



Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Hopeful House/Jenny Hendrickx	LICENSE NUMBER
---	----------------

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](#)

Received
 FEB 09 2017
 RCS/Public Disclosure

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.

It is with great pride and joy that we are happy beyond words to be able to care for the elderly. We are in this business to be an example of how a quality Adult Family Home should be operated. We want to provide the best comfort and care possible to our residents. Our goal is to have each resident be loved and cared for as if they are our parents and grandparents. Our aim is to treat each resident with respect and dignity.

2. INITIAL LICENSING DATE

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

**37902 160th PI SE, Auburn, WA 98092, 37820 160th PL SE Auburn, WA 98092
 37630 165th Ave SE Auburn, WA 98092**

4. SAME ADDRESS PREVIOUSLY LICENSSED AS:

NA

5. OWNERSHIP

- Sole proprietor
- Limited Liability Corporation
- Co-owned by:

Other: **S-Corporation Hendrickx Enterprises**

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:

From cue to Full Assistance

2. TOILETING

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

From cue to Full Assistance

3. WALKING

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

From cue to Full Assistance with all devices as prescribed

4. TRANSFERRING

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

From cue to Full assistance with all devices as recommended including hoyer lift, gait belt, walker.

5. POSITIONING

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

From cue to Full assistance as needed including with side rails with proper physician orders, consent, inspections, and safety precautions.

6. PERSONAL HYGIENE

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

From cue to Full assistance

7. DRESSING

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

From cue to Full Assistance

8. BATHING

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

From cue to Full Assistance

9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE

We are able to meet individual needs of each resident from independent to total dependency.

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 use a computer Resident Management System to record all medications given by delegated caregivers supervised by house RN. All medications are provided by pharmacy in bubble pack form as prescribed by resident's physician. We provide medication assistance and medication administration as needed by resident.

ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES

We provide diabetic insulin assistance and full administration as delegated by our House RN

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:

With MD orders: Sterile wound care, catheter placement/insertion, IV for hydration purposes only, IM injections, INR monitoring.

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

Non-sterile dressing change, colostomy care, catheter care, glucose monitoring, insulin administration

ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION

We are unable to provide long-term IV therapy

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

Provider is a licensed dental hygienist

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: **Monday - Friday 9am-5pm and on-call during other hours**
- Licensed practical nurse, days and times: _____
- Certified nursing assistant or long term care workers, days and times: **24 hours per day, 7 days per week**
- Awake staff at night
- Other: **1-2 caregivers are provided 24 hours per day**

ADDITIONAL COMMENTS REGARDING STAFFING

Administrator holds a Bachelor's degree in Human Service Management and is available Monday - Friday 9am - 5pm and on call other 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:

English
ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS We have a diverse staff versed in multiple 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)
<input checked="" type="checkbox"/> The home is a private pay facility and does not accept Medicaid payments. <input type="checkbox"/> 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: Weekly outing to Activity Center is provided for each resident as they desire. We also provide in home daily exercise, music, games, celebrations of all holidays and birthdays as each resident wishes to participate.
ADDITIONAL COMMENTS REGARDING ACTIVITIES