

Patient Handbook and Orientation for Home Health Care

Miami: 305-940-6208

Deerfield Beach: 954-923-3060

Fax: 888-231-2860

www.kaerbearshomehealthcare.com



Patient State Hotline Numbers for Fraud and Financial Abuse

1-888-419-3456

To report ABUSE, NEGLECT, or EXPLOITATION please call

1-800-962-2873

**Please report all concerns relating to the quality of care to the Joint Commission of Health
Care Accreditation**

1-800-994-6610

Statement of Confidentiality

This booklet may contain protected Health Information.

Persons other than you and your health care providers must have permission to view this book.

Kaerbear's Healthcare LLC

Patient Handbook

Broward County Office:

10 Fairway Drive Suite 110 Deerfield Beach, FL 33441

Phone: 954-923-3060 Fax: 888-231-2860

License: 299992666

Dade County Office:

1031 Ives Dairy Road Suite 228

North Miami Beach, FL 33179

Phone: 305-940-6208 Fax: 888-231-2860

License: 299991993

www.kaerbearshomehealthcare.com

❖ INTRODUCTION

Kaerbear's Healthcare LLC is located in Dade and Broward Counties. We are locally owned and operated. Please refer to the address and phone listing on the previous page for each office.

We are dedicated to providing high quality health care services in a cost effective manner to individuals within the confines of their place of residence. We recognize that our patients have unique family structures, emotional, physical, and spiritual needs and diverse backgrounds.

The office hours for each location are listed on the previous page. In Miami-Dade and Broward County the hours are between 8:00 am to 5:00 pm. A registered nurse will be available on an on-call basis during non-office hours. Patients with specific special needs may be seen after office hours when necessary.

Kaerbear's Healthcare, LLC provides care based on the patient's condition, needs and eligibility. Professional skilled services are provided in the home by a qualified professional staff delivered under the direction of a Florida licensed physician. Aide and companion services may be provided without physician orders, depending on the payer source.

EMERGENCY PHONE NUMBERS

FOR ALL LIFE THREATENING EMERGENCIES CALL 911

PHYSICIAN: _____ PHONE: _____

PHARMACY: _____ PHONE: _____

EQUIPMENT COMPANY: _____ PHONE: _____

OTHER NUMBERS:

TO REPORT ABUSE, NEGLECT, OR EXPLOITATION OF CHILDREN, DISABLED OR ELDERLY:

TOLL FREE 24 HOURS A DAY: 1-800-962-2873

COMPLAINTS ABOUT A FACILITY, TO REGISTER A COMPLAINT ABOUT A HEALTHCARE FACILITY, HOME HEALTH AGENCY, ETC. CALL FLORIDA AGENCY FOR HEALTHCARE ADMINISTRATION:

TOLL FREE 24 HOURS A DAY: 1-888-419-3456

POISON CONTROL INFORMATION, IF YOU SUSPECT A CHILD OR AN ADULT HAS TAKEN MEDICATIONS OR ANY SUBSTANCE THAT BE HARMFUL, CALL:

TOLL FREE 24 HOURS A DAY: 1-800-282-3171

❖ STAFF

THE FOLLOWING STAFF WILL BE INVOLVED IN YOUR CARE:

NURSES:

AIDES OR COMPANIONS:

SUPERVISOR:

ADMINISTRATOR:

TO CONTACT ANY OF THE ABOVE STAFF PLEASE CALL:

DADE: 305-940-6208

BROWARD: 954-923-3060

AFTER HOURS THERE WILL BE SOMEONE AVAILABLE ON CALL THAT WILL BE ABLE TO REACH A NURSE TO ANSWER YOUR QUESTIONS OR PROVIDE SERVICES IF NEEDED.

❖ CRITERIA FOR ADMISSION

Admission to Kaerbear's Healthcare LLC can only be made under the direction of a physician for patient's requiring skilled care such as nursing, therapy, or social work services. Clients that do not require skilled care services and wish to receive personal care, homemaker, companion services, live in attendant, or other ancillary care services may be admitted to Kaerbear's Healthcare without the supervision of a physician. A Registered nurse will provide an In Home Evaluation and consultation to begin the admission process.

❖ SERVICES

The 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 a physician, if required, and qualified staff.

