



Where our patients are the priority...

**Patient Handbook
&
Orientation
For
Home Health Care**

STATEMENT OF CONFIDENTIALITY

This booklet may contain protected health information. Persons other than you and your health care providers must have your permission to view this booklet.

EMERGENCY PLAN

THIS BOOKLET BELONGS TO: _____

INSTRUCTIONS:

This information is provided to you as a quick reference source in case an emergency occurs. Keep this information where it can be easily found. Inform other persons close to you (relative, neighbor, etc.) of its location

Kaylin's AngelCare has a nurse on call 24 hours a day. You can reach the nurse by calling (260) 388-3819. After office hours and on the weekends, a messaging service will reach the nurse and he/she will return your call and come to see the patient if necessary, or simply answer any questions you may have.

In case of a serious medical emergency, the patient should be taken to the hospital emergency room. Kaylin's AngelCare does not operate as an emergency service; therefore, valuable time may be lost by contacting the agency if a medical emergency occurs.

EMERGENCY SERVICE NUMBER: (911) or _____

PHYSICIAN'S NAME: _____ PHONE: _____

NAME OF CLOSE RELATIVE: _____ PHONE: _____

HOSPITAL: _____ PHONE: _____

Notify the appropriate person of the following conditions:

PHYSICIAN AGENCY: Kaylin's AngelCare

- Extended / Increased pain (Unsure of treatment)
- Abnormal bleeding (New unidentified problems)
- High fever over 101 degrees

AMBULANCE: Call for distress and for emergency situations such as:

- Excessive difficulty breathing
- Severe / unrelieved chest pain
- Loss of consciousness
- Excessive bleeding / hemorrhage

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WELCOME AND PHILOSOPHY

Kaylin's AngelCare extends a warm welcome to you/our patient, and to your family and friends. Your medical treatment, safety and happiness are most important to us. We will do our best to answer any questions you may have concerning your care and treatment.

Our philosophy is to provide quality care in the least restrictive environment (your home) as you would in the most restrictive environment (the hospital). The deliverance of skilled and ancillary services must be in compliance with all government standards, rules and regulations. Services must be consistent with the needs of our patient while being cost effective.

By treating you/our patient at home, skilled home care nurses can detect complications in the early stages and report them to the physician. **Kaylin's AngelCare** can assist the physician in saving you/our patient from an additional hospital stay and traumatic experience.

We recognize that every human being has personal rights which must be respected and should not be violated. This booklet was designed to help you understand the home health care process and explain your rights as a patient.

We are committed to ensuring your rights and privileges as a healthcare patient. Many aspects of our services and procedures may be new to you, so we have prepared this booklet to assist you in becoming more quickly acquainted with us. If you have additional questions, please do not hesitate to ask us.

Sincerely,

The management and staff of Kaylin's AngelCare

This agency is owned by **Kaylin's AngelCare** and in compliance with Title VI of the Civil Rights Act of 1964, with Section 504 of the Rehabilitation Act of 1973 and with the Age Discrimination Act of 1975, does not discriminate on the basis of race, color, sex, national origin, age or disability with regard to admission, access to treatment or employment.

We will make every effort to comply with these and similar statutes.

SECTION II.

Agency Overview

POLICIES

This book contains general information regarding your rights and responsibilities as a patient. As State and Federal regulations change, there may be additions or changes to this book as necessary. Our complete policy and procedure manual regarding your care and treatment is available upon request for your viewing at the agency offices at any time during normal business hours.

ADMISSIONS CRITERIA

Admission to this agency can only be made under the direction of a physician, based upon the patient's identified care needs, homebound status and the type of services required that we can provide directly or through coordination with other organizations. The patient must live within the agency's service area which is a 110 mile radius from Agency Office. **Kaylin's AngelCare** covers the following counties: St. Joseph, Elkhart, Lagrange, Stueben, Starke, Marshall, Kosciusko, Noble, Dekalb, Whitley, Allen, Pulaski, Fulton, White, Carroll, Cass, Miami, Wabash, Huntington, Wells, Adams, Tippecanoe, Clinton, Howard, Grant, Blackford, Jay, Tipton, Madison, Delaware, Randall, Montgomery, Boone, Hamilton, Wayne, Henry, Hancock, and Marion.

If we cannot meet your needs or your home environment will not support our services, we will not admit you or will not continue to provide services to you.

SERVICES

This agency can provide a service or a combination of services in your home. Services appropriate to the needs of the individual will be planned coordinated and made available under the direction of the attending physician and qualified staff. Services offered through this agency are Skilled Nursing, Home Health Aide, and IV Therapy.

- **The Skilled Nurse** is an RN or LPN with training and experience in providing care in the home. The nurse communicates frequently with your physician to update your plan of care. Services may include evaluation of patient needs, performance of skilled nursing procedures, education of patient, family members and caregivers on disease processes, self care techniques and prevention strategies, and coordination of patient care and services with your physician and other health care team members.
- **Home Health Aide** services are provided when applicable as long as you are receiving either skilled nursing care, physical, or speech therapy. The Home Health Aide services are delivered under the supervision of a licensed nurse or physical therapist. Home Health Aide visits take place during the hours of Monday - Thursday 9:00 a.m. to 4:00 p.m., Friday 8:00 a.m. to 12 noon unless requested and approved by Administration. The Agency will attempt to schedule the same Home Health Aide every visit unless there is an unforeseen complication. When the schedule cannot be kept as planned, the patient will receive notification via a phone call with the new change.

Typical duties can include bathing the patient, shampoo, skin and mouth care, range of motion exercises, and linen change. Other duties can include preparation of a light meal, (lunch or dinner), and/or light laundry. Duties do not include heavy housekeeping or care for another person within the home. When the patient is discharged from Home Care services by a physician, the Home Health Aide services will also end. You may contact the agency office with specific requests or questions.

- IV Therapy services are when ordered provided by a licensed therapist or licensed therapy assistant under the direction of the therapist. Your therapist will provide specific information about the services and treatments you will receive.
- Supplies/Therapy: Medical Supplies and Therapy Services may be required to carry out your plan of care. All medically necessary therapy services or medical supplies must be coordinated with the home health agency while you are receiving Medicare covered home health services. If you arrange for these services or supplies on your own while under our plan of care, Medicare will not reimburse you or the other suppliers.
- DME/HME: Durable Medical Equipment (walker, wheelchair, hospital bed, etc.) is covered separately and may be supplied by the home health agency or an outside Medicare-certified supplier of your choice.

Patients should notify the office when you need to reschedule or discontinue any visits.

We are certified under various State and Federal programs. Check with our office to verify whether or not we presently participate in any specific programs pertaining to your needs. Eligibility for these programs is determined by State and/or Federal agencies.

HOURS OF OPERATION

Office Hours

Our office hours are Monday - Thursday 9:00 a.m. to 4:00 p.m., Friday 8:00 a.m. to 12 noon except during company holidays.

After Hour Coverage

We provide 24 hour on-call service, 7 days per week to ensure that you receive adequate medical care. A qualified Nurse is on-call to accept patient calls, referrals for service and to arrange service for patient emergencies as needed.

EMERGENCY PREPAREDNESS

In life threatening situations, go to the hospital emergency room, or call the Emergency Medical Services number (911). Please refer to our On-Call Guidelines in Section VII.

ADVERSE CONDITIONS

During inclement weather we will make every effort to continue home care visits. However, the safety of our staff must be considered. When roads are too dangerous to travel, our staff will, if possible, contact you by phone to let you know that they are unable to make your visit that day.

CHARGES

Should any change be made in this policy regarding services or charges, you or your responsible party will be advised. If you have questions about charges or insurance billing, please call our office.

