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# PATIENT HANDBOOK

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Care and Help Home Care Agency LLC

JANUARY 1, 2023

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# What You Need to Know about Home Care Services

What is Home Care Services?

Simply, home care is a set of health services brought to you at home in order to maintain or restore your health and well-being. This broad definition includes a wide range of home care services that are available, not just those services reimbursed by Medicaid.

Home Care Services can consist of a range of services provided by various caregivers. Generally, home care fall into the following categories:

Acute Care- Services are designed to provide care to clients whose medical condition is unstable or is expected to fluctuate significantly as rehabilitation is achieved. Clients receive a variety of intensive services (meal preparation, laundry, light housekeeping). The goal is to keep the client as independent at home for as long as possible. This may or may not be paid by insurance.

Assistive Technology is a unique service that uses technological advances to help improve a client's ability to act independently in carrying out activities of daily living such as eating, dressing, talking, walking and cooking.

## Who Makes Up the Home Care Services Team?

*Registered Nurse* – Our Registered Nurse will review your condition and will provide our caregivers with Plan of Care.

*Direct Care Worker /Homemaker/ Home Care Aide-* Provides personal care services for example assisting with bathing, dressing, personal care/hygiene, respite, light homemaking services, and meal preparation.

# Client's Bill of Rights

The CARE AND HELP HOME CARE AGENCY LLC protects and promotes your rights as a client under its care. You may exercise these rights at any time while under our care, or you may have a family member or guardian exercise these rights if you are unable.

You have the following rights to:

1. Receive written information and be fully informed of all your rights and responsibilities while under our care.
2. Be treated with dignity and to have your property treated with respect at all times.
3. Receive services without regard to race, color, creed, national origin, religion or disability.
4. Receive a comprehensive assessment including evaluation of comfort, nutrition and pain management.
5. Privacy and to have all of your records pertaining to your care treated in a confidential manner. Information concerning your care will not be released without your written consent or as required by law.
6. Refuse care within the confines of the law and be informed of the consequences of your actions.
7. Right to request a change in caregiver without fear of reprisal or discrimination.
8. Make decisions about your medical care, including the use of advanced directives.
9. Receive care without regard to whether you have or have not executed an advanced directive. 10. Be fully informed of our policies and charges for service, including eligibility for third party
10. reimbursement and the extent to which payment may be required from you.
11. Be fully informed, within 30 days of the date we become aware, of any changes in your payment responsibility.
12. Participate in the planning of your care and to receive information necessary to give informed consent prior to the start of your care.
13. Be informed of and participate in planning changes in your plan of care prior to the change being made.
14. Know who the persons are who will be providing care, what their roles are in your care, what type(s) of care each will provide and the frequency of care.
15. Right to receive ten (10) calendar days advance notice of termination of service(s). Less than 10 days written notice if consumer has failed to pay, despite notice and more than 14 days in arrears; or if the health or welfare of the direct care worker is at risk.
16. Voice grievances regarding care that is (or fails to be) provided, or regarding a lack of respect to your property without fear of reprisal or discrimination. To lodge a complaint with us, call (267)778-9180, and ask for Administrator.
17. Be informed about the disposition of your grievance or complaint.

18. Be informed of the availability of the Pennsylvania Home Health Agency Hotline (1-800-222- 0989) to communicate complaints or question about the home care agency. This service is available Monday through Friday from 8:30 a.m. to 4:30 p.m. After hours, weekends and holidays a message may be left on an answering machine for a response the next working day. For Philadelphia County AAA Ombudsmen’s 215-765-9000.

<https://www.pccares.org/services/protection-advocacy/ombudsman-program/>

Additional List of Ombudsman Contact Information by County is located on our website under patient resources tab.

[www.4theSeniors.com/patient](http://www.4theSeniors.com/patient)

<https://carehelp.wpenginepowered.com/wp-content/uploads/LOCAL-OMBUDSMAN-PROGRAMS-BY-COUNTY.pdf>

19. Be informed about OLTL program participant Help Line 1-800-757-5042- a centralized line that assists participants who are enrolled in OLTL program, with unresolved concerns regarding their OLTL program services.

Be informed of the availability of the CHAP Accreditation Health Care Organization as a resource for patient safety and quality concerns. Care and Help Home Care Agency LLC encourages patients and families/ significant others to share concerns about patient safety and quality of care with the organization. If these concerns are not addressed, The Home Care Network recommends that the organization's management to be contacted. Concerns that cannot be resolved through this manner may be communicated to the CHAP Accreditation of Health Care Organizations at a toll-free hotline number (1-800-656-9656). The line is available 24 hours a day, 7 days a week. Staff members are available to answer this number weekdays between 8:30 a.m. – 4:30 p.m. Eastern Standard Time

# Client Responsibilities

CARE AND HELP HOME CARE AGENCY LLC protects and promotes your rights as a client under its care. As a home care client/caregiver you have the responsibility to:

- Give accurate and complete health information concerning your past illnesses, hospitalizations, medications, allergies, present complaints, and other pertinent items.
- Inform your caregiver of perceived risks and/or changes in your health status including any problems you are experiencing with the use of medication.
- Assist in providing and maintaining a safe and healthy environment
- Inform us when you will not be able to keep a home care visit.
- Participate in the planning of your care and make decision about your medical care including the use of advanced directives.
- Follow your care plan and inform us of any concerns about your ability
- Accept consequences for your outcome if you do not follow the care, treatment, and service plan.
- Request further information concerning anything you do not understand.
- Give information regarding concerns or problems you are experiencing to your caregiver.
- Inform us of any changes you make in your health insurance coverage. Failure to notify the Agency may result in services not being covered by your insurance. You will be billed for these services.
- Meet any financial obligation agreed to with the CARE AND HELP HOME CARE AGENCY LLC.
- Follow our rules and regulations.
- Show respect and consideration for home care staff and property.
- Bring your medication list with you to all health care settings, including doctor visits, emergency department, or to any other change in your site of health care.

Please ask your nurse or therapist if you need further information about your responsibilities as a home health care client.

# Who Pays for Home Care?

If you are entitled to Medicaid benefits, you may qualify for covered home care and related services if you meet the following criteria:

1. You are under the care of physician who determines you need home care and sets up a home care plan for you.
2. You are confined to your home (homebound). See page 6.
3. The home care services participate in Medicaid (MCO: PA Health and Wellness, UPMC, and Keystone Community Health Choices (which CARE AND HELP HOME CARE AGENCY LLC does).