Every effort will be made to accommodate your individual needs within the parameters set by state and federal rules and regulations for home care and the constraints of your insurance carrier. However, it is important to remember that field staff may have many patients scheduled during the day and their schedules may be influenced by emergencies with other patients, traffic, and the weather. For this reason, it is impossible to set an exact time for your visit. You will be given a time frame within which the visit will be provided. Services provided in Dade & Broward include the following:

- **Skilled Nursing Care**
- **Physical Therapy & Physical Therapy Assistants**
- **Occupational Therapy & Occupational Therapy Assistants**
- **Speech Therapy**
- **Intravenous Therapy**
- **Psychiatric Nursing Care**
- **Personal Care Services**
- **Home Health Aides**
- **Companion Sitter Services**
- **Live in Attendants**
- **Baby Sitting Services**
- **Homemaker Services**

Skilled Nursing: provided by either a Registered Nurse or Licensed Practical Nurse. The nurses confer with your physician often to report your condition and update your plan of care. Services may include evaluation of needs, performance of skilled nursing procedures, education for patients and caregivers relative to patient care.

Therapy Services: Licensed Physical therapists & Occupational Therapists will develop a plan of care with your physician and confer with your physician often to discuss therapy modalities and achievable client goals. All therapists set individual clients goals at the start of care and work with clients to meet their goals. Therapists provide a home safety evaluation and will may recommend assistive devices and equipment to maximize safety and prevent falls.

Speech Therapists: Licensed therapists will develop a plan of care with your physician and will set measureable, achievable, and realistic goals for clients upon the initiation of services.

Personal Care/ Home Health Aide Services: Some, but not all, insurance companies will provide aide services to beneficiaries. These companies usually follow Medicare guidelines for aide services. The primary function of the home aide is to provide personal care. A healthcare professional will discuss your specific needs with you and develop a personalized assignment. At each visit, the aide will complete the assigned activities before leaving you. A nurse will supervise the aide as dictated by law or as you request depending on the payer source. Activities may include:

- Assistance with bathing, dressing, and skin care.
- Hair care (brushing and shampooing)
- Oral hygiene
- Shaving
- Toileting and toileting hygiene
- Assistance with Range of Motion, assistive devices, transfers, and ambulation
- Exercises when assigned
- Assistance with oral and topical medications if assigned
- Maintaining comfort, safety, and positioning
- Assistance with meal set up and prep if assigned

We realize there may be occasions when your needs for assistance will be greater. If the payer source allows as part of your benefit, the aide may be assigned by the Registered Nurse to provide the following:

- Washing dishes, washing and folding laundry, and light housekeeping
- Grocery shopping once weekly

If your services are of an intermittent nature (visits and not hourly) the staff may have several other patients in one day. Due to the number of patients, traffic, and weather we are unable to promise specific times and must provide a time frame for the visit. The frequency of the aide visits will depend on your needs and goals as determined by you and the nurse or therapist and/or needs identified by your insurance. The length of each "Visit" will depend on the aide's assignment as written by the nurse or therapist. Generally visits are one hour.

Usually, when you no longer require skilled nursing or therapy services the aide services will end. Discuss continued needs with your nurse or therapist. Of course, you may choose to pay for these and any other services offered by the agency, not part of your benefit, or after the benefit are exhausted.

HOMEMAKER/COMPANION SERVICES: There may be occasion when you are able to bathe and dress yourself but you need assistance with household chores such as laundry, light cleaning, meal preparation, assistance with doctor visits, shopping, or errands, etc. This type of service is rarely paid for by insurance, but it is available on a private pay basis. If you feel you need this type of help, please call the office to discuss your needs with a supervisor. Activities include:

- Provides care and maintains the home in an optimum state of cleanliness and safety
- May prepare meals
- Provide Light Housekeeping
- Wash Laundry
- Errands such shopping
- Provide child care
- Provides casual cosmetic assistance (hair brushing, assist with makeup, filing, and nail polish(paint and file only)
- Assist with stabilizing clients during walking
- Will report to supervisor and be supervised as appropriate according to law and as requested by the client

PATIENT'S RIGHTS

The patient has the right to be fully informed, both verbally and in writing of the following, before care is initiated:

Services and equipment available directly or by contract:

- Organization ownership and control:
- Any specific charges to be paid by the patient and those charges covered by insurance, third party payment or public benefit programs;
- Billing policies, payment procedures and any changes in the information provided on admission as they occur, within 30 days from the date that the agency is made aware of the change;
- Names and professional qualifications of the disciplines that will provide care and the proposed frequency of the visits/ service;
- Patient/family right to participate in the plan for care and be informed of changes before the change is made;
- Right to be informed of the plan of care;
- Patient, family right to have copy of plan of care;
- The agency policy on patient Advance Directives including a description of the individuals rights under Florida law. And how such rights are implemented by the agency. (See Advanced Directives information")
- The organizations grievance procedures which include contact names, phone numbers, hours of operation and how to communicate problems to the agency;

The patient has the right to:

- Receive service without regard to race, creed, gender, age, handicap, sexual orientation, veteran status or lifestyle:
- Receive service without regard to whether or not any advance directive has been executed:
- Make informed decisions about care and treatment plans and to receiving information in a way that is understandable to the client:
- Be notified in advance of treatment options. transfers, when and why care will be discontinued;
- Receive and access services consistently and in a timely manner in accordance with agency's stated policy;
- Education, instructions and requirements for continuing care when the services of the agency are discontinued.
- Participate in the selection of options for alternative levels of care or referrals to other organizations. as indicated by the patients need for continuing care;
- Receive disclosure information regarding any beneficial relationships the organization has that may result in profit for the referring organization;
- Be advised of the availability and appropriate use of the Florida Agency for Health Care Administration Hotline numbers: To Register a complaint about a home health agency, or any health care facility you

may call, without charge, 1-888-419-3455, this line is available Monday through Friday from 8:00 am to 5:00 pm

- Be referred to another organization of choice if this organization is unable to meet the patient's needs or if the patient is not satisfied with the care he/she is receiving.
- Voice grievances regarding treatment, care or respect for property that is, or fails to be furnished by anyone providing services on behalf of the agency without reprisal for doing so;
- Receive information on grievance procedures which includes contact name, phone numbers, hours of operation, how to communicate problems to the agency;
- Documented response from the agency regarding investigating and resolution of the grievance;
- Be advised of the availability and appropriate use of the Florida Agency for Health Care Administration Hotline numbers: To Register a complaint about a home health agency, or any health care facility you may call, without charge, 1-888-419-3455, this line is available Monday through Friday from 8:00 am to 5:00 pm.
- Refuse treatment and be informed of potential results and/or risks.
- To receive experimental treatment only with specific agreement and full understanding of the information explained;
- Be free of any mental, physical abuse, neglect or exploitation of any kind by the agency staff,
- Have all property treated with respect
- Confidentiality of the personal health information according to the Privacy Act and the agency's policy for accessing and disclosure of clinical records,
- Access to information regarding the organizations liability insurance upon request.

PATIENT RESPONSIBILITY

In order to provide the best outcome possible for the patient, the agency, patient, family and/or Care giver must work together

To ensure that the patient receives quality of care, the responsibilities are:

- Assist in developing and maintaining a safe home environment.
- Inform the home health agency when you have a physician appointment and will not be at home.
- Inform the agency if there is a change in physician, insurance or ability to pay for services as indicated at admission to the agency.
- Participate in the development and update of your home care plan.
- Adhere to your current home care plan.
- Accept responsibility for the medical consequences of refusing all or part of your care.
- Follow agency policies which restrict activities of agency personnel.
- Sign the 'Time log' for each agency health care worker at the end of each visit, Sign only one per visit.

- Contact the agency if any other company, agency, or person comes to your home to provide any services to you.
- Request clarifying information concerning anything you do not understand,
- Advise the agency of any problems or dissatisfaction with your care.
- Sign the required consent forms and medical releases.
- Remain under a doctor's care while receiving skilled agency services.
- Notify the Agency if you have an Advance Directive or if you make any change in your Advance Directive. Provide a copy of the advanced directives to the agency.
- Treat our personnel with consideration and respect.

COMPLAINTS

We will make every effort to satisfy your needs. It is the policy of the agency to encourage all patients to express grievances/concerns regarding policies, care, or services and to recommend changes without coercion, discrimination, reprisal, or unreasonable interruption of care or services.

If, for any reason you are not satisfied with our services, please call our office immediately. Please see the cover for the office phone numbers.

Health Care Advance Directives/ Healthcare Surrogate/DNR (Do not Resuscitate Orders)

KAERBEARS HEALTHCARE LLS WANTS YOU TO KNOW THAT IT IS YOUR RIGHT TO DECIDE AND MAKE YOUR PERSONAL WISHES KNOWN

Health Care Advance Directives The Patient's Right To Decide: All adult individuals in health care facilities such as hospitals, nursing homes, hospices, home health agencies, and health maintenance organizations, have certain rights under Florida law.

You have a right to fill out a paper known as an advance directive. The paper says in advance what kind of treatment you want or do not want under special, serious medical conditions - conditions that would stop you from telling your doctor how you want to be treated. For example, if you were taken to a health care facility in a coma, would you want the facility's staff to know your specific wishes about decisions affecting your treatment?

What is an advance directive?

An advance directive is a written or oral statement which is made and witnessed in advance of serious illness or injury, about how you want medical decisions made. Two forms of advance directives are:

- **a Living Will and;**
- **a Health Care Surrogate Designation.**

An advance directive allows you to state your choices about health care or to name someone to make those choices for you, if you become unable to make decisions about your medical treatment. An advance directive can enable you to make decisions about your future medical treatment.