PER VISIT CHARGE RATES

Home Health Aide \$25.00 Skilled Nursing Admission \$150.00
Skilled Nurse follow-up \$120.00

PATIENT SATISFACTION

You, our customers, are very important to us. Please ask questions if something is unclear regarding our services, the care you receive, or fail to receive. Please fill out the Patient Satisfaction Survey **with a self-addressed, stamped envelope located in the back of this booklet**. Your answers help us to improve our services and ensure that we meet your needs and expectations. The administrator will supervise and evaluate the patient satisfaction survey report and assure that all areas are addressed.

PLAN FOR CARE, TREATMENTS & SERVICES

This agency involves key professionals and other staff members in developing your individualized plan of care, treatment and services. Your plan is based upon identified problems, needs and goals, physician orders for medications, care, treatments and services, timeframes, your environment and your personal wishes whenever possible. The plan is designed to increase your ability to care for yourself. Effective pain management is an important part of your treatment.

The plan may include the following interventions and goals:

- Health care
- Personal care
- Rehabilitation
- Discharge plan
- Psychosocial needs
- Physician information regarding orders & treatments

The plan of care is reviewed and updated as needed, based on your changing needs. We encourage you, your caregiver or your designee to participate in the planning and revising of your plan of care. Medical information will be provided so that you, your caregiver or guardian can participate in developing your plan of care. You, your caregiver or guardian may have a copy of the plan of care, upon request.

You have the right to refuse any medication or treatment procedure. However, such refusal may require us to obtain a written statement releasing the agency from all responsibility resulting from such action. Should this happen, we would encourage you to discuss the matter with your physician for advice and guidance. We fully recognize your right to dignity and individuality, including privacy in your treatment and in the care of your personal needs. We will notify you if an additional individual needs to be present for your visit for reasons of safety, education or supervision.

We do not participate in any experimental research connected with patient care except under the direction of your physician and with your written consent. There must be a willing, able and available caregiver to be responsible for your care between agency visits. This person can be you, a family member, a friend or a paid caregiver.

MEDICAL RECORDS

Your medical record is maintained by our staff to document physician orders, assessments, progress notes and treatments. Your records are kept strictly confidential by our staff and are protected against loss, destruction, tampering or unauthorized use. Our Notice of Privacy Practices describes how your protected health information may be used by us or disclosed to others, as well as how you may have access to this information.

DISCHARGE, TRANSFER AND REFERRAL

The patient, patient's parent, family, spouse, significant other, legal representative and the patient's attending physician (if applicable) will be given at least a five day advance notice of a transfer to another agency or discharge, except in case of emergency. If you should be transferred or discharged to another organization, we will provide the information necessary for your continued care, including pain management. All transfers or discharges will be documented in the patient chart. When a discharge occurs, an assessment will be done and instructions provided for any needed ongoing care or treatment. We will coordinate your referral to available community resources as needed.

The five-day notification shall NOT be required in the following circumstances:

Upon the patient's request; If the patient's medical needs require transfer, such as a medical emergency; In the event of a natural disaster when the patient's health and safety are at risk; For the protection of the staff or a patient after the agency has documented reasonable effort to notify the patient, the patient's family and physician, and appropriate state or local authorities of the agency's concerns for staff or patient safety, and in accordance with agency policy; According to physician orders; or if the patient fails to pay for services, except as prohibited by federal law.

COURTESY

As a matter of routine courtesy, every patient will be addressed as Mr., Mrs. Miss, or Ms., as the case may be, until and unless you request that another name be used.

ETHICS

This agency requires that its employees provide patient care within the ethical framework established by the profession, the health care organization, and the law. The agency affords patients, legally responsible parties, and attending physicians the right to participate in considerations of ethical issues regarding patient care concerns. Ethical issues may be brought to the attention of any employee, who will then inform the appropriate agency personnel to arrange for conferencing as appropriate.

DRUG TESTING POLICY

The agency requires all employees to display high standards of professional conduct when representing the agency, including being free from the use of illegal drugs. **Kaylin's**

AngelCare does not perform routine drug testing on employees. Non-compliance will be documented and investigated by the immediate supervisor and may result in disciplinary action, termination or reporting to the regulatory authorities. All employees will be informed of the policy related to illegal drug use during the orientation period, and as often as necessary.

Agency employees may not possess, distribute and or use alcoholic beverages or controlled substances, including inhalants while on premises of property controlled by the Agency or while in the course of conducting company business or engaged in any company sponsored activity. Patients or visitors may not possess, distribute and or use alcoholic beverages or controlled substances, while on the premises of the property controlled by the Agency. Any employee who has knowledge of a person or persons violating this policy must report it to his/her supervisor immediately. Based on reasonable cause, the agency may conduct searches or inspections of an employee's personal belongings and may be asked to take a drug test. Refusal to consent may result in termination.

PROBLEM SOLVING PROCEDURE

The agency will investigate complaints made by a patient or the patient's family or guardian or the patient's health care provider regarding treatment or care that is (or fails to be) furnished regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the Agency. We will document the receipt of the complaint and initiate a complaint investigation within 10 calendar days of the agency's receipt of the complaint; document all components of the investigation, and complete the investigation and documentation within 30 calendar days after the agency receives the complaint, unless the agency has and documents reasonable cause for delay.

If you feel that our staff has failed to follow our policies or has in any way denied you your rights, please follow these steps without fear of discrimination or reprisal for filing a complaint, presenting a grievance or providing in good faith information relating to the home health services provided by the agency.

Notify the Director of Nursing at the appropriate number indicated on the front cover of this booklet. Most problems can be solved at this level.

If you feel satisfactory action has not been taken, you may contact the state's home care hotline which receives complaints or questions about local home care agencies and questions regarding the implementation of advance directives. Phone: 1-800-246-8909. Please include your name, address, and phone number when writing or emailing.

You may send written complaints to:

Indiana State Department of Health
Division of Long Term Care

2 North Meridian Street, 4B
Indianapolis, IN 46204

Or email complaints to complaints@isdh.in.gov.

SECTION III.

Your Rights & Responsibilities as a Health Care Patient

As a Home Care provider, we have an obligation to protect your rights and explain these rights to you in a way you can understand before treatment begins and on an ongoing basis, as needed. Your family or your guardian may exercise these rights for you in the event that you are not competent or able to exercise them for yourself.

ETHICAL STANDARDS AND CONDUCT: To have a relationship with our staff that is based on honesty and ethical standards of conduct. To have ethical issues addressed, and inform you of any financial benefit we receive if we refer you to another organization, service, individual or other reciprocal relationship; Both patient and caregiver have a right to mutual respect and dignity. Our staff is prohibited from accepting gifts or borrowing from you;

BE FREE FROM ABUSE - to be free from mental, physical, sexual and verbal abuse, neglect and exploitation;

RESPECT - to have cultural, psychosocial, spiritual and personal values, beliefs and preferences respected. You will not be discriminated against based on social status, political belief, sexual preference, race, color, religion, national origin, age, sex or handicap;

HAVE YOUR COMMUNICATION NEEDS MET - to receive information in a manner that you can understand;

LODGE COMPLAINTS - to have you or your family's complaints heard, reviewed and if possible resolved concerning care that is or should have been furnished. You, your family and staff have the right to know about the results of such complaints. Our complaint resolution process regarding care, services or a lack of respect for property is explained;

NO REPRISALS - to voice grievances without fear of coercion, discrimination or reprisal. To expect no unreasonable interruption of care, treatment or services for voicing grievances; and

STATE HOTLINE - to be advised of the telephone number and hours of the State's Home Care "Hotline" which receives complaints or questions about local home care agencies. The hotline also receives complaints concerning the implementation of advance directive requirements. Phone: 1-800-246-8909. Please include your name, address, and phone number when writing or emailing.

