

# Riverview Veranda

## Why Look At Riverview Veranda For My Loved One?

Your loved ones matter to us. We view your family member as our family member! With years of experience in senior living, Riverview has designed a secure and state-of-the-art memory care community reflecting excellence in dementia and Alzheimer's care. We offer a home-like setting with a personal touch where we get to know your loved one mentally, physically, and socially to enhance their quality of life. Come explore our innovative programming, educated staff, and exclusive memory care design. Riverview Veranda is a premier memory care facility in hometown friendly Spokane!

## How Is Riverview's Veranda Memory Care Home Different From Others?

Riverview Retirement Community is a Life Plan Community or LPC. That means we offer a full complement of senior living options: independent living (the Village), assisted living (the Terrace), and Memory Care (the Veranda). Here is how we stand out as a premier provider among other similar facilities to best serve your loved one:

- **Valued Residents:** Our concierge staff gets to know and serve each one of our residents
- **No Corridors Or Hallways:** Our unique building design has no narrow hallways or corridors
- **Space To Walk:** Our Memory Care has the highest number of square feet per resident in the area
- **Wayfinding:** Artwork, colors, and other cues help residents find their way around easily
- **Amazing Food:** All meals are prepared under the supervision of our award-winning chef Tony
- **Central Location:** We are close to downtown, easily accessible from north, south, east, and west
- **Local Artwork:** All our artwork feature scenes from Spokane, Palouse, and Lake Coeur d'Alene.
- **Oversized Aquarium:** Residents enjoy watching color and movement in our 18-foot aquarium
- **Memory Zones:** These "memory enhancers" help our residents recall many familiar memories
- **Not One Step:** There are no steps anywhere in the building for ease of access with wheelchairs
- **The Administrator** is a Certified Dementia Provider through NCCDP
- **A large open and naturally lit space** for all daytime activities, and meals
- **Daily activities** range from sing-alongs, to arts and crafts. We also bring in outside speakers and performances



## What Does Riverview Veranda Cost?

Riverview memory care at the Veranda pricing starts with a room and board price, and then a price for care is added on top. We don't do points or tiers, instead, you only pay for the care that is needed. Room and board for single occupancy rooms is \$7,000 a month, and double occupancy rooms are \$5,500. Room and board includes 3 meals a day plus snacks, laundry, housekeeping, access to phones, cable TV and on-site activities. We work to bring the highest value in the Spokane area to each of our 32 residents. There is an additional onetime community fee of \$3,000. There is a two-year spend down to a limited number of Medicaid beds.

## How Do We Get Your Loved One On The Waiting List?

To get on the waiting list, please complete the information sheet and remit a check for \$500 made payable to "Riverview Memory Care". The \$500 dollars is fully refundable at any time based on a simple written request. If a resident does not qualify, the \$500 will be fully refunded. If the prospective resident is admitted, the \$500 is used towards the one-time \$3,000 non-refundable community fee.

## Want To Take A Tour Or Receive More Information?

We would love to talk with you more about Riverview Veranda Memory Care and have you meet our specialists:

**Riverview Sales Team**  
**Office (509)-483-6483**  
**[Marketing@riverviewretirement.org](mailto:Marketing@riverviewretirement.org)**

# Riverview Village, Terrace, and Veranda Information Sheet

I am submitting information for the  Village  Terrace  Veranda

To join the wait list a deposit of \$1,000 made payable to Riverview Village or a deposit of \$500 payable to Riverview Terrace or Riverview Memory Care must accompany this Information Sheet. This fee applies to the accommodation or community fee when a home or apartment is selected and is fully refundable by written request at any time.

Date \_\_\_\_\_

Name (First, M.I., Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Co-applicant Name (First, M.I., Last) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Primary Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

E-mail Address \_\_\_\_\_

If we are unable to locate you, whom shall we contact? \_\_\_\_\_

Name Phone Number \_\_\_\_\_

Approximate date when you would like to move in: \_\_\_\_\_

Legal Representative (for Veranda or Terrace Only) \_\_\_\_\_

Name (First, M.I., Last) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

E-mail Address \_\_\_\_\_

How did you hear about Riverview? \_\_\_\_\_

Were you referred to us by a current Riverview resident? If so, please provide their name so we can express our thanks: \_\_\_\_\_

Return this form along with a check to the Terrace Front Desk or the Welcome Center in person, or mail it to:  
1801 E. Upriver Drive,  
Attn: Sales and Marketing, Spokane, WA 99207



# Why Join the Village Waitlist

## Get Notified:

Love a style of home? We will notify you when one becomes available, you get 10 days to notify us of any interest before we open it up to the public.

## Stay Involved:

Find out about events happening at Riverview. Like concerts, block parties, movie nights, mix and mingles and other fun activities!

## Use Our Amenities

For a reasonable quarterly fee, you have access to our fitness center and aquatic center, or workshop, or both!

## It's Refundable!

The waitlist fee for the Village is \$1,000 and is refundable or will be applied to the accommodation fee of the home you choose when you move in.

# Why Join the Terrace or Veranda Waitlist

## Space Can Be Limited:

Capacity ebbs and flows, and for larger apartments in the Terrace and Single Occupancy in our Veranda space can be limited. When you are on the waitlist, you have priority over others not on the waitlist for those more premium rooms.