CARE AND HELP HOME CARE AGENCY LLC accepts many other types of health insurance such as Medical Assistance, Health Pass, Blue Cross, as well as many Managed Care Organizations (MCO's). Your home care benefits are a contract between you and your insurance company. You will ultimately be responsible for any charges not paid by your insurance company. This includes services provided by out-of-network providers. Deductibles and co-insurance amounts will be billed to you according to your individual insurance plan.

Fee Schedule for Private Pay: Home care Aid \$22 per hour. Fees for home care services can be adjusted for those in need.

## Homebound Status

Community Health Choices waiver requires that patients receiving home care services have a medical condition and be restricted to the home. A "home" may be an apartment, a relative's home or a home for the aged. However, a hospital or a skilled nursing facility is NOT considered a home.

In order for the patient to receive home care services, the law says that a doctor must confirm that the patient cannot leave his/her home. In other words, leaving the home would REQUIRE TAXING EFFORT.

Usually, a patient will be considered homebound if leaving the home:

REQUIRES THE AID OF MEDICAL EQUIPMENT such as crutches, canes, wheelchairs, walkers, AND THE USE OF SPECIAL TRANSPORTATION, or Requires the help of another person, or Is medically unsafe

Even if the patient leaves the home, he/ she may still be homebound if he/ she leaves INFREQUENTLY for a short amount of time or is receiving MEDICAL TREATMENT (for example: chemotherapy, radiation therapy, and kidney dialysis).

## **Statement of Patient Privacy Rights for Medicaid**

*As a home care 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:
- You get quality health care, and
- Payment for Medicaid patients is correct.
- 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 care 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 you 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.
- If you are not satisfied with our response, you can ask the Center for Medicaid Services, the federal Medicaid agency, to correct your information.

# Privacy Act Statement-Health Care Records

This statement gives you advice required by law (the Privacy Act of 1974)

This statement is not a consent form. It will not be used to release or to use your health care information.

Authority for collection of your information, including your social security number, and whether or not you are required to provide information for this assessment. Sections 1102(a), 1154, 1861(0), 1861(z), 1863,1864, 1865, 1866, 1871,1891(b) of the Social Security Act.

Medicaid participating home care agencies must do a complete assessment that accurately reflects your current health and accurately reflects your current health and includes information that can be used to show your progress toward your health goals.

### III. Routine Uses

These "routine uses" specify the circumstances when the Center for Medicaid Services may release your information from the HHAExchange System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information. Disclosures of the information may be to:

1. The federal Department of Justice for litigation involving the Center for Medicaid Services;
2. Contractors or consultants working for the Center for Medicaid Services to assist in the performance of a service related to this system of records and who need to access these records to perform the activity;
3. An agency of a state government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health care services provided in the State; for developing and operating Medicaid reimbursement systems; or for the administration of Federal/State home care agency programs within the State;
4. Another Federal or State agency to contribute to the accuracy of the Center for Medicare and Medicaid Services' health insurance operations (payment, treatment and coverage) and/ or to support State agencies in the evaluations and monitoring of care provided by HHAs;



5. Peer Review Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving home care agency quality of care;
6. And individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
7. A congressional office in response to a constituent inquiry made at the written request of the constituent about some the record is maintained.

## **II. Effect on you, if you do not provide information**

The home care agency needs the information contained in the Outcome and Assessment Information Set in order to give you quality care. It is important that the information is correct. Incorrect information could result in payment errors. Incorrect information also could make it hard to be sure that the agency is giving you quality services. If you choose not to provide information, there is no federal requirement for the home care agency to refuse you services.

Note: This statement may be included in the admission packet for all new home care agency admissions. Home care agencies may request you or your representative to sign this statement to document that this statement was given to you. Your signature is NOT required. If you or your representative sign the statement, the signature merely indicates that you received this statement. You or your representative must be supplied with a copy of his statement.

# **Notice about Privacy for Patients who Do Not Have Medicaid Coverage**

- As a home care patient, there are few things that you need to know about our collection of your personal health care information.
- Federal and State governments oversee home care to be sure that we furnish quality home care services, and that you, in particular, get quality home 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. That way, the Medicaid Services, the federal agency that oversees this home care agency, cannot know that the information is about you.
- We keep anything we learn about you confidential.

# **What You Need to Know about Direct Care Workers / Home Care Aides**

## *Direct Care Worker / Home care Aide Service*

Home Care Aide service is available to help provide personal care. The DCW aide's duties are based on the client's individual needs. Your visiting nurse and/ or therapist determines what assistance is needed and develops the Home care Aide Care Plan which will be followed by your Aide. The Aide only performs those tasks which have been indicated on the care plan. If an emergency arises during the home care aide visit, please call 911.

CARE AND HELP HOME CARE AGENCY LLC has a central scheduling office which schedules your Aide visits. Please allow 2 days for us to set up the Aide service. You will receive a telephone call from us when your Aide's schedule has been coordinated and confirmed.

The usual duration of the home care aide visit is up to one hour. We try our best to accommodate requests for specific times for the home care aide visit; however, requests for specific time periods usually result in delays in starting the service. We encourage you to accept an available time and we will make every effort to accommodate your needs as soon as the requested time is available.

For Home Care Aide service to be covered by your insurance, you must meet certain qualifying criteria. Our Patient Intake Coordinator will review insurance guidelines. If you do not qualify under your insurance, or wish additional hours, we can provide for your needs on a fee for service basis. Please inform your coordinator or call the scheduling manager directly at 267-778-9180.

# Our Commitment to You

CARE AND HELP HOME CARE AGENCY LLC is committed to helping you gain access to all of the home care services necessary to maintain your independence and comfort at home.

## *What Help is Available?*

In addition to services, you are receiving while covered by your health insurance, or if you wish to continue receiving services after your coverage ends, we can provide:

- Personal Care visits to help with bathing and activities of daily living
- Respite Care to enable your family caregiver to have "time off"
- Private Duty Home care Aides that can help from 4 to 24 hours a day

CARE AND HELP HOME CARE AGENCY LLC can also help with special financial arrangements that may reduce the cost of care for individuals who meet eligibility criteria for programs made available through CARE AND HELP HOME CARE AGENCY LLC.