DECISION MAKING

- **CHOOSE YOUR HEALTH CARE PROVIDERS** and communicate with those providers;
- **INFORMATION ABOUT YOUR CARE** to be informed about the care that is to be furnished, names and responsibilities of caregivers providing care, treatment or services, planned frequency of services, expected and unexpected outcomes, potential risks or problems and barriers to treatment;
- **BE NOTIFIED OF CHANGES TO YOUR CARE** to be advised of any change in your plan of care before the change is made;
- **PLAN YOUR CARE** - to actively participate in the planning of your care treatment and services. To participate in changing the plan whenever possible and to the extent that you are competent to do so;
- **HAVE FAMILY INVOLVED IN DECISION MAKING** as appropriate, concerning your care, treatment and services, when approved by you or your surrogate decision maker and when allowed by law;
- **ACCEPT OR REFUSE TREATMENT** - to be informed in writing of your rights under State law to make decisions concerning medical care, including your right to accept or refuse treatment and your right to formulate advance directives;
- **PARTICIPATE OR REFUSE TO PARTICIPATE IN RESEARCH** - investigational or experimental studies or clinical trials. Your access to care, treatment and services will not be affected if you refuse or discontinue participation in research;
- **IMPLEMENT ADVANCE DIRECTIVES** - to be informed in writing of policies and procedures for implementing advance directives. You will be informed if we cannot implement an advance directive on the basis of conscience;
- **ADDRESS YOUR WISHES CONCERNING END OF LIFE DECISIONS**- to have health care providers comply with your advance directives in accordance with state laws and receive care without conditions or discrimination based on the execution of advance directives;
- **REFUSE SERVICES** - to refuse or discontinue care, treatment and services without fear of reprisal or discrimination. You may refuse part or all of care/services to the extent permitted by law. However, should you refuse to comply with the plan of care and your refusal threatens to compromise our commitment to quality care, then we or your physician may be forced to discharge you from our services and refer you to another source of care.

PRIVACY AND SECURITY

- **PRIVACY AND SECURITY** - to respect your property, personal privacy and security during home care visits. You have a right to unlimited contact with visitors and others and to communicate privately with these persons;
 - **CONFIDENTIALITY**- to confidentiality of written, verbal and electronic information including your medical records, information about your health, social and financial circumstances or about what takes place in your home;
 - **HEALTH INFORMATION** - to access, request changes to and receive an accounting of disclosures regarding your own health information as permitted by law; and
 - **RELEASE OF INFORMATION** - to request us to release information written about you only as required by law or your written authorization.
- ✓ *Our Notice of Privacy Practices describes your rights in detail.*

FINANCIAL INFORMATION

- **INSURANCE INFORMATION** - to be informed of the extent to which payment may be expected from Medicare, Medicaid or any other payor known to us before any care is delivered;
- **KNOW OF CHARGES NOT COVERED BY MEDICARE** - to be informed of the charges that will not be covered by Medicare before any care is delivered;
- **KNOW OF CHARGES NOT COVERED** - to be informed verbally and in writing at the time of admission, the approximate maximum dollar amount, if any, of care or services to be borne by the patient;
- **RECEIVE INFORMATION WITHIN 30 DAYS** - to receive this information verbally and in writing, before care is initiated and within 30 calendar days of the date the home care provider becomes aware of any changes in charges; and
- **HAVE ACCESS TO ALL BILLS** - to have access, upon request, to all bills for services you have received regardless of whether the bills are paid out-of-pocket or by another party.

QUALITY OF CARE

- **RECEIVE HIGH QUALITY CARE** to receive care of the highest quality;
- **PAIN MANAGEMENT** - to educate about you and your family's role in managing pain when appropriate, as well as potential limitations and side effects of pain treatments;
- **BE ADMITTED ONLY IF WE CAN PROVIDE THE CARE YOU NEED** - A qualified staff member will assess your needs. If you require care or services that we do not have the resources to provide, we will inform you, and refer you to alternative services, if available; or admit you, but only after explaining our limitations and the lack of a suitable alternative; and
- **RECEIVE EMERGENCY INSTRUCTIONS** - to be told what to do in case of an emergency.

INDIANA PATIENT RIGHTS

The patient will be informed of and given written notice of all policies governing their Rights, Responsibilities, and Patient Conduct.

The patient or the patient's legal representative has the right to be informed of the patient's rights through effective means of communication. **Kaylin's AngelCare** will protect and promote the exercise of these rights and will do the following:

- (1) Provide the patient with a written notice of the patient's right:
 - (A) In advance of furnishing care to the patient; or
 - (B) During the initial evaluation visit before the initiation of treatment.
- (2) Maintain documentation showing that it has complied with the requirements of this section.
- (b) The patient has the right to exercise his or her rights as a patient of the home health agency as follows:
 - (1) The patient's family or legal representative may exercise the patient's rights as permitted by law.
 - (2) The patient has the right to the following:
 - (A) Have his or her property treated with respect.
 - (B) Voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the home health agency and must not be subjected to discrimination or reprisal for doing so.
 - (C) Place a complaint with the department regarding treatment or care furnished by a home health agency.
 - (D) Be informed about the care to be furnished and of any changes in the care to be furnished as follows:
 - (i) The home health agency shall advise the patient in advance of the:
 - (AA) disciplines that will furnish care; and
 - (BB) frequency of visits proposed to be furnished.
 - (ii) The patient has the right to participate in the planning of the care. **Kaylin's AngelCare** will advise the patient in advance of the right to participate in planning the following:
 - (AA) The care or treatment.
 - (BB) Changes in the care or treatment.
 - (iii) **Kaylin's AngelCare** will advise the patient of any change in the plan of care, including reasonable discharge notice.
 - (E) Confidentiality of the clinical records maintained by the home health agency. **Kaylin's AngelCare** will advise the patient of the agency's policies and procedures regarding disclosure of clinical records.
- (3) The patient or patient's legal representative has the right under Indiana law to access the patient's clinical records unless certain exceptions apply. **Kaylin's AngelCare** will advise the patient or the patient's legal representative of its policies and procedures regarding the accessibility of clinical records.
- (4) The patient has the right to be as follows:
 - (A) Free from verbal, physical, and psychological abuse.
 - (B) Treated with dignity.

(Indiana Patient Rights Continued)

- (c) **Kaylin's AngelCare LLC** will do the following:
- (1) Investigate complaints made by a patient or the patient's family or legal representative regarding either of the following:
 - (A) Treatment or care that is (or fails to be) furnished.
 - (B) The lack of respect for the patient's property by anyone furnishing services on behalf of the home health agency.
 - (2) Document both the existence of the complaint and the resolution of the complaint.
- (d) **Kaylin's AngelCare LLC** will make available to the patient upon request, a written notice in advance of furnishing care to the patient or during the initial evaluation visit before the initiation of treatment, a listing of all individuals or other legal entities who have an ownership or control interest in the agency as defined in 42 CFR 420.201, 42 CFR 420.202, and 42 CFR 420.206, in effect on July 1, 2005.
- (e) **Kaylin's AngelCare LLC** will be inform and distribute written information to the patient, in advance, concerning its policies on advance directives, including a description of applicable state law. **Kaylin's AngelCare LLC** will furnish advanced directives information to a patient at the time of the first home visit, as long as the information is furnished before care is provided.