What is a living will?

A living will generally states the kind of medical care you want or do not want if you become unable to make your own decisions. It is called a living will because it takes affect while you are still living. Florida law provides a suggested form for a living will. You may use it or some other form. You may wish to speak to an attorney or physician to be certain you have completed the living will in a way so that your wishes will be understood.

What is a health care surrogate designation?

A health care surrogate designation is a signed, dated and witnessed paper naming another person such as a husband, wife, daughter, son or close friend as your agent to make medical decisions for you, if you should become unable to make them for yourself. You can include instructions about any treatment you want or wish to avoid. Florida law provides a suggested form for designation of a health care surrogate. You may use it or some other form. You may wish to name a second person to stand in for you, if your first choice is not available.

Which is better?

You may wish to have both or combine them into a single document that describes treatment choices in a variety of situations and names someone to make decisions for you should you be unable to make decisions for yourself.

Do I have to write an advance directive under Florida law?

No, there is no legal requirement to complete an advance directive. However, if you have not made an advance directive or designated a health care surrogate, health care decisions may be made for you by a court-appointed guardian, your spouse, your adult child, your parent, your adult sibling, an adult relative, or a close friend in that order. This person would be called a proxy.

Can I change my mind after I write a living will or designate a health care surrogate?

Yes, you may change or cancel these documents at any time. Any changes should be written, signed and dated. You can also change an advance directive by oral statement.

What if I have filled out an advance directive in another state and need treatment in a health care facility in

Florida?

An advance directive completed in another state, in compliance with the other state's law, can be honored in Florida.

What should I do with my advance directive if I choose to have one?

Make sure that someone such as your doctor, lawyer or family member knows that you have an advance directive and where it is located. Consider the following:

- If you have designated a health care surrogate, give a copy of the written designation form or the original to the person.
- **Give a copy of your advance directive to your doctor for your medical file.**
- Keep a copy of your advance directive in a place where it can be found easily.
- Keep a card or note in your purse or wallet which states that you have an advance directive and where it is located.
- If you change your advance directive, make sure your doctor, lawyer and/or family member has the latest copy.

For further information ask those in charge of your care. Answers to general questions:

- ✚ **Who decides about my treatment:** Your physician will give you advice and information about your treatment. You have the right to choose. You can say "YES" or "NO" to any treatment you do or do not want.
- ✚ **How do I know what I want:** Your physician must tell you about your medical condition and about what different treatments can do for you? Many treatments have "side effects". Your physician must offer you information about serious problems that medical treatment is likely to cause you. Often, more than one treatment might help you. People have different ideas about what is "BEST". Your physician can tell you about the treatments but cannot make medical decisions for you. **THE CHOICE IS UP TO YOU.**
- ✚ **What if I am too sick to decide:** If you can't make treatment decisions, your physician will ask the closest relative or available friend to help decide what is best for you. Most of the time this works. Although, sometimes, not everyone agrees on what to do. That is why it is helpful if you say in advance what you want to happen if you cannot speak for yourself. There are several kinds of "Advanced Directives" that you can use to say **WHAT YOU WANT & WHO YOU WANT TO SPEAK FOR YOU.**
- ✚ **Who can fill out these forms for you:** Anyone 18 years of age or older can fill out an advanced directive and/or healthcare surrogate form. You do not need to be a lawyer to fill out the forms.
- ✚ **Will I still be treated if I don't fill out these forms: YES**
You will absolutely get medical treatment. This information is being provided to you so that you know that if you become too sick, someone else will have to make the medical decisions for you.

FOR MORE INFORMATION PLEASE TALK TO YOUR PHYSICIAN, ATTORNEY, AND/OR LOCAL HOSPITAL.

Do Not Resuscitate and / or Intubate Orders: (DNR)

A do not resuscitate order is an advanced request by the patient to limit the scope of emergency medical care. It must be signed by a physician, the patient, and/or his or her power of attorney for healthcare or healthcare surrogate. *If you do have a DNR order, it is your responsibility to keep a copy on your person, on your refrigerator, or next to you on the side of the bed at all times. If there is an emergency and the DNR is not present, it is the responsibility of the staff of Kaerbear's Healthcare, emergency professionals, and medical professionals to perform CPR an emergency protocol as if the DNR did not exist.*

CHARGES

1. Insurance companies and special programs may pay 100% of covered care, or there may be a co-payment or deductible amount. You will be notified of these payments prior to the provision of service. When you have any questions about charges that you may have to pay, please call the agency.

