



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER BROOK HOUSE LLC - RUTH KAMAN	LICENSE NUMBER 752819
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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>Provide excellent care for our residents with respect, dignity, kindness and compassion.</i>	
2. INITIAL LICENSING DATE <i>01/22/2015</i>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: <i>N/A</i>
4. SAME ADDRESS PREVIOUSLY LICENSED AS: <i>8202 GARNET LN SW, LAKEWOOD, WA 98498</i>	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> 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	

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

SET-UP MEALS AND ASSIST AS PER EACH RESIDENT'S NEEDS

2. TOILETING

If needed, the home may provide assistance with toileting as follows: PROVIDE CARE FOR BOWELS AND BLADDER INCONTINENCES. REMINDERS, CUE, SET-UP, STAND-BY ASSIST AND TOILETING EVERY 2 HOURS.

3. WALKING

If needed, the home may provide assistance with walking as follows: SUPERVISION, STAND-BY ASSIST AND ASSIST USING WALKER OR CANE WITH GAIT BELT

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: TOTAL ASSIST USING MECHANICAL LIFT OR GAIT BELT, ASSIST USING SLIDING BOARD, WALKER AND GAIT BELT TO STAND-BY ASSIST.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: REPOSITIONING OR REMINDERS EVERY 2 HOURS FOR COMFORT.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: ENCOURAGE, SET-UP, TOTAL CARE AND SUPERVISION.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: STAND-BY TO TOTAL HELP, ALWAYS PROVIDE CLEAN CLOTHING.

8. BATHING

If needed, the home may provide assistance with bathing as follows: SET-UP SHOWER, ASSIST, BED BATH, SUPERVISION, ASSIST WITH PERI CARE AND TOTAL ASSIST.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE TOOTH BRUSHING, SHAVING, NAIL CARE, DENTURE CARE, CATHETER CARE, TUBE FEEDING CARE AND LOTION, DEODORANT APPLICATION.

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: REMINDERS AND CAREGIVERS WITH NURSE DELEGATION WILL ASSIST WITH ORAL MEDICATIONS, INSULIN INJECTION AND OINTMENTS APPLICATION.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES WE DO BLOOD SUGAR MONITORING AND ANY OTHER MEDICATION AS PER DOCTOR'S ORDERS.

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: WE HAVE QUALIFIED CAREGIVERS WHO ARE NURSE DELEGATED AND WE HAVE RN ON-CALL 24 HRS

The home has the ability to provide the following skilled nursing services by delegation: BLOOD SUGAR MONITORING AND INSULIN ADMINISTRATION. EYE/EAR DROPS, TUBE FEEDING AND OSTOMY CARE.

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ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

OUR CAREGIVERS ARE RN DELEGATED, WE HAVE A HOME DOCTOR AND RN ON-CALL

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

WE HAVE EXPERIENCED AND QUALIFIED CAREGIVERS.

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: RN ON-CALL 24HRS
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24HRS - 7 DAYS
- Awake staff at night
- Other:

ADDITIONAL COMMENTS REGARDING STAFFING

OUR STAFF ARE HIGHLY QUALIFIED AND EXPERIENCED. THE TREAT EACH RESIDENT WITH RESPECT AND KINDNESS.

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) ENGLISH

The home is particularly focused on residents with the following background and/or languages: WE CARE FOR PEOPLE FROM DIFFERENT BACKGROUNDS REGARDLESS OF AGE, RACE, GENDER, RELIGION AND ETHNICITY

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

LACK OF PREJUDICE.

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:

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PRIVATE PAY FOR 24 MONTH BEFORE CONVERTING TO MEDICAID

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ADDITIONAL COMMENTS REGARDING MEDICAID

INDIVIDUAL RESIDENT WILL BE CONSIDERED

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: BIRTHDAY CELEBRATIONS, BINGO, CARDS, DOMMINOS, MOVIES, WATCH TV SHOWS AND EXERCISES.

ADDITIONAL COMMENTS REGARDING ACTIVITIES WE CELEBRATE ALL NATION HOLIDAYS AND WE ENCOURAGE FAMILY PARTICIPATION WITH THEIR LOVED RESIDENTS.

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

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