Patient/Caregiver Name & Signature

Date

Agency Representative Name & Signature

Date

ABUSE, NEGLECT & EXPLOITATION REPORTING

The Agency enforces its written policy relating to reporting acts of abuse, neglect or exploitation of patients and reportable conduct by an employee of our Agency. If we have cause to believe that an employee has abused, exploited or neglected a patient of the Agency, we must report this information as soon as it is discovered to:

Indiana State - Adult Protective Services at 1-800-992-6978

DEFINITIONS:

Abuse - (A) the negligent or willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical or emotional harm or pain to an elderly or disabled person by the person's caretaker, family member, or other individual who has an ongoing relationship with the person; or (B) sexual abuse of an elderly or disabled person, including any involuntary or nonconsensual sexual conduct that would constitute an offense under Section 2 Penal Code (indecent exposure) or Chapter 22, Penal Code (assaultive offenses), committed by the person's caretaker, family member, or other individual who has an ongoing relationship with the person.

Neglect - means the failure to provide for one's self the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain or the failure of a caretaker to provide such goods or services.

Exploitation - means the illegal or improper act or process of a caretaker, family member, or other individual who has an ongoing relationship with the elderly or disabled person using the resources of an elderly or disabled person for monetary or personal benefit, profit, or gain without the informed consent of the elderly or disabled person.

YOU HAVE THE RESPONSIBILITY TO:

- **PROVIDE COMPLETE AND ACCURATE INFORMATION** to the best of your knowledge about your present and past illnesses), hospitalizations, pain, medications, allergies, and other matters relating to your health;
- **REMAIN UNDER A DOCTOR'S CARE**- while receiving skilled Agency services;
- **NOTIFY US OF CHANGES IN YOUR CONDITION** - to notify us of perceived risks, changes in your condition (e.g., hospitalization, changes in the plan of care, symptoms to be reported, pain, homebound status, or change of physician);
- **FOLLOW THE PLAN OF CARE** and instructions and accept responsibility for the outcomes if you do not follow the care, treatment or service plan;
- **ASK QUESTIONS** when you do not understand about your care, treatment and service or other instruction about what you are expected to do. If you have concerns about your care or cannot comply with the plan, let us know;
- **REPORT PAIN** - discuss pain, pain relief options and your questions, worries and concerns about pain medication with staff or appropriate medical personnel;
- **NOTIFY US OF SCHEDULE CHANGES** - to tell us if your visit schedule needs to be changed due to medical appointment, family emergencies, etc..;
- **NOTIFY US OF INSURANCE CHANGES** - to tell us if your insurance coverage changes
- **PROMPTLY MEET YOUR FINANCIAL OBLIGATIONS** and responsibilities agreed upon with the agency;
- **FOLLOW THE ORGANIZATION'S RULES AND REGULATIONS;**
- **INFORM US OF CHANGES IN ADVANCE DIRECTIVES** - to inform us of the existence of, and any changes made to advance directives;
- **ADVISE US OF PROBLEMS** - to tell us of any problems or dissatisfaction with the services provided;
- **PROVIDE A SAFE ENVIRONMENT** - to provide a safe and cooperative environment for care to be provided (such as keeping pets confined, not smoking or putting weapons away during your care);
- **SHOW RESPECT & CONSIDERATION** - for agency staff and equipment; and
- **CARRY OUT YOUR RESPONSIBILITIES** - to carry out mutually agreed responsibilities.

Outcome and Assessment Information Set (OASIS)

STATEMENT OF PATIENT PRIVACY RIGHTS

As a home health patient, you have the privacy rights listed below.

- **You have the right to know why we need to ask you questions.** We are required by law to collect health information to make sure: 1) you get quality health care, and 2
- **You have the right to have your personal health care information kept confidential.** You may be asked to tell us information about yourself so that we will know which home health services will be best for you. We keep anything we learn about you confidential. This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.
- **You have the right to refuse to answer questions.** We may need your help in collecting your health information. If you choose not to answer, we will fill in the information as best we can. You do not have to answer every question to get services.
- **You have the right to look at your personal health information.**

We know how important it is that the information we collect about you is correct. If you think we made a mistake, ask us to correct it.

As a home health patient, there are a few things you need to know about our collection of your personal health care information.

Federal and State governments oversee home health care to be sure that we furnish quality home health care services, and that you, in particular, get quality home health care services.

We need to ask you questions because we are required by law to collect health information to make sure that you get quality health care services.

We will make your information anonymous

- ✓ *We keep anything we learn about you confidential*

NOTICE OF PRIVACY PRACTICES

“THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY”

Our Agency is required by law to maintain the privacy of protected health information and to provide you adequate notice of your rights and our legal duties and privacy practices with respect to the uses and disclosures of protected health information. [45 *CFR* § 165.520] We will use or disclose protected health information in a manner that is consistent with this notice.

The agency maintains a record (paper/electronic file) of the information we receive and collect about you and of the care we provide to you. This record includes physicians' orders, assessments, medication lists, clinical progress notes and billing information.

As required by law, the agency maintains policies and procedures about our work practices, including how we provide and coordinate care provided to our patients. These policies and procedures include how we create, maintain and protect medical records; access to medical records and information about our patients; how we maintain the confidentiality of all information related to our patients; security of the building and electronic files; and how we educated staff on privacy of patient information.

As our patient, information about you must be used and disclosed to other parties for purposes of treatment, payment and health care operations. Examples of information that must be disclosed:

- **Treatment:** Providing, coordinating or managing health care and related services, consultation between health care providers relating to a patient or referral of a patient for health care from one provider to another. For example, we meet on a regular basis to discuss how to coordinate care to patients and schedule visits.
- **Payment:** Billing and collecting for services provided, determining plan eligibility and coverage, utilization review (UR), pre-certification, medical necessity review. For example, occasionally the insurance company requests a copy of the medical record be sent to them for review prior to paying the bill.
- **Health Care Operations:** General agency administrative and business functions, quality assurance/improvement activities; medical review; auditing functions; developing clinical guidelines; determining the competence or qualifications of health care professionals; evaluating agency performance; conducting training programs with students or new employees; licensing, survey, certification, accreditation and credentialing activities; internal auditing and certain fundraising and marketing activities. For example, our agency periodically holds clinical record review meetings where the consulting professional of our record review committee will audit clinical records for meeting professional standards and utilization review.

The following uses and disclosures do not require your consent, and include, but are not limited to, a release of information contained in financial records and/or medical records, including information and treatment records and/or laboratory test results, medical history, treatment progress and/or any other related information to:

1. Your insurance company, self-funded or third-party health plan, Medicare, Medicaid or any other person or entity that may be responsible for paying or processing for payment any portion of your bill for services;
2. Any person or entity affiliated with or representing us for purposes of administration, billing and quality and risk management;
3. Any hospital, nursing home or other health care facility to which you may be admitted;
4. Any assisted living or personal care facility of which you are a resident;
5. Any physician providing you care;
6. Licensing and accrediting bodies, including the information contained in the OASIS Data Set to

- the state agency acting as a representative of the Medicare/Medicaid program;
7. Contact you to provide appointment reminders or information about other health activities we provide;
 8. Contact you to raise funds for the Agency; and
 9. Other health care providers to initiate treatment.