2. Equipment & Supplies: To complement your care, there may be equipment needed, such as assistive devices, i.e., Walkers, canes, wheelchairs, oxygen, etc. that are not supplied by the home health agency, but for your convenience may be ordered for you by agency personnel. Additional charges or co-payments may be included. You will deal directly with the supplier concerning these charges.

3. Medical supplies, such as surgical dressing materials, like gauze pads, tape and some wound care medications may be necessary for care. These supplies may or may not be covered under your insurance plan. If they are not covered, **you** may incur additional expense. The nurse will discuss this with you when these supplies are needed.

4. Florida Medicaid pays allowable (usually requires a copayment) costs for those services which are authorized by specific Medicaid programs. Medical supplies coverage is limited for persons over 18. If you are a Medicaid recipient speak with the nurse or your case manager regarding specific benefits under your program.

5. Medicare pays 100% of the fees for home care as long as you meet all requirements for coverage. There is no co pay.

6. Any change in the financial responsibility of your care will be communicated to you verbally and in writing within 30 days of the agency receiving notification of the change.

7. You can be assured that all employees have been interviewed, screened by the Florida Department of Law Enforcement and previous work history has been verified for your protection.

8. We take care of all matters regarding the staff's payroll. At the conclusion of each visit our employee will submit a form for your signature to verify that the service was provided. You should never be asked to sign verification for more than one visit at the time.

9. **Please verify time sheets only for the day service is rendered.** If you are requested to sign for additional dates of service, or you disagree with the date or time, please call the agency and speak with a supervisor.

10. If you are responsible to pay any part of your bill you will be notified in advance and receive a formal bill from our Accounting Department.

10. Employees, staff, and other healthcare professionals are never allowed to accept gratuities.

SAFETY

In the event of a natural or created emergency situation in the area, such as a hurricane, flooding or civil unrest, agency personnel may not be available or able to visit patients in their homes.

Responsibility for care of the patient/client shall be assumed by the patient/client, caregiver, local authorities and the patient physician as appropriate until it is safe for home care to resume. Every attempt will be made to avoid interruption of care and to reinstate care as quickly as possible when it is safe to do so.

EMERGENCY PREPAREDNESS

Florida laws requires all counties to voluntary register and assist people who would need help to evacuate to public shelters in an emergency situation.

During Hurricane Season, June 1 through November 30, additional information will be provided in your information packet.

For your safety we have included information from CDC, FEMA and other government agencies to assist you in emergency situations. Please read this material and retain it for future reference.

BIOMEDICAL WASTE

Florida law requires that certain waste be discarded in a special manner that is designed to protect the public and prevent the spread of illness, This waste includes: Needles and syringes (sharp5), Finger-stick (sharps), Tubing that has been contaminated with blood unless it has been disinfected, supplies used for Chemotherapy, dressings/bandages that have been saturated with blood and/or bloody body fluids

If you have a wound and your dressing requires special disposal, a RED PLASTIC BAG and cardboard container will be provided. The containers will be removed from your home by the Biomedical Waste Company. These red bags cannot go to the county's regular trash/garbage area.

Your nurse will tell you if your dressings require special handling, otherwise they may be placed in a plastic bag, tied and disposed of in regular trash.

Do Not Place Red Bags in Your Regular Trash.

If you use Finger-stick Supplies to check your blood, receive any injections or have IV (intravenous Infusions):

- You must not discard any sharps (Needles, Syringes or Lancets) in the regular trash until you have packaged them properly.
- KAERBEAR'S HEALTHCARE, LLC **will** provide the first container *for* your needs, (the first container will be sent from the biomedical waste company that contracts with Kaerbear's Healthcare) thereafter; the Bio medical Waste Company will supply a container while KAERBEAR'S HEALTHCARE, LLC is providing care to you and they will pick up used containers. When the nurse no longer provides the care for which the bio hazardous container is needed, the agency will no longer provide the bio hazardous container.
- If you are receiving IV medications, the infusion company will be responsible for your

Biomedical Waste disposal.

- A special Chemotherapy container will be provided and picked up from your home if you are receiving Chemotherapy.
- When you are no longer a patient of KAERBEAR'S HEALTHCARE, LLC needles, syringes *and* finger stick supplies are to be placed directly into a non-clear, puncture resistant, plastic container with a screw-type lid. When the container is full, the lid is to be taped securely and, the container can be placed in the center of your regular garbage for pickup.

