

Welcome to Homestyle Homecare! We are honored that you have selected us to offer the home care services you desire and need. We acknowledge that choosing to use a home care service may be your first encounter with such a service.

Homecare service close to you

Our caregivers provide personal care, homemaking, and companionship services to support you or a loved one with activities of daily living. We worked with you to finish a plan outlining the services you would like a caregiver to offer during our initial meeting with you. The scope of services a caregiver that Homestyle Homecare has assigned to you can perform includes all of the tasks in the service plan.

You might want your caregiver to help you partake in hobbies you enjoy. Do you have any games you'd like to play again that you haven't played in a while? What is your favorite radio show or piece of music? You want to borrow a book on tape from the library. A fresh pair of cozy socks to put on before bed? Any of these tasks can be done with the help of our caregivers.

Your caregiver will be by your side to attend to your needs and wants. Ask them anything you need to know to create a comfortable home for you.

Please contact the office if you need services from your caregiver that are not specified in the plan so we can see if we can satisfy you. Remember that this service package may be modified whenever you require assistance. Your client care manager will be eager to discuss the services you desire with you.

#### COMMUNICATION

- Please let the caregiver know if you have any difficulties hearing or understanding them.
- If you have questions, schedule changes, or extra requests, kindly contact the office. The staff will be pleased to help you.

#### CLEANING

If you have asked for cleaning assistance, caregivers can assist with light housekeeping chores. These includes:

- Making your bed
- Clean-up
- Meal preparation
- Water plants
- Tidy up
- Wipe bathroom sink, tub, and toilet.
- Your personal laundry and linens.

Kindly let us know if you don't feel comfortable letting caregivers handle or clean certain areas.

#### GERMS AND ODORS

- Handkerchiefs are a less hygienic option than disposable tissues. If you need adult briefs, please ensure that you have a sufficient supply at home. You might also want to let the caregiver know how you would like him or her to dispose of used briefs.
- Personal wipes can sometimes be helpful
- Please ensure enough detergent available if you have asked the caregiver to wash soiled linens.

## MEALS

Food may not initially be prepared exactly as you prefer by the caregiver. Making a grocery list, sharing recipes, and discussing how you prefer things prepared for your caregiver are all possible. You can tell the caregiver if there is the food you haven't eaten in a while because you simply haven't had the energy or time to prepare it.

## OFFICE HOURS

The Office is open during regular business hours during business hours from 9 AM-5 PM. You can reach out to us anytime if you need assistance after office hours or on weekends.

## Infection Prevention

Caregiver clients should be informed of precautions to reduce the risk of infection to themselves and others when receiving services in their homes. After a stay in a hospital or rehab facility, some patients may have picked up an infection that can spread to others. The danger of infection is higher for caregivers who look after several clients. The following are steps to prevent the spread of communicable diseases:

1. Clean your hands
  - Use soap and water. Rub your hands for at least 15 seconds. Rub your palm and fingernails in between your fingers and the backs of your hands.
  - Clean your hands with alcohol-based hand sanitizers
  - Clean your hands before touching or eating food, after using the restroom, changing a diaper, visiting someone sick, or playing with a pet.
2. Ensure caregivers wear gloves or clean their hands. #
  - Caregivers, who are not an exception of doctors and nurses, come into contact with lots of bacteria and viruses. So ask them to clean their hands before extending any services to you. Do not be afraid to ask them to wear clean latex gloves.
3. Cover your mouth, and nose
  - Diseases can be contracted through cough or sneezing. One should cover the mouth and nose to prevent the spread of infection.
  - Using a disposable tissue is advisable. Throw away used tissue and then clean your hand with alcohol-based sanitizer after disposal.
  - If you do not have a tissue, cover your mouth with the bend of your elbow or hands. Hands should be cleaned right away.
4. Avoid close contact with others when ill

- Avoid coming into contact with others or shaking hands when sick.
  - If a caregiver is sick, you may request a replacement caregiver until your regular caregiver fully recovers and returns to you.
5. Obtain vaccines as recommended by your healthcare practitioner to avoid disease and fight the spread of infection.
- Ask your doctor about the shots you may need.

## **PREPARATION INFORMATION**

You could choose a different choice to have a caregiver acquire the information they require in a crisis or provide emergency personnel personal health information that would normally be confidential.

When family members are not nearby to assist you, there is always a chance that a negative occurrence could occur. A medical emergency might result in the need for you to be transported to the hospital.

Please be informed that in any emergency, Homestyle Homecare cannot be held liable for client transportation or evacuation.

Remind Clients of their Medication

## **MEDICATION ASSISTANCE**

Homestyle Homecare will assist Client with self-administered medications and medications that an individual takes himself/herself. Caregivers are permitted to assist clients with their medications when the clients are willing and able to direct the process. By means of providing medication reminders, opening medication packaging; reminding clients to take their medications; loosening the cap on a pill bottle for oral medications; opening a pill reminder box if the box has been prefilled by the client, an authorized representative, or a licensed healthcare practitioner; placing a requested medication within the reach of a client; holding a clients hand steadily to help them drink a liquid medication, guiding a client's hand when the individual is applying eye/ear/nose drops and wiping excess liquid; and applying over the counter, non-prescription creams and ointments to external parts of the body if this service has been requested on the client's service plan.