We are permitted to use or disclose information about you without consent or authorization in the following circumstances;

- In emergency treatment situations, if we attempt to obtain consent as soon as practicable after treatment;
- Where substantial barriers to communicating with you exist and we determine that the consent is clearly inferred from the circumstances;
- Where we are required by law to provide treatment and we are unable to obtain consent;
- Where the use or disclosure of medical information about you is required by federal, state or local law;
- To provide information to state or federal public health authorities, as required by law to:
 - prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify persons of recalls of products they may be using; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence (if you agree or when required or authorized by law);
 - Health care oversight activities such as audits, investigations, inspections and licensure by a government health oversight agency as authorized by law to monitor the health care system, government programs and compliance with civil rights laws;
 - Certain judicial administrative proceedings if you are involved in a lawsuit or a dispute. We may disclose medical information about you in response to a court or administrative order, a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested;
 - Certain law enforcement purposes such as helping to identify or locate a suspect, fugitive, material witness or missing person, or to comply with a court order or subpoena and other law enforcement purposes;
 - To coroners, medical examiners and funeral directors, in certain circumstances, for example, to identify a deceased person, determine the cause of death or to assist in carrying out their duties;
 - For cadaveric organ, eye or tissue donation purposes to communicate to organizations involved in procuring, banking or transplanting organs and tissues (if you are an organ donor);
 - For certain research purposes under very select circumstances. We may use your health information for research. Before we disclose any of your health information for such research purposes, the project will be subject to an extensive approval process. We will usually request your written authorization before granting access to your individually identifiable health information;
 - To avert a serious threat to health and safety: To prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public, such as when a person admits to participation in a violent crime or serious harm to a victim or is an escaped convict. Any disclosure, however, would only be to someone able to help prevent the threat;
- For specialized government functions, including military and veterans' activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institution and custodial situations; and
- For Workers' Compensation purposes: Workers' compensation or similar programs provide benefits for work-related injuries or illness.

We are permitted to use or disclose information about you without consent or authorization provided you are informed in advance and given the opportunity to agree to or prohibit or restrict the disclosure in the following circumstances:

1. Use of a directory (includes name, location, condition described in general terms) of individuals served by our Agency; and
2. To a family member, relative, friend, or other identified person, the information relevant to such person's involvement in your care or payment for care; to notify family member, relative, friend, or other identified person of the individual's location, general condition or death.

Other uses and disclosures will be made only with your written authorization. That authorization may be revoked, in writing, at any time, except in limited situations,

YOUR RIGHTS

- You have the right, subject to certain conditions, to:
 - Request restrictions on uses and disclosures of your protected health information for treatment, payment or health care operations. However, we are not required to agree to any requested restriction. Restrictions to which we agree will be documented. Agreements for further restrictions may, however, be terminated under applicable circumstances (e.g., emergency treatment),
 - Confidential communication of protected health information. We will arrange for you to receive protected health information by reasonable alternative means or at alternative locations. Your request must be in writing. We do not require an explanation for the request as a condition of providing communications on a confidential basis and will attempt to honor reasonable requests for confidential communications.
 - Inspect and obtain copies of protected health information which is maintained in a designated record set, except for psychotherapy notes, information compiled in reasonable anticipation of, or for use in, a civil, criminal or administrative action or proceeding, or protected health information that is subject to the Clinical Laboratory Improvements Amendments of 1988 [42 USC § 263a and 45 CFR 493 § (a)(2)]. If you request a copy of your health information, we will charge a reasonable fee for copying. If we deny access to protected health information, you will receive a timely, written denial in plain language that explains the basis for the denial, your review rights and an explanation of how to exercise those rights. If we do not maintain the medical record, we will tell you where to request the protected health information.
 - Request to amend protected health information for as long as the protected health information is maintained in the designated record set. A request to amend your record must be in writing and must include a reason to support the requested amendment. We will act on your request within sixty (60) days of receipt of the request. We may extend the time for such action by up to 30 days, if we provide you with a written explanation of the reasons for the delay and the date by which we will complete action on the request.
- We may deny the request for amendment if the information contained in the record was not created by us, unless the originator of the information is no longer available to act on the requested amendment; is not part of the designated medical record set; would not be available for inspection under applicable laws and regulations; and the record is accurate and complete. If we deny your request for amendment, you will receive a timely, written denial in plain language that explains the basis for the denial, your rights to submit a statement disagreeing with the denial and an explanation of how to submit that statement.

- Receive an accounting of disclosures of protected health information made by our Agency for up to six (6) years prior to the date on which the accounting is requested for any reason other than for treatment, payment or health operations and other applicable exceptions. The written accounting includes the date of each disclosure, the name/address (if known) of the entity or person who received the protected health information, a brief description of the information disclosed and a brief statement of the purpose of the disclosure or a copy of your written authorization or a written request for disclosure. We will provide the accountings within 60 days of receipt of a written request. However, we may extend the time period for providing the accounting by 30 days if we provide you with a written statement of the reasons for the delay and the date by which you will receive the information. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee,
- To obtain a paper copy of this notice, even if you had agreed to receive this notice electronically, from us upon request.

COMPLAINTS

If you believe that your privacy rights have been violated, you may complain to the Agency or to the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation against you for filing a complaint. The complaint should be filed in writing, and should state the specific incident(s) in terms of subject, date and other relevant matters. A complaint to the Secretary must be filed in writing within 180 days of when the act or omission complained of occurred, and must describe the acts or omissions believed to be in violation of applicable requirements, [45 *CFR* § 160.306] For further information regarding filing a complaint, contact;

Michelle Pratt RN BSN, Administrator of Kaylin's AngelCare
Office Address: 127 South State Street, South Whitley, Indiana, 46787
Phone: (260) 388-3819 Fax: (866) 661-3437

We are required to abide by the terms of the notice currently in effect, but we reserve the right to change these terms as necessary for all protected health information that we maintain. If we change the terms of this notice (while you are receiving service, we will promptly revise and distribute a revised notice to you as soon as practicable by mail, e-mail (if you have agreed to electronic noticed or hand delivery. If you require further information about matters covered by this notice, please contact:

Michelle Pratt RN BSN, *Privacy Officer*
Phone: (260) 388-3819 Fax: (866) 661-3437

SECTION IV.

Advance Directives

It is your right to decide about the medical care you will receive. You have the right to be informed of treatment options available before giving consent for medical treatment. You also have the right to accept, refuse, or discontinue any treatment at any time.

All of us who provide you with health care services are responsible for following your wishes. However, there may be times when you may not be able to decide or make your wishes known. Many people want to decide ahead of time what kinds of treatment they want to keep them alive. Advance Directives lets you make your wishes for treatment known in advance.

Our agency complies with the Patient Self-Determination Act of 1990 which requires us to:

- provide you with written information describing your rights to make decisions about your medical care;
- document advance directives prominently in your medical record and inform all staff;
- comply with requirements of state law and court decisions with respect to
- provide care to you regardless of whether or not you have executed an advance directive.

An Advance Directive is a document written before a disabling illness. The Advance Directive states your choice about treatment and may name someone to make treatment choices, if you cannot.

A copy of any of the forms required to initiate the advance directives mentioned are available to you upon request.

Indiana State Department of Health

Division of Acute Care
2 North Meridian Street, 4A
Indianapolis, IN 46204
Acute Care Receptionist (317) 233-7474
ISDH Main Switchboard: (317) 233-1325

Division Director

Randall Snyder
rsnyder1@isdh.in.gov
(317) 233-1286
Administrative Assistant: (317) 233-7472
Fax: (317) 233-7157

SECTION V.

SAFETY

Home accidents are a major cause of injury and death, especially for those over 60. As people grow older, they may be less agile and their bones tend to break more easily. A simple fall can result in a disabling injury. All patients need to take special precautions to ensure a safe living environment. Most accidents in the home can be prevented by the elimination of hazards. Use the attached checklists to determine the safety level of your home. Check each statement that applies to your home or to your habits in your home. Then review the unchecked boxes to determine what else you can do to make your home a safer place to live.

GENERAL SAFETY

Emergency Phone numbers are posted by each telephone

Outside doors are kept locked at all times and not opened to an unfamiliar face. Ask for identification and call someone to verify who they say they are.

