



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER River Rock Adult Family Home	LICENSE NUMBER 752979
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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.

Table of Contents

About the Home

Personal Care

Medication Services

Skilled Nursing Services and Nursing Delegation

Specialty Care Designations

Staffing

Cultural or Language Access

Medicaid

Activities

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. River Rock Adult Family Home offers a homelike care setting that promotes safety, healing and rest. The staff at River Rock strive to provide compassionate care for the elderly. We want our home to be an "age in place" facility where we can provide care and comfort all the way up to a resident's last days of life. Our home is co-owned by a firefighter and a nurse, both of whom are strong in their Christian faith. Our home is staffed with qualified and caring CNA's twenty-four hours a day.	
2. INITIAL LICENSING DATE	3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED: N/A
4. SAME ADDRESS PREVIOUSLY LICENSED AS: N/A	
5. OWNERSHIP <input type="checkbox"/> Sole proprietor <input checked="" type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Co-owned by: <input type="checkbox"/> Other:	

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Page 1 of 4

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:

Provides eating assistance from cuing and monitoring to total assistance. Will provide three healthy meals a day plus snacks. Will use reminders to eat and drink, will cut up food as needed, will have adaptive eating equipment available, and will use total assistance in feeding as needed.

2. TOILETING

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

Provides toileting assistance from cuing and monitoring to total assistance. Will use verbal reminders to use the toilet, will provide standby assistance as needed and will help resident to and from the toilet. Help provide incontinent products and provide perineal care, catheter care, and bowel/bladder incontinence care and cleaning.

3. WALKING

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

Provides walking assistance from cuing and monitoring to a one person assist. Will provide standby assistance with you and your walker or cane.

4. TRANSFERRING

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

Provides transferring assistance from cuing and monitoring to a one person assist. Will give verbal cues to move from one location to another within in the home. Will provide standby assistance and help with walkers and wheelchairs. One-person physical assist with transferring on and off toilet, in and out of bed, or in and out of the shower.

5. POSITIONING

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

Provides assistance with positioning from cuing and monitoring to a one person assist.

6. PERSONAL HYGIENE

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

Provides assistance with personal hygiene from cuing and set up to total assistance. Will give verbal cues and reminders to shower, comb hair, brush teeth, shave, wash hands and face, apply make-up, etc. Will help set up personal hygiene items and grooming supplies and will assist when needed. Will provide assistance as needed in the shower to wash and to dry off.

7. DRESSING

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

Provides assistance with dressing from cuing and set up to total assistance. Will use reminders and cues to take off and put on clothes. Will help lay out clothes and will assist with dressing/undressing as needed. Will also assist with buckles, buttons, etc.

8. BATHING

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

Provides assistance with bathing from cuing and set up to total assistance. Will give verbal cues to take a

shower, will set up shower items as needed, will give standby assistance and help with positioning in the shower as needed. Will assist with washing and drying body as needed.

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

Each resident will have his/her own private room. There are two bathrooms, each with a roll-in shower and adaptive shower and toileting equipment.

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:

Residents will have medication assistance as needed. It may include cuing and set up, to total assistance. All CNA staff will be highly qualified and will have Nurse Delegation Training. They are able to do topicals, eye drops, diabetic glucose monitoring and insulin injections under Nurse Delegation.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

Single pharmacy with bubble pack system for compliance.

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:

Vital signs weekly or as needed, help with medication set up and verbal cues, assistance with Activities of Daily Living such as, but not limited to; dressing, bathing, personal hygiene and grooming, eating, mobility.

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

Diabetic Insulin, glucose monitoring, eye drops, creams, topicals, suppositories, and Hospice medications.

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

Administrator is an LPN and recent RN graduate and will be in the home on a regular basis. The co-owner is a Firefighter/EMT and will also be in the home on a regular basis.

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 as needed**
- Licensed practical nurse, days and times: **At least twice a week, more as needed**
- Certified nursing assistant or long term care workers, days and times: **CNA staff 24/7**
- Awake staff at night
- Other: **Firefighter/EMT at least once a week**

ADDITIONAL COMMENTS REGARDING STAFFING

Our home is primarily staffed by CNA's. However, the co-owner/administrator is a LPN and will be in the home on a weekly basis to assist residents and staff as needed. The other co-owner is a
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:

This home focuses on English speaking residents. We will make every effort to accommodate residents from other backgrounds, cultures, or languages.

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

This home focuses on English speaking residents. We will make every effort to accommodate residents from other backgrounds, cultures, or languages.

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:

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:

Activities per the individual resident. We have magazines, puzzles, games, big print books, music, gardening, cards, devotionals, a large outdoor deck, and many other activities to engage the residents.

ADDITIONAL COMMENTS REGARDING ACTIVITIES

We have an annual Christmas party for residents and their families.

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