Home Safety Tips

1. Have telephone numbers for family, and doctor close to the telephone
2. Keep a current list of your medications on the refrigerator.
3. If you live alone have a "Telephone Friend", someone who calls you or you can call them, a specific time every day, and who can summon assistance if you don't answer the phone

4. Have rooms well lighted to avoid falls.
5. Avoid scatter rugs, and if used on tiled floors, only those with traction material on the back.
6. Be sure you have adequate walkways to assure easy movement within rooms and halls.
7. Never block any doorways or escape paths.
8. Be sure all electrical appliances are in good working order.
9. Look at all electrical cords at least twice a year to be sure there is no fraying or exposed internal wires
10. Never overload an extension cord.
11. Keep electrical cords and appliances away from sinks and water.

Personal Safety

1. Do not allow people in your home that you don't know. Employees of reputable Companies will have identification. If you are not expecting someone, do not allow the person into your home without first calling the company for verification. Reputable employees will wait outside until you call for verification
2. All home care employees **have identification badges**. Again, if you are not expecting a visit, **DO NOT ALLOW THE PERSON INTO YOUR HOME**. Call the agency telephone number provided to you by the admission nurse, and verify the visit with the office.
3. Never leave valuables such as jewelry, money and credit cards out on tables and dressers or where they may be seen from outside your home.
4. If you have outside help coming into your home, place jewelry, money credit cards etc. in a safe place, not easily accessible to others.
5. If you have valuable decorative items, put them away until you are no longer receiving outside help/services.
6. Do not discuss the value of things in your home with outsiders.
7. Report any and all strange activity in your neighborhood to the police. Never feel embarrassed to notify police of your concerns, you may save yourself and others many problems by reporting unusual activities and people who don't belong.
8. Do not allow strangers in your home for "a drink of water" or "to call because the car broke down". Direct a "thirsty" person to a garden hose. You can offer to make a call for the person without letting him or her into your home. If the person is persistent, call the police.
9. Be alert for the latest "scam". Watch news broadcasts regularly, since most of the scams are reported. Anyone who asks you for money as "a good faith gesture" is operating a scam and should be reported to the police immediately.

Hand Washing

The best prevention for disease and complications is hand washing.

- Use soap and water generously.
- Vigorously rub hands together for at least 20-30 seconds
- Rinse hands under running water
- Dry hands on paper towels or clean towels.
- Wash hands after using the bathroom.
- Wash hands before handling food and often during food preparation.

Medication Safety

- I. Store medications in a safe, dry and cool place. Heat and moisture will damage many medications.

2. Keep medications out of the reach of all children, even a small overdose *of medication*, and either presentation or over the counter, can cause injury and death to young children. If you suspect a child has taken medication call Poison Control: 800 282-3171. Someone will answer 24 hours per day. If you have no phone, take the child and the medication to the hospital, or have a neighbor call 911.
3. Always READ THE LABEL on the bottle before taking the medication.
4. Never place any other medication in the bottle.
5. Take medications as ordered by your physician or as described on the label clover the counter medications,
6. Never “make up a dose” unless you check with your doctor or pharmacist at the drug store.
7. Never exceed the recommended daily dose of an over the counter medication unless your doctor tells you it is necessary.
8. Never take medication prescribed for someone else, even if you have the same diagnosis or illness. You may *have* other medical issues that are different, and would effect the action of the drug.
9. Always read the written material given to you with every medication. Keep the information so that you may refer to it if you have any unusual physical or emotional incidents. It may be related,
10. DO NOT DRINK ALCOHOL OR EAT FOODS LISTED AS “CONTRAINDICATED” ON THE BOTTLE OR IN THE WRITTEN HANDOUT. If you are unable to read or see the label, call the pharmacist or the nurse.
11. If you have trouble *remembering* when *to* take medications, or whether or not you have take the medication, make a calendar and mark off the medications as you take them.
12. Remember, vitamins and herbal items obtained from a health food store are still drugs and can cause overdose and side effects ii taken incorrectly.
13. Before taking herbal treatments check with your doctor or pharmacist to be sure they will not interfere with or potentate (make stronger) the actions of any of your prescribed medications,
14. Flush unused medications down the toilet.

Body Mechanics

1. Do not attempt to lift heavy objects.
2. Lift using your leg muscles, not your back. Ask the nurse or therapist to show you proper technique.
3. Avoid quick movement.
4. Avoid twisting movement.
5. Hold objects close to the body.
6. Grip firmly.
7. Always use equipment such as walkers, canes and crutches as taught by the nurse or therapist.