## *How Can I Get Help?*

Help is available 24 hours a day, seven days a week. If you have an immediate need, call 267-778-9180.

## *Our Promise*

The staff of CARE AND HELP HOME CARE AGENCY LLC is committed to providing services to individuals whose medical needs can be treated effectively and safely in their homes; to ensuring continuity of professionally coordinated care; and to offering services which meet the highest quality standards.

Feel free to talk about the care you need with your visiting nurse. Our professional staff is available to answer any questions you may have and to assist you with making arrangements for care.

All personnel are bonded and carefully screened through a personal interview and reference check.

# **HIPPA Notice of Privacy Practices for Care and Help Home Care Agency LLC**

*Effective Date: 12/18/05*

**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.**

## **I. Introduction to the Privacy Notice**

Your medical information is a private matter. Your medical information (often referred to as your "medical record") includes the collections of paper, film and electronic files containing private information regarding your health care visits.

Legislation referred to as HIPAA (Health Insurance Portability and Accountability Act) requires health care organizations to notify patients of their 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 this carefully.

This notice describes our home care's practices and that of;

- Any health care professional authorized to enter information into CARE AND HELP HOME CARE AGENCY LLC's (CARE AND HELP HOME CARE) client record
- All departments, units and programs of the health system.
- Any member of a volunteer group we allow to help you while you are under our services
- All employees, staff and other health system personnel.
- All CARE AND HELP HOME CARE entities, sites and locations follow the terms of this notice.

In addition, these entities, sites and locations may share medical information with each other for treatment, payment of health care operations, or other purposes described in this notice.

## **II. Our Duties to Safeguard your Private Health Information**

We understand that medical information about you and your health is personal and we are committed to protecting medical information about you. We create a record of the care and services you receive at CARE AND HELP HOME CARE which is used to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the health system or any of its entities. Your personal doctor may have

different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office. This Notice will tell you about the ways in which we may use and disclose your medical information. We also describe your rights and certain obligations we have regarding the use and disclosure of your medical information.

We are required by law to:

- Make sure that medical information that identifies you is kept private;
- Give you this Notice of our legal duties and privacy practices with respect to your medical information about you; and
- Follow the terms of the Notice that is currently in effect.

### **III. How CARE AND HELP HOME CARE AGENCY LLC May Use and Disclose Medical Information about you**

The following categories describe different ways that we use and disclose medical info:

- **For Treatment.** We may use medical information about you to provide you with medical treatment or services. We may disclose medical information about you to doctors, nurses, therapists, medical students, nursing students, or other home care personnel who are involved in taking care of you. We also may disclose medical information about you to people outside the home care setting who may be involved in your medical care when you are discharged from CARE AND HELP HOME CARE AGENCY LLC.
- **For Payment.** We may use and disclose medical information about you either prior to or following your care so that the treatment and services you receive from home care may be billed to and payment may be collected from you, and insurance company or a third party. We may also tell your health plan about a treatment you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.
- **For Health Care Operations.**

We may use and disclose medical information about you for home care operations. These include:

- Review of our treatment and services
- Treatment alternatives
- Treatment effectiveness
- Teaching and learning purposes
- Health related benefits or services that may be of interest
- Appointment reminders
- Fundraising activities

(2) Disclosure to Relatives and Close Friends. We may disclose your PHI to a family member, other relative, a close personal friend or any other person if we (1) obtain your agreement; provide you with the opportunity to object to the disclosure; or, (3) we can reasonably infer that you do not object to the disclosure.

- **Marketing.** We may use or disclose Protected Health Information to identify health-related services and products that may be beneficial to your health and then contact you about those products and services. If you do not wish to receive information of this type, please contact CARE AND HELP HOME CARE at:  
CARE AND HELP HOME CARE AGENCY LLC.  
1051 County Line Road, Suite 103 Huntingdon Valley, PA 19006  
info@4theseniors.com
- **Research.** Usually, we will ask for your permission or authorization before using your PHI for research purposes. However, we may use and disclose your PHI without your authorization if our Institutional Review Board (IRB) has waived the authorization requirement. An IRB is a committee that oversees and approves research involving human subjects.
- **Disaster Relief Efforts.** We may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.
- **As Required by Law.** We will disclose medical information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety.** We may use and disclose medical information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

#### **IV. Special Situations in Which We May Use or Disclose Your Medical Information**

- **Organ and Tissue Donation.** If you are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplants.
- **Military and Veterans.** If you are a member of the armed forces, we may release medical information about you as required by military command authorities.
- **Workers Compensation.** We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illnesses.

- **Public Health Risks.** We may disclose medical information about you in accordance with laws or regulations for public health activities. These activities generally include the following:
  - To prevent or control disease, injury or disability;
  - To report births and deaths;
  - To report child abuse or neglect;
  - To report reactions to medication or problems with products;
  - To notify people of recalls for products they may be using;
  - To notify people who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
  - To notify the appropriate government authority if we believe a patient has been the victim of abuse, new will only make this disclosure if you agree or when required or authorized by law.
- **Health Oversight Activities.** We may disclose medical information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure.
- **Lawsuits and Disputes.** 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, a discovery request, or other lawful process by someone else involved in a dispute.
- **Law Enforcement.** We may release medical information if asked to do so by a law enforcement:
  - In response to a court order, subpoena, warrant, summons or similar process;
  - To identify or locate a suspect, fugitive, material witness, or missing person;
  - About the victim of a crime if, under certain limited circumstance, we are unable to obtain the person's agreement;
  - About a death we believe may be the result of criminal conduct;
  - About criminal conduct at the CARE AND HELP HOME CARE;
  - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **National Security and Intelligence Activities.** We may release your medical information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law. We may also disclose your medical information to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigation.
- **Coroner, Medical Examiners and Funeral Directors.** We may release medical information to a coroner or medical examiner. We may also release medical information about patients of the CARE AND HELP HOME CARE to funeral directors as necessary to carry out their duties.
- **Inmates.** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about you to the correctional institution or law enforcement official.

## **V. You Rights Regarding Medical Information About You**

### **You have the following rights regarding medical information we maintain about you:**

- **Right to Inspect and Copy.** You have the right to inspect and copy medical information that may be used to make decisions about your care excluding psychotherapy notes.