### **Medication BOXES**

Caregivers may not legally fill medication boxes for clients.

## **PERSONAL CARE SERVICES**

### **Bathing/Grooming**

- Shower
- Bed, tub, sponge bath
- Brush teeth
- Shampoo
- comb/brush/groom hair
- Lean, file, fingernails
- Electric shave

- Perineal care
- Dressing, clothing
- Assist to bathroom
- Assist with bedpan/urinal
- Assist with commode
- Night time toileting
- Adult brief casing
- record/ report urine output
- record/ report bowel function

#### Support & Encourage

- Ambulation
- Transfers
- Eating, feeding
- General preventative skincare
- Turning
- Repositioning
- Skin protection
- Active range-of-motion support
- Medication reminders

Please note: Caretakers are not permitted by law to handle narcotics, open wounds or broken skin, IVs, blood pressure, pulse, or blood glucose monitoring, conduct invasive procedures, or administer injections or medications.

#### Homemaking services

- Meal planning and preparation for clients with related clean-up
- Empty kitchen and bathroom trash
- Wipe up the kitchen floor, counters, and appliances
- Sweep floor, general “tidy up”
- Make client’s bed
- Change bed linens
- Client’s personal laundry and linens
- Dusting and vacuuming
- Water plants

**Please note:** Heavy house cleaning such as moving furniture, hanging drapes, cleaning the entire house, cleaning the stove, refrigerators, and closets, washing windows, shoveling snow, raking leaves, and polishing brass or silver.

#### Companionship services

- Shopping, errands, appointments
- Reading, light correspondence
- Independence support following rehabilitation
- Orientation prompts & reminders, calendaring
- Walks, conversations, activities
- Safety supervision

- Helping arrange photos, scrapbooks
- Incidental transportation

**Please note:** Caretakers are not allowed to manage your finances, pay your bills, write checks, receive signed checks, use any kind of credit, protect valuables, handle cash, run receipted errands, or make purchases. Additionally, due to the inherent conflict of interest, state law often prohibits your caretaker from serving as your guardian or power of attorney.

## **PAYMENT PROCESS**

Homestyle Homecare accepts either a credit card, cash, cheque, money order, debit card

**NOTE:** You never pay for services until they are completed.

We ask that you and your family:

- If your condition changes or if anything happens that may have an impact on the services you require, please let Homestyle Homecare (the "agency") know.
- If you have any concerns about the Agency's services, are dissatisfied with the staff's performance, or have a complaint, let the Agency know. Your issues will be addressed immediately by the agency's director.

As our client, you have the right to:

- Be encouraged and supported in maintaining one's independence to promote personal independence.
- Self-determination and choice, including the opportunity to participate in developing client self-plan.
- Receive services with reasonable accommodation of individual needs and preferences, except where the health and safety of the caregiver is at risk.
- Be protected from abuse, neglect, mistreatment, financial exploitation, solicitation, and harassment. The Agency will investigate any reports of suspected abuse, neglect, caregiver, or another staff member.
- Voice grievances and complaints about services provided to you, without discrimination.
- Be served by individuals who are competent and capable of performing their duties.
- Be treated with love, courtesy, respect, and dignity.
- Privacy and confidentiality of your records.
- Have any legal representatives such as Power of Attorney or legally appointed Guardians exercised your rights to the extent permitted by law?
- Be fully informed of and have assistance in understanding your rights by reviewing client Responsibilities and Rights document and all applicable ones. State regulations regarding customer conduct and responsibilities prior to service initiation. Your signature below is an affirmation of your receipt and understanding of your responsibility and rights
- Be fully informed, at the time of service initiation, of services and activities available and related charges, including the disclosure required by Regulation

Homestyle Homecare reserves the right to change the terms of this notice at any time and to immediately make the new notice provisions effective for all protected health information that it maintains. If the terms of this notice are materially changed, Homestyle Homecare will promptly provide you with the revised notice by mail.

## **COMPLAINT SESSION**

This is Homestyle Homecare's complaint procedure for prompt resolution of complaints. We are highly interested in the health, safety, and comfort of our clients and caregivers. If you have any concerns, do not hesitate to reach out to us.

Here is Homestyle Homecare's process for handling complaints in a timely and fair manner. We place a high priority on the welfare, security, health, and happiness of both clients and caregivers. Any issues with our services should be reported as soon as possible using the information below. We will not retaliate, discriminate or use any corrections or reprisal against you for taking such a step.