Door-to-door salesmen are not let into your home. They are asked to come back when a friend or family member will be with you.

Valuables that may be easily stolen are kept out of sight.

Telephone and television solicitations are not accepted. "If it sounds too good to be true, it probably is."

Household maintenance (painting, roofing, etc.) is scheduled with a reputable company. Have a friend or family member assist you.

ELECTRICAL SAFETY

Electrical appliances and cords are clean, in good condition and not exposed to liquids.

Electrical equipment bears the Underwriters Labs (UL) label.

An adequate number of outlets are located in each room where needed.

There are no "octopus" outlets with several plugs being used. Electrical outlets are grounded.

Lighting throughout the house is adequate.

Burned out lights are replaced.

KITCHEN SAFETY

Curtains are kept away from the stove and other open flame areas.

An exhaust hood with filters is present which discharges directly to the outside. The fan is turned on when cooking.

Counter space is kept clean and uncluttered.

Pan handles are turned away from burners and the edge of the stove.

Hot pan holders are kept near the stove.

Heavy items are not stored above your easy reach.

Cooking on high heat with oils and fat is avoided.

Clothing with loose sleeves is not worn when cooking.

Refrigeration and proper storage is used to avoid food poisoning.

Kitchen appliances are turned off when they are not being used.

BATHROOM SAFETY

Bath tub or shower has a non-skid mat or strips in the standing area.

Bath tub or shower doors are glazed with safety glass or plastic.

Grab bars are installed on the walls by the bath tub or toilet.
Towel bars and the soap dish in the shower are made of durable materials, are firmly installed and are not used as grab bars.
Electrical appliances (radios, TVs, heaters) are kept away from the bathtub or shower.
The water heater thermostat is set below 120°F to prevent accidental scalding. Night Lights are used to brighten the way to the bathroom at night.

PREVENTING FALLS

Stairways and halls are well lighted.
Night-lights are used in the bathroom, halls and passageways.
A flashlight with good batteries or a lamp is within easy reach of your bed.
Throw rugs are removed or have a nonskid backing and are not placed in traffic areas.
All clutter is cleared from the house, especially from pathways.
Electrical and telephone cords are placed along walls - not under rugs - and away from traffic areas and do not cross pathways.
There are no step stools without high handrails.
Handrails are used on stairs and securely fastened.
Grab bars are installed by the shower, tub or toilet.
Shower stools or non-skid strips are attached to bottom of tub.
Elevated toilet seats and stools are used, if needed.
Spills are cleaned up immediately.
Outside walks are kept clear of snow and ice in the winter.
Outside steps and entrances are well lit.
You are aware of any medications being taken which may cause dizziness or unsteadiness.
Alcoholic beverages are limited to no more than two per day.
When in a seated or lying down position, stand up slowly.
A cane can be used for extra stability.
Steps and walkways are in good condition and are free of objects.
Steps have non-skid strips or carpeting is securely fastened and free from holes or fraying.
Light switches are at the top and bottom of stairways and at both ends of long halls.
Doors do not swing out over stair steps.
Clearance in the stairway provides adequate head room.
Porches, balconies, terraces and other elevations or depressions are protected by railings or otherwise protected.

HAZARDOUS ITEMS AND POISONS

Care is used in storage of hazardous items. They are stored only in their original containers.
You know how to contact your poison control team.
Products that contain chlorine or bleach are not mixed with other chemicals.
The risk of insecticides is understood. They are only bought for immediate need and excess is stored or disposed of properly.
Hazardous items, cleaners and chemicals are kept out of reach of children and confused or impaired adults.
Household trash is disposed of in a covered waste receptacle outside the home.

MEDICATION SAFETY

Medications are never taken that are prescribed for someone else.

All of your medications (including prescription, over-the-counter, vitamins, herbals) are written down and the list shown to your doctor or pharmacist to keep from combining drugs inappropriately. If there are any changes, they are added to the list immediately.

You know the name of each of your medicines; why you are taking it; how to take it; what foods to avoid or other things to avoid while taking it; and its potential side effects.

Medication allergies and any medication side effects are reported to your healthcare provider.

Medications are taken exactly as instructed. If the medication looks different than you expected, ask your health care provider or pharmacist about it.

Alcohol is NOT used when you are taking medicine.

Medicines are not stopped or changed without your doctor's approval, even if you are feeling better.

A chart or container system (egg carton or med-planner) is used to help you remember what kind, how much, and when to take medicine.

Your medicine is taken with a light on so you can read the label.

Medicine labels (including warnings) are read carefully and medicines are kept in their original containers.

Medications are stored safely in a cool/dry place according to instructions on the label of the medication.

If you miss a dose, you do not double the next dose later.

Old medications are disposed of safely by flushing them down the toilet or disposed of as directed.

Medicines are kept away from children and confused adults.

MEDICAL EQUIPMENT/OXYGEN

Manufacturer's instructions for specialized medical equipment should be kept with or near the equipment.

Routine and preventive maintenance is performed according to the manufacturer's instructions.

Phone numbers are available in the home to obtain service in case of equipment problems or equipment failure.

Backup equipment is available if indicated.

Manufacturer's instructions are followed for providing a proper environment for specialized medical equipment.

Adequate electrical power is provided for medical equipment such as ventilators, oxygen concentrators and other equipment.

Equipment batteries are checked regularly by a qualified service person.

Bed side rails are properly installed and used only when necessary. Do not use bed rails as a substitute for a physical protective restraint.

Mattress must fit the bed. Excess space between the mattress and bed side rails could cause the patient to become trapped.

Protective barriers are used with bed side rails to reduce gaps in which the patient could be accidentally trapped.

All oxygen equipment is kept away from open flame.

There is no smoking around oxygen.

Oxygen is not allowed to freeze or overheat.

If you have electrically powered equipment such as oxygen or ventilator, you are registered with your local utility company.

FIRE SAFETY PRECAUTIONS

All family members and caregivers are familiar with emergency 911 procedures. Fire department is notified if a disabled person is in the home.

There is no smoking in bed or when oxygen equipment is being used.

The heating system is checked and cleaned regularly by someone qualified to do maintenance.

Space heaters, if used, are maintained and used according to the manufacturers specifications.

There are exits from all areas of the house. You know your fire escape routes and have two planned exits. If your exit is through the ground floor window, it opens easily.

The garage is adequately ventilated.

If you live in an apartment building, you know the exit stairs location. Hallways are kept clean.

Elevators are not used in a fire emergency.

A fire drill/safety plan is prepared. An escape route is practiced from each room in your home.

The fire department number is always posted for easy viewing at all times.

Fire extinguishers are checked frequently for stability.

Smoke detectors are in place in hallways and near sleeping areas.

Smoke alarm batteries are checked and installed when you change your clocks for daylight savings time in the spring and fall.

If your fire escape is cut off, remain calm, close the door and seal cracks to hold back smoke.

Signal for help at the window.

A bed bound patient can be evacuated to a safe area by placing him/her on sturdy blanket and pulling/dragging the patient out of home.

Remember, life safety is first, but if the fire is contained and small, you may be able to use your fire extinguisher until the fire department arrives.

POWER OUTAGE

In case of a power outage, if you require assistance and our agency phone lines are down, do the following:

If you are in a crisis or have an emergency situation, call 911 or go to the nearest hospital emergency room.

If it is not an emergency, call your closest relative or neighbor. Our agency will get in touch with you as soon as possible.

EMERGENCY PREPAREDNESS

In the unlikely event of a disaster (hurricane, tornado, or flood) every possible effort will be made to assure that your medical needs are met.

