



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
*8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212*

House of Hope Adult Family Home LLC  
House of Hope Adult Family Home  
5803 N Drumheller St  
Spokane, WA 99205

RE: House of Hope Adult Family Home # 755335

Dear Provider:

This document references Compliance Determination 47406 (Completion Date 10/15/2024).

The Department completed a full inspection of your Adult Family Home on 10/15/2024 and found that your home does not meet the Adult Family Home licensing requirements.

The department staff who did the inspection and provided consultation:

Jacqueline Block, AFH Licensors

A licenser may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

**Consultation:**

**WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:**

(1) Resident; and

The adult family home did not ensure the most current negotiated care plans (NCP) were signed and dated by four residents in the home. The negotiated care plans were signed during the full inspection. There was no negative outcome to the residents.

**WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:**

(6) Be signed and dated by the resident and kept in the resident record after signature.

The Adult Family Home did not ensure three residents had a signed and dated Medicaid policy. This was completed during the full inspection. There was no negative outcome to residents.

**WAC 388-76-10532 Resident rights Department standardized disclosure forms.**

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

The Adult Family Home did not ensure two residents had a signed Disclosure of Charges form. This was completed during the full inspection. There was no negative outcome to residents.

**You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

**You Are Not:**

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

**The Department May:**

- Inspect the home to determine if you have corrected all deficiencies.

**You May:**

- Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.
- Contact me for clarification of the deficiency or deficiencies found.

**If You Have Any Questions:**

- Please contact me at (509)598-0182.

Sincerely,

*Selena Clemons*

Selena Clemons, Field Manager  
Region 1, Unit E  
Residential Care Services

**INFORMAL DISPUTE RESOLUTION [RCW 70.128]**

**You May:**

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an '**IDR Request Form**' for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: <https://www.dshs.wa.gov/altsa/idr>

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**Provider Process for Choosing a Panel or Traditional IDR:**

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to [rcsidr@dshs.wa.gov](mailto:rcsidr@dshs.wa.gov):

Adult Family Home IDR Program  
Residential Care Services  
PO Box 45600  
Olympia, WA 98504-5600