



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER BROOK HOUSE II AFH LLC	LICENSE NUMBER 753871
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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. Home is located at OakBrook gulf course, owned and operated by experienced AFH provider who has compassion, love and values well being, safety of our resident. We provide highest quality care with dignity, comfort enviroment to our resident.	
2. INITIAL LICENSING DATE <div style="font-size: 1.5em; font-family: cursive;">11/7/18</div>	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:
4. SAME ADDRESS PREVIOUSLY LICENSED AS: 	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Company <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

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

Resident will be served with fresh food and fruits. Assistance will be offered from set up cuing, encouragement, 1:1 feed with monitoring aspiration.

2. TOILETING

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

Assist resident to bathroom from cuing to total care, chang briefs and do pericare.

3. WALKING

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

caregivers to assist resident with ambulation morning and evening depending on they care needs

4. TRANSFERRING

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

caregivers to assist resident in transferring from bed to w/c or W/C to bed using belt and proper mechanical support

5. POSITIONING

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

Caregiver to repositioned resident in w/c or bed every 2 hours and prn

6. PERSONAL HYGIENE

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

Caegivers to help resident from cuing to total care with personal hygiene every morning and as needed

7. DRESSING

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

caregivers to assist residents to choose clothing and assist dressing as needed

8. BATHING

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

caregiver to assist with bedbath, shower three times a week depend on resident care and do skin assessment on daily bases

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

The home provides highest quality care and allows residents choices on how to deleiver their 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:

Home providesHome assistance with medications and nurse delegations services are provided to resident who need it

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Home will reoder medications, pharmacy will deliever bubble packed medications to AFH

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:

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

Tube feeding, insulin, wound care

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: on call
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: 24/7
- Awake staff at night
- Other: **Residents are provided with call buttons and bed alarms as needed**

ADDITIONAL COMMENTS REGARDING STAFFING

There can be awake staff if care demand and agreement between both parties

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:

Home welcome all ethnic group

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Families are welcome to celebrate their culture with their loved ones

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:

Home will accept medicaid resident based on the level of care the adult home is capable to meet.

ADDITIONAL COMMENTS REGARDING MEDICAID

Home will accept medicaid payments

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:

Home celebrates birthdays, holidays and cultural events. Resident participates in activities of their choice ; Bingo, crossword, flower gardening ambulating outside yard. summer time home plans group activies, walking at the golf course since home back yard is golf course.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Home encourages each resident to participate in activities of their choice.

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