WEATHER CONDITIONS:

In the event of inclement weather, we will follow these guidelines regarding travel during the hurricane season. Every effort will be made to make sure you receive the care you need. The safety of our staff as they try to make visits must be considered. When roads are too bad to

travel, our staff will, if possible, contact you by phone to let you know that they are unable to make your visit that day. Natural disasters shall be defined and determined by the guidelines set forth by the National Weather Service and/or governing state. Most home health services are not life-supporting and can therefore be suspended for brief periods of time without placing the patient at great risk. The agency shall maintain a written plan which outlines, controls and directs protective measures to be taken in the event of a natural disaster, emergency, or unforeseen interruption in agency services. All patients, upon admission will be oriented to the disaster plan. Patient will be knowledgeable of disaster needs, including the need to evacuate, survival needs and special needs. Patients will be given safety information to help them during disasters, emergency preparedness and unforeseen circumstances. This information is provided as a helpful reminder and in no way makes the agency responsible for patient safety during a disaster or emergency.

FLOODS

Floods are the most common and widespread of all natural hazards. Some floods can develop over a period of days, but flash floods can result in raging waters in just a few minutes. Be aware of flood hazards, especially if you live in a low-lying area, near water or downstream from a dam. Assemble a disaster supplies kit. Include a battery-operated radio, flashlights and extra batteries, first aid supplies, sleeping supplies and clothing. Keep a stock of food and extra drinking water.

If local authorities issue a flood watch, prepare to evacuate:

- Secure your home. Move essential items to the upper floors of your house.
- If instructed, turn off utilities at the main switches or valves. Do not touch electrical equipment if you are wet or standing in water.
- Fill the bathtub with water in case water becomes contaminated or services are cut off. Clean the bathtub first.
- Six inches of moving water can knock you off your feet. If you must walk in a flooded area, do not walk through moving water.
- Use a stick to check the firmness of the ground in front of you.

TORNADO

Tornadoes are nature's most violent storms. When a tornado has been sighted, go to your shelter immediately. Stay away from windows, doors and outside walls. In a house or small building: Go to the basement or storm cellar. If there is no basement, go to an interior room on the lower level (closets, interior hallways). Get under a sturdy table, hold on and protect your head. Stay there until the danger has passed.

If the patient is bed-bound, move the patient's bed as far away from windows as possible. Cover the patient with heavy blankets or pillows being sure to protect the head and face. Then go to a safe area.

In a school, nursing home, hospital, factory or shopping center go to pre-designated shelter areas. Interior hallways on the lowest floor are usually safest. Stay away from windows and open spaces. In a high-rise building: Go to a small, interior room or hallway on the lowest

floor possible. In a vehicle, trailer or mobile home: Get out immediately and go to a more substantial structure. If there is no shelter nearby, lie flat in the nearest ditch, ravine or culvert with your hands shielding your head. In a car, get out and take shelter in a nearby building. Do not attempt to out-drive a tornado. They are erratic and move swiftly.

LIGHTNING

Inside a home, avoid bathtubs, water faucets and sinks because metal pipes can conduct electricity. Stay away from windows. Avoid using the telephone, except for emergencies. If outside, do not stand underneath a natural lightning rod such as a tall, isolated tree in an open area. Get away from anything metal, including tractors, farm equipment, bicycles, etc.

WINTER STORMS

Heavy snowfall and extreme cold can immobilize an entire region. Even areas which normally experience mild winters can be hit with a major snow storm or extreme cold. The results can range from isolation due to blocked roads and downed power lines to the havoc of cars and trucks sliding on icy highways.

Gather emergency supplies:

- A battery powered radio
- Food that doesn't require cooking and a manual can opener
- Your medications
- Extra blankets
- Extra water in clean soda bottles or milk containers
- Rock salt to melt ice on walkways and sand to improve traction
- Flashlights, battery-powered lamps and extra batteries. Candles are a fire hazard.
- Make sure you have enough heating fuel; regular fuel sources may be cut off

Dress for the season:

- Wear several layers of loose-fitting, light-weight, warm clothing rather than one layer of heavy clothing. The outer garments should be tightly woven and water repellent.
- Mittens are warmer than gloves.
- Wear a hat: most body heat is lost through the top of the head.

SECTION VI.**INFECTION CONTROL IN THE HOME**

Cleanliness and good hygiene help prevent infection. “Contaminated materials” such as bandages, dressings or surgical gloves can spread infection, and harm the environment. If not disposed of properly, these items can injure trash handlers, family members and others who could come in contact with them. Certain illnesses and treatments (i.e., chemotherapy, dialysis, AIDS, diabetes, burns) can make people more susceptible to infection. Your Nurse will instruct you on the use of protective clothing (gowns/gloves) if they are necessary. Notify your physician and/or home care staff if you develop any of the following signs and symptoms of infection:

- pain / tenderness / redness or swelling of body part
- inflamed skin / rash / sores / ulcers / fever or chills
- painful urination / sore throat /cough
- confusion / increased tiredness / weakness
- nausea /vomiting /diarrhea / pus (green/yellow drainage)

You can help control infection by following these guidelines:

WASH YOUR HANDS

Wash your hands before and after giving any care to the patient (even if wearing gloves), before handling or eating foods, and after using the toilet, changing a diaper, handling soiled linens, touching pets, coughing, sneezing or blowing nose. Hand washing needs to be done frequently and correctly: Remove jewelry; use warm water and soap (Liquid soap is best); hold your hands down so water flows away from your arms; scrub for at least 10/15 seconds (30 seconds recommended), making sure you clean under your nails and between your fingers; dry your hands with a clean paper towel; and use a new paper towel to turn off the faucet. Apply hand lotion after washing to help prevent and soothe dry skin.

DISPOSABLE ITEMS & EQUIPMENT

Items which are not sharp including paper cups, tissues, dressings, soiled bandages, plastic equipment, urinary/suction catheters, disposable diapers, Chi plastic tubing, medical gloves, etc... Store medical supplies in a clean/dry area. Dispose of used items in waterproof (plastic) bags. Fasten securely and dispose of bag in the trash.

NON-DISPOSABLE ITEMS & EQUIPMENT

Items which are not thrown away including: dishes, thermometers, commode, walkers, wheelchairs, bath seats, suction machines, oxygen equipment, mattresses, etc.

Soiled laundry should be washed apart from other household laundry in hot soapy water. Handle these items as little as possible to avoid spreading germs. Household liquid bleach should be added if viral contamination is present (a 1 part bleach to 10 parts water solution is recommended).

Equipment utilized by the patient should be cleaned immediately after use. Small items (except thermometers) should be washed in hot soapy water, rinsed and dried with clean towels. Household cleaners such as disinfectant, germicidal liquids or diluted bleach may be used to wipe off equipment. Follow equipment cleaning instructions and ask your nurse/therapist for clarification.

Thermometers should be wiped with alcohol before and after each use. Store in a clean, dry place.

Liquids may be discarded in the toilet and the container cleaned with hot, soapy water, rinsed with boiling water and allowed to dry.

Routine supplies or equipment cannot be delivered after regular office hours. Any questions you may have concerning these guidelines can be answered by your nurse or by calling the office during regular office hours.

SHARP OBJECTS / BIOMEDICAL WASTE

*** Holding and disposal of all medical waste will be done in a safe manner using Universal Precautions.**

Sharps containers must be made of leak proof puncture proof material and marked with the biohazard symbol or red in color. Never recap, bend, break or remove a needle from a disposable syringe or otherwise manipulate the needle. Place needles, syringes, lancets and other sharps into the sharps container. If patients use needles and sharps between nursing visits, the nurse will teach the patient and caregiver to use puncture proof, leak proof containers with secure lids to hold their sharps. Patient/Caregiver will be taught to close and seal the top with tape when the container is $\frac{3}{4}$ full and place in the closed garbage container. Patients and caregivers will be taught the principles of the Universal Precautions and the specific procedures needed to dispose of their waste when the nurse is not present. All medical waste and sharps containers will be transported in a rigid leak proof container.

