

Business Member Form

Arizona Non-Medical Home Care Association Member Profile

Member Information	
Registered Business Name	
RJP Investments, LLC	
Name known to Customers	
Golden Heart Senior Care	
Street Address	
17220 N. Boswell Boulevard, Suite 129E	
City, State, Zip	
Sun City, AZ 85373	
Telephone	
623-748-3301	
Available After Hours?	
✓ Yes	
□ No	
After Hours Business Phone	
623-910-4312	
Fax	
623-748-3144	
Email	
info@goldenheartaz.com	
Website URL	
www.goldenheartaz.com	
Counties of Service	
Maricopa	

Weekly Operational Schedule
Days
✓ Monday
✓ Tuesday
✓ Wednesday
✓ Thursday
✓ Friday
✓ Saturday
☑ Sunday
Hours
24/7
Office Staff Availability Other than Above
8:00 AM - 6:00 PM M-F
Other Business Locations
N/A
L

Business Information Name(s) of Owner/ Officer(s)/ Director(s) Followed by Title Robert Pratt, Partner Judy Pratt, Partner Golden Kennedy, Partner Operating as a Business Since 07/01/2004 **AZNHA Member Since** 11/01/2012 **Services Offered** Housekeeping or Home Management ✓ Yes ☐ No Light House Cleaning ✓ Yes ☐ No Sweeping, vacuuming, mopping ✓ Yes □ No Laundry ✓ Yes ☐ No Ironing ✓ Yes □ No

Washing dishes and utensils

✓ Yes☐ No

Bagging garbage and taking it out
✓ Yes □ No
Making beds and changing linens
☐ Yes ☐ No
Assisting client organizing household routines
✓ Yes □ No
Assisting with reading and writing tasks as requested (not financially related)
✓ Yes □ No
Assisting with organizing
☑ Yes □ No
Meal Preparation
☑ Yes □ No
Assisting with menu planning where appropriate
✓ Yes □ No
Preparing and serving meals using sanitary meal preparation practices
☑ Yes □ No
Transportation/Shopping
☑ Yes □ No
Accompanying a client on trips to obtain health care services or other necessary items or services.
☑ Yes □ No
Caregiver drives <i>client's</i> vehicle for such trips
✓ Yes No

Caregiver drives <i>personal vehicle</i> for such trips
✓ Yes □ No
Are those Caregivers who drive on behalf of your clients required to have clean driving records? ☑ Yes ☐ No
Are those Caregivers' driving records verified via a DMV report? ✓ Yes ☐ No
How do Caregivers assist in the following Home Care Aide Tasks:
-Bathing/Showering/Bed Baths -Dressing/Undressing -Personal Hygiene -Toileting/Peri Care -Transfers -Ambulation -Medication Monitoring
✓ Complete Hands-On assistance✓ Limited Hands-On assistance✓ No Hands-On assistance
Other Services (check all that apply) Registered Nursing Services Hospice Services Medical Social Services Licensed Practical Nursing Services Nutritional Services by a Dietitian Occupational Therapy Speech Therapy Physical Therapy Respiratory Therapy Medical Supplies and Equipment
Are any of your employees Registered or Licensed for the above services?
✓ Yes □ No

If Yes, Please prove the name followed by the license or registration type, and number		
Catherine Turcotte, RN175551, expires 4/1/2016		
Member's Employment Information and Practices		
Does the business have and perform criminal background checks for all individuals who have direct contact with clients in their homes or in the community?		
✓ Yes □ No		
Does the Member have and perform criminal background checks for all managerial officials, supervisors, office personnel and volunteers?		
✓ Yes □ No		
Does the business obtain at least two positive references from two previous employers in the past five years for each Caregiver applicant?		
✓ Yes □ No		
Does the Member validate home making and home care skills of Caregivers through demonstration and written questionnaires?		
✓ Yes □ No		
Does the Member require all caregivers to read, write, and communicate in English? ☑ Yes ☐ No		
Does the Member require its Caregivers to maintain current First Aide certification and have policies in place to ensure these are updated on a timely basis?		
✓ Yes □ No		
Does the Member require its Caregivers to maintain current CPR certification and have policies in place to ensure these are updated on a timely basis? Yes		
□ No		

Does a Staff person of the Member conduct a interview with Caregiver applicants, in English, that covers employment history experience, training issues, skill knowledge, and employment preferences?
✓ Yes □ No
Does the Member drug test all new employees?
✓ Yes □ No
Does the Member randomly drug test all employees?
✓ Yes □ No
Member's Client/Consumer Information and Practices
Does the Member perform any type of evaluation or assessment prior to providing care for a client?
✓ Yes □ No
Does the Member require a deposit from the customer in order to perform services?
☐ Yes ☑ No
Does the member have any of the following fees (Mark All That Apply)
 Set-up/Start-up fees Administrative fees Cancellation fees Client Visit fees Managerial fees
Fee amounts if any
Does the member have a minimum amount of hours, whether per day, per week, or per month, or minimum charge that is required of its clients?
✓ Yes
□ No

2 hour minimum		
Does the applicant have a business policy regarding a client cancelling services? ☐ Yes ☑ No		
If Yes, elaborate Below		
We are an at-will care provider - no contracts regarding length of service.		

If Yes, please elaborate below