To inspect and copy medical information that may be used to make decisions about you, you must submit your request in writing to CARE AND HELP HOME CARE. If you request a copy of the information,

we may charge a fee for the costs of copying, mailing or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. You may request that the denial be reviewed. Another licensed health care professional chosen by the CARE AND HELP HOME CARE will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

- **Right to Amend.** If you feel that medical information, we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the CARE AND HELP HOME CARE.

To request an amendment, your request must be made in writing and submitted to CARE AND HELP HOME CARE AGENCY LLC at 1051 County Line Road, Suite 103. Huntingdon Valley, PA 19006. You must also provide a reason that supports your request.

- We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:
  - Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
  - Is not part of the medical information kept by or for the CARE AND HELP HOME CARE;
  - Is not part of the information which you would be permitted to inspect and copy; or Is accurate and complete.
- **Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we made of medical information about you. To request this list or accounting of disclosures, you must submit your request in writing to Care and Help Home Care Agency LLC at 1051 County Line Road, Suite 103. Huntingdon Valley, PA 19006. Your request must state a time period which may not be longer than six years and may not include dates before 12/18/2017. Your



request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- Right to Request Restrictions. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment or health care operations.

We are not required to agree to your request. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, you must make your request in writing to CARE AND HELP HOME CARE AGENCY LLC at 1051 County Line Road, Suite 103. Huntingdon Valley, PA 19006. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and

(3) to whom you want the limits to apply, for example, disclosures to your spouse.

- Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. To request confidential communications, you must make your request in writing to CARE AND HELP HOME CARE AGENCY LLC at 1051 County Line Road, Suite 103. Huntingdon Valley, PA 19006. We will accommodate all reasonable requests.

## **VI. Changes to This Notice**

- We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for medical information we already have about you as well as any information we receive in the future. You may request a copy by calling 267-778-9180 and ask to have the privacy practice brochure mailed to you.

## **VII. Complaints**

If you believe your privacy rights have been violated, you may file a complaint with the Care and Help Home Care or with the Secretary of the Department of Health and Human Services. To file a complaint with the CARE AND HELP HOME CARE, send your complaint in writing to 1051 County Line Road, Suite 103. Huntingdon Valley, PA 19006. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

## **VIII. Other Uses of Medical Information**

Other uses and disclosures of medical information not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose medical information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

## **What you need to know about Personal Care Services**

*What do you mean by personal care or home care aide services in the home?*

Personal care means assistance with routine activities of daily living, such as toileting, bathing, dressing, eating and exercising.

*Who provides these personal care services in the home?*

Though titles may vary, it's usually someone called a home health aide, companion or attendant.

*Where can I find a direct care worker / home care aide?*

They are available either through well-known community-based home care organizations, like CARE AND HELP HOME CARE AGENCY LLC or through employment agencies and registries.

*What are these benefits?*

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A CARE AND HELP HOME CARE AGENCY LLC provides supervision and plans of care, via a registered nurse or licensed nurse practitioner.

The first in-home visit by a supervisor normally takes place within the first week of service, and thereafter, at least every three months. Between visits, the supervisor is always available by telephone.

CARE AND HELP HOME CARE AGENCY LLC will also carefully evaluate your home situation and develop a plan of service with you that matches your health, social and financial needs. This plan helps you maintain or regain your independence, while helping you control, even reduce, the cost of your care. As a rule, the organization will be accredited, and will provide staff that are bonded and appropriately trained.

#### *What are bonded personnel?*

Bonded personnel have protection (or "insurance") against claims. Therefore, if you have a problem with a bonded employee - theft for example - and take court action, the bond will reimburse you for your loss. While such "bonding" is typically provided by recognized home care organizations, it is rare for individual employees or registries to bond themselves.

#### *What type of training should an aide receive?*

CARE AND HELP HOME CARE AGENCY LLCs ensures that their aides meet specific standards through completion of a training program. Many home care organizations provide a training program that meets the recommended criteria of the National Home Caring Council. These training programs provide seventy-five hours of classroom and practical instruction in such areas as personal care skills, home management skills, and communicating with the elderly.

#### *Professional Standards of Care*

All personal care services provided by CARE AND HELP HOME CARE AGENCY LLC will conform to standard policies and procedures and meet the highest professional and ethical standards of care.

#### *How do I pay for personal care services in the home?*

Generally, you have to pay for these services privately, or "out of your pocket." Very few insurance companies cover them. Make sure you get complete information about fees.

Ask about charges for overtime, travel and equipment. Find out how often you will be billed. Ask how many bills you will receive- registries often bill separately for aide services and

administrative fees. Be sure to ask if there is a minimum number of hours per visit requirement, regardless of your specific needs.

Also, when a registered nurse from a CARE AND HELP HOME CARE AGENCY LLC visits you to develop a plan of care, she or he will discuss with you other services for which you may be eligible under Medicaid Waiver Program.

*What rights am I entitled to?*

CARE AND HELP HOME CARE AGENCY LLC recognizes that you have rights as a consumer. Most organizations can furnish you with a patient bill of rights (see page 3), so be sure to inquire about your rights.

*What if I have more questions?*

Call CARE AND HELP HOME CARE AGENCY LLC at your convenience during normal business hours at 267-778-9180.

## **Advance Directives**

CARE AND HELP HOME CARE honors your right to make informed decisions and to formulate these decisions through an advance directive. Information on advanced directives is provided to you before care is provided. If you are incapacitated at the time of admission or start of care, information on advanced directives will be provided once you are no longer incapacitated.

Upon admission, you will be asked if you have formulated an advance directive. If you do not have one but wish to have further information, the nurse will refer you to the appropriate resource. You will be provided with a copy of "It's Up to You" and asked to sign a Client Consent form which acknowledges your receipt of the guide.

If you have advanced directives, your nurse will request a copy of the advance directive and/or durable power of attorney.

CARE AND HELP HOME CARE will inform all appropriate staff of the existence of the advance directive, including a loving will or designation of surrogate decision maker. All employees will respect the advance directive. It will be noted on your plan of care that you have advanced directives or that you are requesting not to be resuscitated (DNR).

Our staff will honor the request after obtaining a signed physician's order. In the case of an emergency, however, when it is not possible to contact the doctor before acting, if you verbalize

that you want something other than that which is indicated on the advance directive, the CARE AND HELP HOME CARE AGENCY LLC employee will follow good judgment and abide by your immediate wishes.

If you are discharged or transferred to another organization, the existence of any advance directive will be communicated to that agency.