In the event that a sharps container from **Kaylin's AngelCare LLC** is left in your home, please contact our agency for pickup.

SPILLS IN THE HOME

Cleaning up blood and other body fluids- STEP BY STEP

1. Follow all Universal Precautions concerning Personal Protective Equipment (PPE). Put on two (2) pair of gloves, one over the other.
2. Isolate the contaminated area.
3. Flood the contaminated area with a disinfecting agent or a mixture of household bleach mixed 1:10 with water. (One part bleach to ten parts water. Bleach may ruin fabric or fibers. Check with patient and supervisor if uncertain).
4. Wipe or soak up spills with paper towels or other absorbing material.
5. Dispose of each paper towel or absorbent material into a plastic bag.
6. Flood the area a second time and allow to set at least 10 minutes, and repeat the absorbing process.
7. Remove outer gloves and place in plastic bag and close bag. Place this bag in a second plastic bag.
8. Remove protective clothing and equipment and place in second plastic bag along with inner gloves.
9. Close and tie second bag.
10. Wash hands and wrist with soap and water.
11. Return contaminated items in double plastic bags to the agency supply clerk to place in special locked biohazard container until pick-up from waste disposal company.

SECTION VII.

ON-CALL GUIDELINES

It shall be the policy of this agency to assure patients have access to nursing resources after hours as indicated to answer questions, and provide medical support when his/her condition dictates. The On-call system is not to serve as an emergency response process but as PRN extension of routine nursing after hours. Patients are instructed during the admission process and throughout the course of care on how to activate emergency assistance and what constitutes the need for same. Calls are answered by the answering system after hours, weekends and holidays. We do not carry medications with us and cannot give anything unless ordered by the physician. The following is a list of some reasons for which you may need to contact our agency after regular hours.

CHEST PAINS: Chest pain usually requires that you be seen by your physician either in the office or emergency room for diagnostic studies. Elevations in temperatures above 100.6F should be called in and instructions may be given over the telephone. A home visit may be necessary.

TEMPERATURES: Elevations in temperature above 100.6F should be called in and instructions may be given over the telephone. A home visit may be necessary

RESPIRATORY DISTRESS: Severe respiratory distress usually requires evaluation by your physician. You may be instructed in ways to ease shortness of breath, proper use of respiratory aids or oxygen if these are ordered by your physician.

CATHETERS: Catheters are not an emergency unless you are in pain & unable to urinate. If the catheter does not drain, or comes out and you are unable to urinate, you may need to call. If it is leaking or comes out, pad the bed well with absorbent cloths and call, so someone can be scheduled to visit you.

FEEDING TUBES: If the feeding tube comes out partially or completely, do not attempt to reinsert or remove it. Call the agency for directions.

FALLS OR INJURIES: Notify the nurse or call 911.

SECTION VIII. CONCENT

As part of the admission process, we ask for your consent to treat you, release information relative to your care, and allow us to collect payments directly from your insurer. You or your legal representative must sign this consent before we can admit you.

TREATMENT & SERVICES - We require your permission before we can treat you. The treatments that we provide will be prescribed by your doctor and carried out by a professional health care staff; with out you or your representative's consent we cannot treat you.

You may refuse treatment at any time. If you decide to refuse treatment, we may ask you for a written statement releasing us from all **responsibility resulting from such action.**

RELEASE OF INFORMATION - Your medical record is strictly confidential and protected by federal law. We may release protected health information as explained in our Notice of Privacy Practices in order to cant' out treatment, payment arid/or health care operations. Protected health information may be received or released by various means including telephone, mail, fax, etc. Patient outcome data (OASIS) will be collected and may be electronically transmitted to the State for use by Medicare.

AUTHORIZATION FOR PAYMENT - We will directly bill your insurer for the services which we provide to you. You authorize us to collect payments on your behalf: We will coordinate all of your therapy needs and medical supplies while under a Medicare home health plan of care. Should you obtain therapy services or supplies on your own, Medicare will not pay you or the supplier and you will be responsible for their cost.

CONSENT TO PHOTOGRAPH- If we take photographs of you for use in treatment or for other purposes, you allow us to use the pictures.

ADVANCE DIRECTIVES - You must tell us if you have an Advance Directive so that we may obtain a copy to allow us to follow your directives. We will provide you care whether or not you have executed either of these documents, but having an advance directive may have an impact on the type of care provided during emergency situations.

Universal Precautions and Patients' Rights

Health care facilities providing services in which there is a risk of skin, eye, mucous membrane, or parenteral contact to human blood or other potentially infectious materials must practice universal precautions.

Universal Precautions means the prevention of disease transmission through the use of infection control practices with all patients.

Kaylin's AngelCare LLC complies with infection control practices required by the Indiana State Department of Health (ISDH), which were adopted by Indiana law, Indiana Occupational Safety and Health Administration (IOSHA), and the Centers for Disease Control and Prevention (CDC) recommendations. The following infection control practices include, but are not limited to, those required by the Universal Precautions rule and are used to prevent transmission of bloodborne pathogens to patients and treating staff:

- Appropriate use of protective barriers, including gloves for hand contact, masks, gowns, laboratory coats, and protective eyewear or face shields are used for procedures having the potential of creating a spray or splatter of blood or other potentially infectious materials.
- Gloves, when required, are changed and hands washed after each patient.
- Heat stable, non-disposable instruments required sterilization that are contaminated with blood or other potentially infectious materials are heat sterilized after treatment of each patient.
- Precautions are taken to prevent injuries caused by needles, syringes, and other contaminated sharp objects are discarded in puncture-resistant container.
- Surfaces and equipment contaminated with blood or other potentially infectious materials that need not be sterilized are cleaned and disinfected after treatment of each patient. Disposable coverings may be used on some surfaces to prevent contamination.
- Infectious waste is placed in containers labeled with the biohazard symbol, impervious to moisture, and of sufficient strength to prevent expulsion.
- Containers of infectious waste are stored in a secure area prior to treatment and final disposal.
- Patient care staff received training on infection control.

The infection control procedures listed, and others that are not readily observable, protect you from disease transmission. Indiana law requires that health care facilities be committed to appropriate use of Universal Precautions. Any deviation from this commitment should be brought to the attention of the Chief Executive Officer at this facility. If you are not satisfied with the explanation of universal precautions provided by this facility, you may file an official complaint in writing with the Indiana State Department of Health. Mail or fax to the following address:

Indiana State Department of Health
c/o Exposure Control Coordinator
2 North Meridian Street
Indianapolis, IN 46206
317.234.2804
317.234.2812 (fax)

PATIENT SATISFACTION SURVEY

The agency recognizes that it is your choice to have us provide home health care to you, therefore, we are constantly striving to improve our services. Your response to this survey would be greatly appreciated & help in our quality improvement efforts.

Please answer the question with YES or NO or NA is non applicable.

- | | YES | NO | NA |
|-------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| 1. Were you treated with respect and dignity by? | | | |
| Nurse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Home Health Aide | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| IV Therapist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Were your needs met? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Were you included in your care? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Were the procedures explained to you? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you know how to voice a complaint? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you understand agency charges,
or what is covered by your insurance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you understand your rights? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Would you recommend our services
to friends and family? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMMENTS & SUGGESTIONS:

Survey Completed By: _____

Relationship: _____ Date: _____

Patient Name: _____ Date Sent to Patient: _____

Date received by Agency: _____