Restraints

1. Use mechanical restraints only when absolutely necessary for the safety of the patient, for example, to prevent the patient from falling out of a bed or wheelchair. Always ask the doctor if restraints are a good idea.
2. Use only after having received instruction on the proper application.
3. Do not use medication to keep a patient quiet unless the doctor has ordered the medication for that use, and then use only as prescribed.
4. If the patient is taking a sedative be sure the patient can still be easily aroused in case of emergency. If the patient is not able to awaken easily, notify the doctor or the nurse in order to change the medication or the dose.

Your nurse and/or therapist or office personnel can provide you with further written information on any of the above topics plus many others. If you would like more information please ask your home care personnel or call the office.

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. At intervals our agency sends out a Patient Satisfaction Surveys and staff may call to ask you about the services and care that you are receiving. Your answers help us to improve our services and ensure that we meet your needs and expectations. If you receive one, please complete the survey and return it immediately.

Discharge or Transfer

Discharge, transfer or referral from this agency may result from several types of situations including the following:

- Treatment goal are achieved;
- The level of care you need changes;
- Agency resources are no longer adequate to meet your need;
- Situations may develop affecting you welfare or the safety of our staff~
- Failure to follow the attending physician's order;
- Non-payment of charges;
- Failure to meet insurance coverage guidelines.

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.

USE AND DISCLOSURE OF HEALTH INFORMATION

Kaerbear's HealthCare, LLC may use your health information, information that constitutes protected health information as defined in the Privacy Rule of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996, for purposes of providing you treatment, obtaining payment for your care and conducting health care operations. Your health information may be used or disclosed only after the Agency has obtained your written consent. The Agency has established policies to guard against unnecessary disclosure of your health information.

SUMMARY OF THE CIRCUMSTANCES UNDER WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED AFTER YOU HAVE PROVIDED YOUR WRITTEN CONSENT:

To Provide Treatment. The Agency may use your health information to coordinate care within the Agency and with others involved in your care, such as your attending physician and other health care professionals, family members, suppliers of medical equipment who have agreed to assist the Agency in coordinating care.

To Obtain Payment. The Agency may include your health information in invoices to collect payment from third parties for the care you receive from the Agency.

To Conduct Health Care Operations. The Agency may use and disclose health information for its own operations in order to facilitate the function of the Agency and as necessary to provide quality care to all of the Agency 's patients. Health care operations includes such activities as:

Quality assessment and improvement activities.

- Activities designed to improve health or reduce health care costs.
- Protocol development, case management and care coordination.
- Contacting health care providers and patients with information about treatment alternatives and other related functions that do not include treatment.
- Professional review and performance evaluation.
- Training of non-health care professionals.
- Accreditation, certification, licensing or credentialing activities.
- Review and auditing, including compliance reviews, medical reviews, legal services and compliance programs.
- Business planning and development including cost management and planning related analyses and formulary development.
- Business management and general administrative activities of the Agency.
- Fundraising for the benefit of the Agency and certain marketing activities, unless requested not to.
- For example the Agency may use your health information to evaluate its staff performance,

combine your health information with other Agency patients in evaluating how to more effectively serve all Agency patients, disclose your health information to Agency staff and contracted personnel for training purposes, use your health information to contact you as a reminder regarding a visit to you, or contact you as part of general fundraising and community information mailings (unless you tell us you do not want to be contacted).

For Appointment Reminders. The Agency may use and disclose your health information to contact you as a reminder that you have an appointment for a home visit.

For Treatment Alternatives. The Agency may use and disclose your health information to tell you about or recommend possible treatment options or alternatives that may be of interest to you.

THE FOLLOWING IS A SUMMARY OF THE CIRCUMSTANCES UNDER WHICH AND PURPOSES FOR WHICH YOUR HEALTH INFORMATION MAY BE USED AND DISCLOSED WITHOUT FIRST RECEIVING YOUR WRITTEN CONSENT [check your State laws to ensure consistency with State law requirements].

When Legally Required. The Agency will disclose your health information when it is required to do so by any Federal, State or local law.

When There Are Risks to Public Health. The Agency may disclose your health information for public activities and purposes.

To Report Abuse, Neglect Or Domestic Violence. The Agency is allowed to notify government authorities if the Agency believes a patient is the victim of abuse, neglect or domestic violence.

To Conduct Health Oversight Activities. The Agency may disclose your health information to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. The Agency, however, may not disclose your health information if you are the subject of an investigation and your health information is not directly related to your receipt of health care or public benefits.

In Connection With Judicial And Administrative Proceedings. The Agency may disclose your health information in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order or in response to a subpoena, discovery request or other lawful process, but only when the Agency makes reasonable efforts to either notify you about the request or to obtain an order protecting your health information.

For Law Enforcement Purposes. As permitted or required by State law, the Agency may disclose your health information to a law enforcement official for certain law enforcement purposes.

