



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER <i>Stonewall Residential Care - Ruby</i>	LICENSE NUMBER <i>751378</i>
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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. *Stonewall residential care is dedicated to meeting the physical, emotional & spiritual needs of our residents. Our goal is to provide a lovely home you or a family member can enjoy and feel is "home," while also facilitating the care for your maximum benefit.*

2. INITIAL LICENSING DATE

April 2009

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

28921 N River Estates, Chattaroy, WA 99003

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

n/a

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: Assistance with eating is provided as needed and includes assistance of all types from cueing/monitoring to total assistance. Nurse Delegation for specific tasks outside of this is offered as needed.

2. TOILETING
If needed, the home may provide assistance with toileting as follows: Toileting assistance is provided from cueing/monitoring to total assistance. Bathrooms are accessible.

3. WALKING

If needed, the home may provide assistance with walking as follows: Assistance with walking is provided from cueing/monitoring up to one person physical assist. We accept residents with walkers & wheelchairs as well.

4. TRANSFERRING

If needed, the home may provide assistance with transferring as follows: Assistance with transferring is provided from cueing/monitoring up to one person physical assist.

5. POSITIONING

If needed, the home may provide assistance with positioning as follows: Positioning is provided as needed, from cueing/monitoring to a one person assist.

6. PERSONAL HYGIENE

If needed, the home may provide assistance with personal hygiene as follows: Personal hygiene is provided from cueing; set up to total assistance.

7. DRESSING

If needed, the home may provide assistance with dressing as follows: Dressing^{assistance} is provided in the range of cueing/monitoring to total assistance.

8. BATHING

If needed, the home may provide assistance with bathing as follows: Assistance with bathing is provided from cueing/monitoring to total assistance.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Please contact provider for further information

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: Medication assistance from cueing/monitoring to total assistance is provided. Nurse delegation is available for medications requiring nurse delegation tasks.

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:

The home has the ability to provide the following skilled nursing services by delegation: *The home will work with the specific resident and nurse delegator to accommodate specific needed delegation tasks*

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

Please contact Provider for additional information

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

Providers have AFH and personal Family experience with 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: _____
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: *24/7 (Please see comments)*
- Awake staff at night
- Other: *All homes have live-in caregivers with respite staff*

ADDITIONAL COMMENTS REGARDING STAFFING *The ~~home does~~ ^{home can} provide short-term health monitoring during live-in caregiver's non-waking/sleeping hours.*

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 operates from a pluralistic Christian worldview but has no faith requirements attached.*

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

Home is owned by a Navy Chaplain and a Registered Nurse; Military families and dependents are welcome to inquire; Providers have combined 28 years of service in ecumenical environments.

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: *No current conditions*

ADDITIONAL COMMENTS REGARDING MEDICAID *Home does accept private pay residents as well. Please contact Provider for further information.*

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: *Community access program assistance via community centers and one on one community support; a variety of holiday/special occasion celebrations; regular recreational activities in the home.*

ADDITIONAL COMMENTS REGARDING ACTIVITIES *Please contact Providers for further information*