You may revoke or change an advance directive at any time. Your physician should be contacted so that new orders can be written or old orders destroyed. You should notify everyone who has a copy of the Advance Directive, of the change, including CARE AND HELP HOME CARE.

In the event that an ethical issue arises in regard to decisions made about your care, CARE AND HELP HOME CARE AGENCY LLC will consult with you, employees involved in your care, family members and the referring physician, and if necessary, the Ethics Committee.

If an employee cannot honor the advance directive, due to his/her own conscience and ethical standard, the employee will be removed from the case and another employee will be assigned. In the event that CARE AND HELP HOME CARE cannot honor your desires, due to ethical concerns, CARE AND HELP HOME CARE will discuss this openly with you, and assist you in transferring to another home care agency, with whom the same conflict does not exist.

CARE AND HELP HOME CARE refrains from conditioning the provision of care and does not discriminate against an individual based on whether or not the client has executed any advanced directive. Should you have any concern that your wishes in regard to advance directives or DNR status are not being followed by CARE AND HELP HOME CARE, you have the right to contact the Home Health Agency Hotline at **267-778-9180**. Their hours of operation are: **Monday-Friday, 8:30 AM – 5:0 PM.**

# Managing Your Medications

Medicines are powerful chemical used to treat disease, heal injuries, and relieve pain. Used properly, they can treat everything from headaches to heart disease. If used carelessly, medicines can cause unexpected danger. Instead of relieving symptoms, they can cause poisoning and, in some cases, death.

The medicines you should know about include herbal preparations, over-the-counter drugs, (those you can buy without prescription) and prescription drugs (chosen by your physician and sold by a pharmacist). Before you use any medicine, your doctor, nurse, or pharmacist should be told if you ever had an allergic or unusual reaction to any medicine or food.

## *Be sure you understand*

- The medication's name.
- Why you are taking it.
- How much medication you should take and how to take the medication.
- Side effects and the symptoms of side affects you should report to your doctor.
- Activities you should avoid while taking certain medications.

## *Follow Instructions*

- Do not take anyone else's medications.
- Do not take over-the-counter medications unless they are approved by your doctor.
- Do follow any special safety precautions.

## *Hints*

- Always ask your doctor or nurse about any questions you have.
- Ask for an easy open container if you find that childproof containers are too hard to open.
- Discard any expired medications by flushing them down the toilet.
- Turn on a light when taking any drug at night so you can read the label.
- Store medications away from heat, moisture and direct sunlight. Keep out of reach of children.
- Avoid storing your medication in the bathroom medicine cabinet.
- When traveling, carry your medications on your person; do not put them in your luggage. Carry your doctor's name and phone numbers with you.

### *Develop a System*

It might be helpful to keep tabs on your medicines. Here are a few ways to make a chart:

- *Basic Medicine Chart* – On a large sheet of paper, write down what medicines to take and what times to take them. Also note how the medicine should be taken.
- *Color-Coded Chart* – For your ease, you can color code your medication containers, using colored markers, pens, pencils, etc.
- *Check-Off Chart*– List your medicines for each day of the week. Write down what times each day to take them. Cross out the time when you've taken the medicine.

*If you need more information about medications and how to take them, please discuss your concerns with your nurse.*

# Proper Disposal of Prescription Drugs

## *Guidelines*

- Take unused, unneeded, or expired prescription drugs out of their original containers and throw them in the trash.
- Mixing prescription drugs with an undesirable substance, such as used coffee grounds or kitty litter, and putting them in impermeable, non-descript containers, such as empty cans or sealable bags, will further ensure the drugs are not diverted.
- Flush prescription drugs down the toilet only if the label or accompanying patient information specifically instructs doing so (see box).
- Take advantage of community pharmaceutical take-back programs that allow the public to bring unused drugs to a central location for a proper disposal. Some communities have pharmaceutical take-back programs or community solid-waste programs that allow the public to bring unused drugs to a central location for a proper disposal. Where these exist, they are a good way to dispose of unused pharmaceuticals.

The FDA advises that the following drugs be flushed down the toilet instead of thrown in the trash:

Actiq (fentanyl citrate)

Daytrana Transdermal Patch (methylphenidate) Ouragesic

Transdermal System (fentanyl); OxyContin Tablets  
(oxycodone)

Avinza Capsules (morphine sulfate)

Baraclude Tablets (entecavir) Reyataz

Capsules (atazanavir sulfate) Tequin Tablets  
(gatifloxacin)

Zerit for Oral Solution (stavudine)

Merepidine HCl Tablets

Percocet (Oxycodone and Acetaminophen) Xyrem

(Sodium Oxybate)

Fentora (fentanyl buccal tablet)

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Note: Patients should always refer to printed material accompanying their medication for specific instructions.



# Handwashing

*Why wash your hands?*

Hand washing is the easiest and most effective way of preventing infection.

*When should you wash your hands?*

- Before you provide care for your loved one.
- After caring for your loved one (even if you have used gloves).
- Before meals, including preparation.
- After toileting.

*How?*

- Place your hands under running water.
- Rub soap on your hands and wrists to loosen skin oils and surface dirt.
- Point your hands downward and rinse off soap under running water.
- Dry your hands with a clean towel.

*Note: If hands become reddened or dry because of frequent washing, apply a hand lotion.*

## Sharp Object Disposal

You can help prevent injury, illness, and pollution by following some simple steps when you dispose of the sharp objects and contaminated materials you use in administering health care in your home. You should place:

- Needles
- Syringes
- Other sharp objects

*in a hard plastic or metal container with a screw-on tightly secured lid. Containers with sharps are not recyclable.*

Many containers found in the household will do, or you may purchase containers specifically designed for the disposal of medical waste sharps. Before discarding a container, be sure to reinforce the lid with heavy-duty tape. Do not put sharp objects in any container you plan to recycle or return to a store, and do not use glass or clear plastic containers. Finally, make sure that you keep all containers with sharp objects out of reach of children and pets. We also recommend that:

- Soiled bandages
- Disposable sheets
- Medical gloves

be placed in securely fastened plastic bags before you put them in the garbage can with your other trash.