Coroners And Medical Examiners. The Agency may disclose your health information to coroners and medical examiners for purposes of determining your cause of death or for other duties, as authorized by law.

For Worker's Compensation. The Agency may release your health information for worker's compensation or similar programs.

AUTHORIZATION TO USE OR DISCLOSE HEALTH INFORMATION

Other than is stated above, the Agency will not disclose your health information other than with your written authorization. If you or your representative authorizes the Agency to use or disclose your health information, you may revoke that authorization in writing at any time.

YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION

You have the following rights regarding your health information that the Agency maintains:

Right to request restrictions. You may request restrictions on certain uses and disclosures of your health information.

Right to receive confidential communications. You have the right to request that the Agency communicate with you in a specific way.

Right to inspect and copy your health information. You have the right to inspect and copy your health information, including billing records

Right to amend health care information. You or your representative has the right to request that the Agency amend your records, if you believe that your health information is incorrect or incomplete.

Right to an accounting. You or your representative have the right to request an accounting of disclosures of your health information made by the Agency for any reason other than for treatment, payment or health operations. The request for an accounting must be made in writing.

Right to a paper copy of this notice. You or your representative has a right to a **separate paper copy of this Notice and all policies relative to it at any time** even if you or your representative has received this Notice previously. To obtain a separate paper copy, please contact: **Karen McGrath at any of the office locations listed on page one of this handbook.**

DUTIES OF THE AGENCY

The Agency is required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time. The Agency reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all health information that it maintains. If the Agency changes its Notice, the Agency will provide a copy of the revised Notice to you or your appointed representative. You or your personal representative has the right to express complaints to the Agency and to the Secretary of DHHS at 200 Independent Ave, SW, Washington, DC, phone (Toll free) 877-696-6775, if you or your representative believes that your privacy rights have been violated. Any complaints to the Agency should be made in writing to **Karen McGrath or Romelyn Evenou to any of the three locations on the first page of this handbook.**

The Agency encourages you to express any concerns you may have regarding the privacy of your information. There will never be any type of retaliation against you for filing a complaint. .

CONTACT PERSON The Agency has designated **Karen McGrath** as the contact person for all issues regarding patient privacy and your rights under the Federal privacy standards. You may contact this person by calling the office numbers listed on page one of this handbook.

EFFECTIVE DATE

This Notice became effective beginning November 1, 2003

IF YOU HAVE ANY QUESTIONS REGARDING THIS NOTICE, PLEASE Contact Karen McGrath at the office.

APPENDIX B: INFORMATION FOR HOME HEALTH AGENCY PATIENTS

The following information should be supplied by the home health agency to those patients registered with the special needs registry, so they will be prepared prior to an evacuation to a special needs shelter.

Please note: The special needs shelter should be used as a place of last refuge. The evacuee may not receive the same level of care received from staff in the home, and the conditions in a shelter might be stressful.

(1) If the patient has a caregiver¹, the caregiver must accompany the patient and must remain with the patient at the special needs shelter.

(2) The following is a list of what special needs patients need to bring with them to the special needs shelter during an evacuation:

- Bed sheets, blankets, pillow, folding lawn chair, air mattress
- The patient's medication, supplies and equipment list supplied by the home health agency, including the phone, beeper and emergency numbers for the patient's physician, pharmacy and, if applicable, oxygen supplier; supplies and medical equipment for the patient's care; Do Not Resuscitate (DNRO) form, if applicable;
- Name and phone number of the patient's home health agency
- Prescription and non-prescription medication needed for at least 72 hours; oxygen for 72 hours, if needed.
- A copy of the patient's plan of care
- Identification and current address
- Special diet items, non-perishable food for 72 hours and 1 gallon of water per person per day
- Glasses, hearing aides and batteries, prosthetics and any other assistive devices
- Personal hygiene items for 72 hours
- Extra clothing for 72 hours
- Flashlight and batteries
- Self-entertainment and recreational items, like books, magazines, quiet games.

(3) Shelterees need to know the following:

- If the patient has a caregiver, the caregiver(s) shall be allowed to shelter together in the special needs shelter. If the person with special needs is responsible for the care of individuals without special needs, those persons may also shelter together.
 - The shelteree caregiver will have floor space provided. The caregiver must provide his or her own bedding.
 - Service dogs are allowed in the shelter. However, check with your local Emergency Management office to see if other pets are permitted.
 - Bring personal snacks, drinks, and any special dietary foods for 72 hours. It is possible only sparse meals will be provided.
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- **Caregivers who regularly assist the patient in the home are expected to continue to do the same care in the shelter.**

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