## Stay Involved:

Find out about events happening at Riverview! Like concerts, block parties, movie nights, mix and mingles and other fun activities.

## Limited Use of our Amenities

Due to the potential need for assistance, we limit access to only our independent (non-assisted) waitlist members for the Terrace. For independent users, there is a reasonable quarterly fee for access to the fitness and aquatic center, or workshop, or both!

## It's Refundable!

The waitlist fee for the Terrace and the Veranda is refundable or will be applied to the Community Fee when you move in!

# Ancillary Services Charges

Effective January 1, 2024

## Supplemental Maintenance and Grounds Services (for personal items)

Basic rate per hour (minimum of \$16.50, 15 minute increments) .....\$69.00/hour

## Terrace Housekeeping Services (beyond 1 time per week for Assisted Living)

Basic rate per hour (minimum of \$16.50, 15 minute increments) .....\$69.00/hour

## Foot Care Services (offered every Wednesday)

Per 30-minute session ..... \$30.00/30 minutes

## Terrace Resident Laundry Services

Per bag (assisted living is allowed 1 bag per week at no extra cost) .....\$32.00/bag

Replacement for Lost or Missing Pendant.....\$145.00/pendant

## Massage Therapy Services

30-minute massage session.....\$40.00/session

60-minute massage session.....\$60.00/session

Whirlpool Bath - Terrace Independent Resident - With Approval.... Starting at \$250/week

## Terrace Supplemental Storage Units (for those renting units after November 1, 2017)

Single supplemental storage unit.....\$87.00/month

## Terrace Guest Meals (prices for special event meals depend on the special menus)

Breakfast Meal.....\$10.50/meal

Salad Bar, Standard Beverage and Dessert Only.....\$11.50/meal

Lunch Meal and Sunday Evening Meal.....\$14.00/meal

Dinner Meal.....\$18.50/meal

Sunday Noon Meal.....\$18.50/meal

## Village Meal Plans - Multiple Plans Available - Call Business Office for Specifics

Village Home Delivery Fee for Up to 2 meals.....\$5.75/delivery

Village Home Delivery Fee for additional meals.....\$1.15/additional meal

Meal Credit (for each full day the resident is away for medical reason) .....\$14.00/day

Terrace Meal Delivery (for non-medical reasons).....\$5.00 per meal per person

Safe Deposit Box Monthly Fee.....\$1.50/month

## Transportation Service

Round-trip (inside county - spouse rides free).....\$30.00

Round-trip (outside county - spouse rides free) .....\$60.00

Guest/Aide per ½ hour increments .....\$30.00

Hospital Bed (Terrace only, limited availability) .....\$150.00/week

## Pet Fees (Terrace only)

Non-refundable deposit .....\$500.00

Pet Rent.....\$82.50/month

Basic Cable (through Comcast, Village only) .....\$45.00/month

# Authorization to Release Protected Health Information (PHI)

## Patient Information

Patient Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 POA \_\_\_\_\_ POA Phone Number \_\_\_\_\_

I hereby authorize the following provider to disclose the above-named individual's health information. I understand that the information in my health record may include information relating to communicable disease, Acquired Immunodeficiency Syndrome (AIDS), or human Immunodeficiency Virus (HIV), genetic testing or screening, behavioral or mental health, alcohol/drug (substance) abuse or any such related information.

Name of Facility and Physician Releasing Information \_\_\_\_\_  
 Address of Facility \_\_\_\_\_  
 Phone: Fax \_\_\_\_\_

<b>Provider to Whom Information will be Released</b>	<b>Purpose of Disclosure</b>
Riverview Retirement Community	Continuity of Care
1801 E. Upriver Drive, Spokane, WA 99207	

## Information to be Used/Disclosed

Date Range for information to be disclosed or  most current \_\_\_\_\_

_____ Current Signed	_____ Radiology Films	_____ Immunization Records
_____ Medication Orders	_____ Entire Medical Records	_____ Radiology/ Imaging Reports
_____ Current	_____ Two-way	_____ Most Recent H&P
_____ Laboratory Reports	_____ Verbal Exchange of Communication	_____ Other:
_____ Consultation		

## By signing this Authorization, I agree to the following:

- I understand if I authorize my information to be released to persons or organizations not subject to federal privacy laws, the information may be re-disclosed by the recipient and the information will no longer be protected.
- I understand that authorizing the use and disclosure of this health information is voluntary and that I can refuse to sign this authorization. I do not need to sign this form in order to receive treatment.
- I understand that I may inspect a copy of the information to be used or disclosed.
- I understand that I can revoke this authorization at any time by contacting my provider, but any revocation will not apply to the extent that my provider has acted in reliance of this authorization.
- I authorize the use and disclosure of my health information as described above. This authorization expires one year from the date on which it was signed, unless otherwise specified. (Otherwise specified date, event, or condition.)

Signature of Patient or Personal Representative \_\_\_\_\_ Date \_\_\_\_\_  
 If not signed by Patient, List Personal Representative's Authority \_\_\_\_\_  
 Physician Name \_\_\_\_\_