### **Preventing Injury and Pollution**

The EPA promotes all recycling activities, and therefore encourages you to discard medical waste sharps. When discarding medical waste sharps, make sure that you don't mix the container with other materials to be recycled. Since the sharps impair a container's recyclability, a container holding your medical waste sharps, properly belongs with the regular household trash. You may even want to label the container, "NOT FOR RECYCLING." These steps go a long way toward protecting workers and others from possible injury.

Although disposing of recyclable containers removes them from the recycling stream, the expected impact is minimal.

Your state or community environment programs may have other requirements or suggestions for disposing of your medical waste. Please ask your nurse if you have any question about disposal of the sharp objects and contaminated materials used in your health care at home.

## **Emergency and Disaster Planning Home Safety Tips**

During times of severe weather or emergency conditions, you will be provided with care based on priority of need. Scheduled patients will be contacted by phone and informed of the emergency plan in progress. Twenty-four hour telephone assistance is available by calling the

phone number identified on the back page. In the event that you are in need of immediate medical attention, please activate the Emergency Medical Services by calling 911.

## **GENERAL DISASTER PREPAREDNESS**

**PLANAHEAD** – Discuss emergency management tips with your nurse or therapist. If an emergency arises you will be prepared and you will stay calm.

**KEEP INFORMED** – Have a battery-operated radio available. Tune in for local emergency reports.

**KEEP IN TOUCH** – Identify a neighbor who can give assistance in an emergency.

**CONTACT THE AGENCY** – If you have concerns or doubts about your emergency plan, call CARE AND HELP HOME CARE AGENCY LLC at **267-778-9180**

**CALL YOUR LOCAL RED CROSS** to receive a free copy of Your Family "Disaster Supplies" Kit brochure

## **SNOW AND ICE STORMS**

Can be predictable and unpredictable. Vary from community to community. Heed warnings.

Gather supplies:

- Food, water, flashlights or candles, batteries, rock, salt or car litter.
- Supplies as needed to perform your care. Make arrangements for:
- Snow and ice removal.
- Someone to get or to deliver groceries.
- Someone to check on your safety. FIRE SAFETY

If you are disabled, protect yourself by notifying the local fire department about your special needs.

## **WINDSTORM**

Heed warnings and take cover. Gather supplies:

- Water, food, first aid kit, flashlight, any special equipment needed for your care.
- Close curtains or drapes.
- Expect utility loss and the need to shut off utilities. FLOODING
- Can be caused by heavy rain, burst water pipes, backed up sewers or burst dam. Usually sudden, conditions can vary and response can vary:
- Local floor wetting - move furniture, equipment and supplies as needed. If the floor is wet, DO NOT TOUCH appliances, fixtures or switches.
- Deep water - plan for evacuation, plan for what equipment or supplies must be evacuated.

## UTILITY LOSS

Loss of electricity, heat, water or other vital services.

Call the emergency numbers for the utility companies with which you do business!

- PECO Energy Company – 1-800-841-4141
- Philadelphia Gas Works -1-215-235-2050  
Gas Leak Emergencies Only: 1-215-235-1212
- Aqua Pennsylvania (water): 1-800-711-4779  
Emergencies between 5:00 p.m. and 7:30 a.m., weekends and holidays: 1-610-525-1402
- Water Service- Refer to the Blue Pages of your phone book for the water company providing service in your area.

## TERRORISM

Create an emergency communications plan

- Choose an out of town contact your family will call or e-mail to check on each other. The contact should be far enough away that they will not be affected by the same event.

Establish a meeting place

- Have a predetermined meeting place away from your home should your home be affected or the area evacuated; include pets, since pets are not permitted in shelters.

Establish a disaster supplies kit

- Prepare a disaster supplies kit in an easy-to carry container such as duffel bag.
- Include first aid supplies (including prescription and medications) a change of clothing, sleeping bag, battery operated radio, food, and bottled water.
- Include some cash and copies of important family documents (birth certificates, licenses) If

Disaster Strikes

- Listen to your radio or TV for news and instructions.
- Follow the advice of local emergency officials.
- If disaster strikes near your home, check for damage using a flashlight - do not light matches or candles or turn on electrical switches.
- Check for fires and gas leaks; shut off any damaged utilities.
- Call your family contact.
- Evacuation
- Wear long-sleeved shirts, long pants, and sturdy shoes.
- Take your disaster supplies kit.
- Take pets with you.
- Lock your home.
- Use travel routes specified by local authorities.
- Stay away from downed power lines.

# Falls Risk Checklist

Falls in adults over the age of 65 are the third leading cause of disability. In fact, one in four people over the age of 65 have a fall. The effects of aging, injury, disease, medication changes or even recent surgery can lead to balance problems and cause falls. Answer the questions below to see if you are at risk for falling.

Questions                      Yes      No                      Action {what you should do if YES)

Have you fallen in the past year?			Your risk of falling is much higher if you have fallen in the past year. Having a better awareness of your risks can help prevent a future fall.
Do you have trouble getting out of a chair or feel unsteady when you walk? OR Do you have any problems with your feet (like pain and			A recent hospital stay or illness can cause weakness and a decline in your balance. Tightness in your ankles, hips, knees from arthritis or a Total Joint Replacement can also increase your risk. Talk with your nurse or therapist about ways to D increase strength, flexibility, endurance and balance.
Do you take 4 or more medications including medications for? 1. Sedatives 2. Pain medications 3. Diuretics 4. Laxatives			Some medications increase your risk more than others for having a fall especially if they are new for you. Talk to your nurse or doctor to learn any risks and to follow recommended precautions.
Do you feel dizzy when you get up from a bed or chair?			Talk to your nurse or therapist to learn how to prevent a fall. Report any dizziness to your doctor, nurse or therapist. Your nurse or therapist can show you how to get up from a bed or chair safely.
Do you have any problems with your vision?			Talk to your nurse or therapist about ways to make your home safer. Minor lighting changes in hallways, stairways, bedrooms and bathrooms can make a big difference.

