



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

HOME / PROVIDER <b>RiverRock Terrace</b>	LICENSE NUMBER 754310
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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.

**Our mission is to provide compassionate care for the elderly and encourage independence with high-end professional support and attention to detail. In our homelike setting, we strive to increase to the quality of life of our residents by caring for them with compassion, respect, dignity and honor with our 24/7 nursing care. New construction with all private rooms offers serene like setting for our resident's to enjoy their golden years.**

2. INITIAL LICENSING DATE  
12/09/2019

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

4. SAME ADDRESS PREVIOUSLY LICENSED AS:  
N/A

**5. OWNERSHIP**

- Sole proprietor
- Limited Liability Company
- 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:

**Our staff prepares three nutritious meals and snacks, adapting to diet restrictions and modification needs. We provide assistance ranging from monitoring, cueing to totally assistance with feeding. Staff maintains a clean environment, washing dishes after every meal.**

### 2. TOILETING

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

**Toileting per individual's need and care plan. Cleaning perineal area each time, checking for skin issues and changing briefs as needed. We provide assistance ranging from cues to one person assist.**

### 3. WALKING

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

**Walking per individual's need and care plan. We provide assistance with ambulation ranging from cues to one person assist.**

### 4. TRANSFERRING

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

**As per individuals need and care plan, we provide assistance with transferring patients from chairs, beds, cars, and showers. We provide assistance ranging from cues to one person assist.**

### 5. POSITIONING

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

**Positioning provided per individual's need and care plan. We provide assistance ranging from cues to one person assist.**

### 6. PERSONAL HYGIENE

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

**Per individual's need and care plan, we provide assistance with all personal hygiene that requires assistance ranging from cues to one person assist.**

### 7. DRESSING

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

**Per individual's needs and preference, we provide assistance ranging from cues to one person assist while involving the patient to promote their independence. We encourage clothing selection, when possible by the individual.**

### 8. BATHING

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

**Per individual's needs, preferences and care plan, we provide assistance with bathing ranging from cues to one person assistance.**

### 9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

**We work to encourage independence while providing care with dignity and respect to our residents.**

## 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:

**We maintain a secure storage for medications and administer medications according to an individual's care plan and physician orders. We provide cueing to full assistance with medication assistance.**

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

**All oral, topical, inhalers, sprays, drops and insulins are administered with nurse delegation.**

#### 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 and 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

#### 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: **Nurse delegator on-call 24/7 and available for visits as needed.**
- Licensed practical nurse, days and times: \_\_\_\_\_
- Certified nursing assistant or long term care workers, days and times: **24 hours a day, seven days a week**
- Awake staff at night

Other:

ADDITIONAL COMMENTS REGARDING STAFFING

#### 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:

**We welcome residents of all ethnic backgrounds. English language.**

ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS

#### 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:

**Music, television, movies, games, crafts, exercise, holiday and birthday celebrations. We take our residents activity interests into consideration.**

ADDITIONAL COMMENTS REGARDING ACTIVITIES

**We accommodate the likes/dislikes of our residents and will add/remove activities according to their preferences.**

Please Return the completed form electronically to [AFHDisclosures@DSHS.WA.GOV](mailto: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