace of mind for their loved ones - a mission we have been accomplishing successfully for over 20 years.</b>	
<b>2. INITIAL LICENSING DATE</b>	<b>3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:</b> <b>2615 25<sup>th</sup> Ave. W., Seattle; 3211 12<sup>th</sup> Ave. W., Seattle; 2381 W. Viewmont Way W., Seattle; 2505 W. Smith St., Seattle; 3412 24<sup>th</sup> Ave. W., Seattle; 2670 37<sup>th</sup> Ave. W., Seattle.</b>
<b>4. SAME ADDRESS PREVIOUSLY LICENSED AS:</b>	
<b>5. OWNERSHIP</b> <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input checked="" type="checkbox"/> Other: <b>Corporation</b>	

## 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:

**Our home provides eating assistance from simply serving the food to the resident to completely feeding assistance, depending on the needs of the resident. We also provide tube-feeding services for residents who require tube-feeding.**

### 2. TOILETING

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

**We provide toileting assistance from reminders and monitoring to complete assistance, depending on the needs of the resident.**

### 3. WALKING

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

**We provide walking assistance from monitoring to complete assistance, depending on the needs of the resident.**

### 4. TRANSFERRING

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

**We provide transfer assistance from monitoring to complete assistance, depending on the needs of the resident.**

### 5. POSITIONING

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

**We provide positioning assistance from monitoring to complete assistance, depending on the needs of the resident.**

### 6. PERSONAL HYGIENE

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

**We provide personal hygiene assistance from reminders, set-up and monitoring to complete assistance, depending on the needs of the resident.**

### 7. DRESSING

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

**We provide dressing assistance from simply laying out the clothes to complete assistance, depending on the needs of the resident.**

### 8. BATHING

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

**We provide bathing assistance from reminders, set-up and monitoring to complete assistance, depending on the needs of the resident.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**Shower is roll-in.**

## 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 388-76-10400)

The type and amount of medication assistance provided by the home is:

**As a nurse-managed home, with two registered nurses on staff, we are able to provide complete medication assistance, including oral administration, topical administration, injections, suppositories, nebulizers, and eye-drops. Simple medication administration, such as giving pills, lotions, and eye-drops is delegated to caregivers by the RN.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

#### 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:

**Medication injections (including insulin), wound care, hospice care, use of feeding tubes, use of nebulizers, changing of foley catheters, blood draws (for testing), urine collection (for output monitoring and for testing).**

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

**Medication administration (oral, topical, suppositories), insulin injections, nebulizer treatment.**

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: 7 days per week, approximately 2 hours per day.
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: 7 days per week, 24 hours per day (2 care providers during the day, 1 at night).
- Awake staff at night

<input type="checkbox"/> Other:
ADDITIONAL COMMENTS REGARDING STAFFING
<b>Cultural or Language Access</b>
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:
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS <b>We are able and willing to accommodate residents of any religious or cultural background.</b>
<b>Medicaid</b>
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)
<input checked="" type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments.
<input type="checkbox"/> The home will accept Medicaid payments under the following conditions:
ADDITIONAL COMMENTS REGARDING MEDICAID
<b>Activities</b>
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: <b>Activities provided in the home are customized for the resident, depending on his or her interests and abilities.</b>
ADDITIONAL COMMENTS REGARDING ACTIVITIES