# Home Safety: Preventing Falls

*Check Clutter* to prevent tripping and falling

- Keep clutter out of pathways
- Keep electrical cords out of the flow of traffic
- Check All Rugs, Runners, and Mats to prevent slipping or tripping
- Rugs and runners tend to slide. Double-faced adhesive carpet tape or rubber mats can be used to prevent rugs from sliding. Tack down carpet edges to avoid tripping.
- Watch your step as you move to different surfaces.
- Check the telephone so you can get help
- Locate a telephone where it is accessible in the event of an accident that leaves you unable to stand.
- Consider buying a cordless phone to keep with you as you move about.
- Post emergency numbers near the phone.
- Consider using a medical alert call button system. It is a good safety feature to have.
- Check Cupboards and Closets to ensure safe storage
- Organize cupboards and closets. Place frequently used items on shelves between waist and shoulder level. Then you don't have to climb or stoop and risk a fall.
- If you need to reach a high shelf, use a sturdy step stool.
- Avoid hyper-extending (arching back) your neck to reach high items. You may become dizzy or fall.
- Check the Bathroom to prevent slips and falls
- Equip bathtubs and showers with non-skid mats and adhesive strips to prevent slipping.
- Install grab bars. They help you get in and out of the tub or shower safely. They also help prevent falls.
- Locate a light switch (a glowing switch that can be seen in the dark) near the entrance of the bathroom. Night lights are helpful too.
- Try sitting on a shower bench to bathe.
- Check the Bedroom to prevent tripping hazards
- Locate lamps, switches, or night lights close to each bed and use them when getting up at night.
- Keep a telephone beside the bed.
- Check Stair and Passageways to prevent trips and falls
- Be sure that stairs and hallways are well lighted and free of clutter to reduce the risk of tripping.
- Hand rails should be on both sides of the stairways for support.

- Avoid wearing only socks or smooth-soled shoes or slippers to avoid slipping and falling; wear well-fitting shoes with low heels instead.
- To prevent stumbling, carry small loads that do not block your vision and allow you a free hand.
- Check pets are not in your way/
- Check yourself for dizziness before you start to move; stand up slowly and walk carefully.

## Home Safety: Preventing Fires and Burns

- Keep cords from beneath furniture and rugs.
- Check All cords
- Overloaded extension cords may cause fires.
- Make sure that cords are in good condition, not frayed or cracked
- Check Smoke Detectors
- Fire department recommend one smoke detector be located on each floor of the home.
- Develop an evacuation plan to exit the dwelling in the event of fire or other emergency.
- Test your smoke detector every month and change the batteries every 6 months.
- Notify the fire department if you or a family member has a disability that prevents you evacuation.
- Check the Bathroom
- Always check the water temperature before entering the bath or shower.
- Check the Bedroom
- DO NOT smoke in bed.
- Check the Basement
- Use correct size fuses at all times.
- Gasoline, paints, solvents, and other flammable liquids should be stored out of living areas and away from heaters, furnaces, water heaters, rangers, and other gas appliances.
- Turn water heater temperature down to 115° F.
- Patients on Oxygen Therapy in the Home
- Due to the increased risk of the fire, patients should exercise caution when using home oxygen.
- Keep flames, spark, and flammable materials away from oxygen equipment.
- NEVER smoke or light a match when using oxygen.
- Keep oxygen tubing clear and straight to ensure proper oxygen flow.
- Store liquid oxygen in a well-ventilated area.

Note: Oxygen increases the speed at which things burn once a fire starts. Home oxygen therapy increases the amount of oxygen in the environment. Patients on long term home oxygen therapy should be reminded of these important issues.

# Preventing Heat Illness

## *What is Heat Illness?*

- A collection of conditions including heat cramps, heat exhaustion, and heat stroke.
- As the heat and humidity rise so does the number of cases of heat illness.
- Heat cramps are muscle spasms in the stomach, arms or legs which may begin during or after heavy activity and may cause mild discomfort or severe pain.
- Heat exhaustion causes feeling of extreme weakness, nausea, vomiting, dizziness, and fainting and the person's skin turns pale, cold and moist with sweat.
- Heat stroke is a life threatening emergency which causes the person to lose consciousness, their skin to become red, hot and dry. The body does not produce sweat!

## *Who is at Risk for Heat Illness?*

- Children
- Obese persons
- Elderly persons
- Persons who work outdoor
- Persons with chronic illnesses, such as heart or breathing problems
- Persons taking certain medications (check with your nurse)
- Persons with vomiting or diarrhea

## *How Can I Prevent Heat Illness?*

- Drink plenty of cool water on hot summer days but check with your doctor for any fluid restrictions.
- Reduce your physical activity and plan to do needed activities at cooler times during the day while taking many breaks and periods of rest between activities.
- Always wear a hat when exposed to direct sun light.
- Wear light-colored and porous clothing preferably cotton.
- Report any signs or symptoms of heat illness to your doctor immediately.
- Avoid alcoholic beverages.
- Avoid taking salt tablets unless ordered by your doctor.
- If you do not have air conditioning, keep your house well ventilated by keeping windows open and using fans to keep air circulating.



# Preventing the Flu

## *Protect Yourself*

You can protect yourself from getting the flu this winter season by getting a flu shot.

## *What is the Flu?*

- A respiratory infection caused by a virus
- Commonly occurring from November through April.
- Usual symptoms are fever, chills, cough and muscle aches which can last from a few days to a week.
- Recovery is usual but complications such as pneumonia or death could develop.

## *What is Flu Vaccine?*

- It is made from killed viruses.
- It does not give you a flu.
- The viruses included in the vaccine change from year to year.
- Flu shots are given to adults by injecting into the muscle of the upper arm.
- The protective effects of the vaccine begin after about 1 to 2 weeks and last an average of several months.

## *Who should get the vaccine?*

- Healthy people 65 and older
- Adults and children with heart and lung disease.
- People who have: kidney disease, diabetes, anemia, severe asthma, cancer, AIDS or HIV positive, or persons who are taking medications that lowers body's normal resistance to infection.
- People who are most susceptible to become seriously ill or die from the flu or its complications.

## *Who should not get the vaccine?*

- People who have serious and dangerous allergic reactions to eggs.

- Women who are pregnant
- People who are presently acutely ill and have a fever.
- People who have had a previous attack of Guillian-Barre syndrome.

***What kinds of side effects are possible?***

- Soreness at the injection site up to 48 hours.
- Slight fever or achiness 1-2 days after injection
- As with any drug or vaccine, serious reactions can occur.

Please let your nurse know if you would like to receive a flu shot or want further information on fighting the flu.

# Preventing the COVID-19

## *Protect Yourself*

You can protect yourself from getting the COVID-19, by getting a COVID shot. CARE AND HELP HOME

## *What is the COVID-19?*

- A respiratory infection caused by a virus
- Usual symptoms are fever, chills, cough and muscle aches which can last from a few days to a week.
- Recovery is usual but complications such as pneumonia or death could develop.

## *What is COVID-19 Vaccine?*

- It is made from killed viruses.
- It does not give you a COVID.
- COVID shots are given to adults by injecting into the muscle of the upper arm.
- The protective effects of the vaccine begin after about 2 to 3 weeks and last an average of several months.

## *Who should get the vaccine?*

- Healthy people 65 and older
- Adults and children with heart and lung disease.
- People who have: kidney disease, diabetes, anemia, severe asthma, cancer, AIDS or HIV positive, or persons who are taking medications that lowers body's normal resistance to infection.
- People who are most susceptible to become seriously ill or die from the flu or its complications.

## *Who should not get the vaccine?*

- People who have serious and dangerous allergic reactions to eggs.
- Women who are pregnant

- People who are presently acutely ill and have a fever.
- People who have had a previous attack of Guillian-Barre syndrome.

### *What kinds of side effects are possible?*

- Soreness at the injection site up to 48 hours.
- Slight fever or achiness 1-2 days after injection
- As with any drug or vaccine, serious reactions can occur.

## **Cold Weather Tips**

### *How can you have a warm and worry-free winter?*

You can stay warm and safe by following a few safety tips.

#### *Furnace Safety*

- Have a qualified serviceman check your furnace and clean it.
- Remove trash, papers, and paint from the area around the furnace.
- Use metal containers for ashes.

#### *Fireplace Safety*

- Cover the fireplace opening with a sturdy metal screen or heat-tempered glass door.
- Never leave fire unattended.
- Before and after heating season, have qualified personnel clean the chimney and check it for crumbling bricks, loose mortar, obstructions, and creosote buildup.
- Burn only dry, well-seasoned hardwoods like oak and birch; avoid pine, spruce and wood that is green and moist.

#### *Woodstove Safety*

- Recommend cast iron or heavy steel stoves with a damper or draft control.
- There should be a minimum clearance of 36 inches between stove and walls and ceiling.

- Should be positioned on a base such as metal or brick which extends 18 inches beyond stove in all directions.

### ***Portable Space Heaters***

- Be sure heater shuts off if tipped over.
- Never leave children unattended with heater.
- Be careful around kerosene heaters with canister vacuum cleaners which can spread flames onto carpets, drapes, etc.
- Do not use around explosive fumes or materials.

### ***Cold Weather Fire Safety***

- Make certain curtains and blankets do not touch heaters.
- Never let vaporizer run dry.
- Plug equipment into separate outlets or use heavy duty extension cords.
- Never fold or roll an electric blanket; heat builds up and the wires break, store flat and unplugged.

### ***Smoke Detectors Save lives***

- Install a smoke detector on each level of your home; especially outside of bedrooms.
- Keep smoke detectors dust free; change batteries in the spring and fall when the clocks change.
- Test smoke detectors once a month.

### ***Escape Planning***

- Establish a fire escape plan.
- Every room should have two ways out; make sure windows open and are not painted shut.
- Try to find an exit that does not require opening the bedroom door.
- Determine a meeting place for all household members away from the house.
- If you suspect fire, get out and call the fire department from a neighbor's house.
- Never re-enter your home, it could cost you your life.

# Patient Guidelines for Using the On-Call System

**CARE AND HELP HOME CARE OFFICE HOURS:** Monday through Friday – 8:30 AM to 5:00 PM Saturday and Sunday - OFF

**THE ON-CALL SYSTEM CAN BE ACCESSED THROUGH OUR MAIN NUMBER 267-778-9180**

PLEASE REMEMBER:

1. The on-call admin does not know every patient receiving services from CARE AND HELP HOME CARE AGENCY LLC. The on-call attendant is available for telephone consultation only.
2. DO NOT call the on-call attendant for:
  - Questions about your schedule
3. These questions are important, but they are not emergencies. Make these calls during normal business hours.

<b>When to contact the after hours</b>	<b>When to call your doctor</b>	<b>When to call the Emergency</b>
<ul style="list-style-type: none"> <li>• Blocked urinary catheter or feeding tube .</li> <li>• Malfunctioning IV or tube feeding equipment.</li> <li>• Leaking ostomy appliances that you cannot manage yourself.</li> </ul>	<ul style="list-style-type: none"> <li>• Your doctor or an on-call doctor is <i>always</i> available.</li> <li>• If you have a serious change in your medical condition, please call the doctor.</li> </ul>	<ul style="list-style-type: none"> <li>• Chest pain unrelieved by your prescribed medication!</li> <li>• Sever shortness of breath.</li> <li>• Falls with inability to get up or to use arms and legs.</li> <li>• Unresponsiveness.</li> <li>• Large amount of bleeding.</li> </ul>

## **How to contact the on-Call Administrator:**

- 1 Remember, after 5:00 PM weekdays and all weekends you are connected to the on call-employee.
- 2 State your name, phone number and primary coordinator. Give a brief description of the problem to the operator. The operator will ask you to spell your name!
- 3 The answering service will contact the on-call administrator.
- 4 The on-call admin will return your call as soon as possible. It may take time but if you do not hear from the admin within 30 minutes, call the answering service again
- 5 If on call operator does not pick please leave a voice mail and your voicemail will automatically will be forwarded to our coordinators email address. Directory of coordinators is located on our website at **[www.4theseniors.com](http://www.4theseniors.com)**

# Client Comments and Concerns

How do you feel about our services? We would like you to tell us. You may either complete this form or call us at the number listed below. We would also like to have your ideas regarding how we can improve your safety while at home on our service. You will receive a written response addressing your concerns and outlining our follow-up. We appreciate your candid remarks.

As stated in your Client's Bill of Rights (see page 3), you have the right to be given appropriate and professional home care services without discrimination. You also have the right to voice your concerns, grievances or complaints about your services without fear of reprisal.

Call: Care and Help Home Care Agency LLC at 267-778-9180

*You will receive a Client Survey at the completion of your care. It is very important in maintaining our quality standards that you complete the survey and send it back in the envelope provided.*

Thank you for your comments or concerns. Please include dates, times and names, if possible.

---

Your Name: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Convenient Time to Call: \_\_\_\_\_

Mail this form to: CARE AND HELP HOME CARE AGENCY LLC  
1051 County Line Road, Suite 103. Huntingdon Valley, PA 19006