You should take the following steps to file a complaint with us;

1. Your name and address should be included in the complaint, along with a concise description of the alleged wrongdoing and the required response or solution. We will take oral complaints even if we would prefer to have them in writing.
2. The Director of Homestyle Homecare office serving you will be personally responsive to your concerns. You may submit a written complaint to the Agency by mail or in person at the following address:.....  
You may also contact the Director by phone at ..... to make an oral complaint.
3. The Director will conduct an investigation to ascertain the legitimacy of the complaint after receiving it. After submitting a complaint, you will be connected within 48 hours.
4. These guidelines contemplate informal but thorough investigation, affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to the complaint.
5. The Director will issue a written investigation report to the claimant, the client's physician, and licensing or law enforcement agencies (where required by law), containing the time, date, place, and individuals involved in the incident. The report will be issued no later than 30 days after the complaint is reported unless circumstances require additional time.

If you are aware of or suspect any instances of financial exploitation, solicitation, harassment, or abuse on the basis of age, sex, disability, race, religion, national origin, or any other protected status, please let us know immediately.

Vision: To provide high-quality home care services to all clients living in the comfort of their homes.

Mission:

## **CONFIDENTIALITY PRACTICES**

Homestyle Homecare's policy is that all health information it receives will only be used in compliance with the notice's stated limitations and with your consent. This includes using it for purposes of treatment, payment, and healthcare operations. Homestyle Homecare will take every step possible to lessen the bad repercussions of any improper use or disclosure of your protected health information.

All client records must be kept for the required number of years from the date of service provided in accordance with all applicable federal and state regulations. The Director of Homestyle Homecare is in charge of protecting the privacy and custody of your documents.

### **Applications and Disclosure of Protected Health Information**

Homestyle Homecare may use and disclose your protected health information for purposes of treatment, payment, and healthcare operations.

- Healthcare operations purposes: We may disclose operations to access so as to improve our services.
  - When we share your protected health information with a third-party business associate, such as an independent quality and client satisfaction surveyor, we will have a written contract with the third party requiring us to protect the privacy of your disclosed protected health information.
  - We may also share information with an independent quality and client satisfaction surveyor who may contact you to ask questions regarding the quality of the services provided by us.
- Treatment purposes: we may disclose to appropriate parties to ensure you receive proper health care. We may share your private information with your healthcare provider when in urgent need.

We may use or disclose protected health information, without your written authorization to agree or disagree as follows:

- In the course of any judicial proceeding, if expressly authorized by court order or in response to a subpoena, discovery request, or another lawful process;
- About an individual whom we reasonably believe to be a victim of abuse, neglect, or domestic violence to a public health authority or government authority, including a social service or protective services agency;
- For public health activities, including: to a public health authority for preventing or controlling disease, injury, or disability; for purposes related to the quality, safety, or effectiveness of an FDA- regulated product or activity; to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease; to an employer, about an individual who is a member of the workforce of the employer; and to a school, about an individual who is a student or prospective student of the school;
- To the organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the source of funding of the research;
- To the extent required by law, provided the use or disclosure complies with and its limited to the law's relevant requirement;

- To a health oversight agency for oversight activities authorized by law or necessary for appropriate oversight, including audits, investigations, inspections, and other actions;
- For a law enforcement purpose to a law enforcement official: if pursuant to process or as otherwise required by law; to identify or locate a suspect, fugitive, material witness, or missing person, about an individual who is or is suspected to be a victim of a crime, to alert law enforcement of a death, if we suspect the death resulted from criminal conduct; if we believe it constitutes evidence of criminal conduct on our premises; and in response to a medical emergency, if necessary to alert law enforcement to the commission and nature of a crime, the location or victim(s) of such crime, and the identity description, and location of the perpetrator;
- To a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties;
- For research, under certain conditions, regardless of the source of funding of the research;
- To a person reasonably able to prevent or lessen a serious and imminent threat to the health or safety of a person or the public, including to the target of the threat, if we believe, in good faith, the use or disclosure is necessary, or to law enforcement authorities to identify or apprehend an individual;
- As authorized by, and to comply with, laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault,

We may use or disclose your protected health information for the following purposes, provided that we inform you in advance of the use and give you the opportunity to agree to or restrict the use. We may orally inform you of and obtain your oral agreement or objection to these uses and disclosures.

- Disaster Relief: we may use or disclose your protected health information to entities authorized by law to assist in disaster efforts, for the purpose of coordinating notification
- Notification: we may use or disclose your protected health information to notify, or assist in the notification of a family member, your personal representative, or another person responsible for your care
- Involvement with care: we may disclose to family members or other relatives or any other person identified by you, the protected health information directly relevant to such person's involvement with your health care

If you are present for, or available prior to the uses and disclosures in the immediately preceding paragraphs, we may only use or disclose your protected health information if: 1) we obtain your agreement; 2) we provide you the opportunity to object and you do not object; or 3) we reasonably infer in our professional judgment that you do not object. If you are not present, or if the opportunity to agree or object cannot be provided because of your incapability, we will exercise our professional judgment to determine whether the disclosure is in your best interest and will disclose only the information directly relevant to the person's involvement or needed for a member or other person who was involved in your care or payment of health care prior to your death, unless doing so is inconsistent with your prior expressed preference known to us.



Any uses or disclosures of your protected health information not listed above, or otherwise required by law, will be made only with your written authorization, which you may revoke in writing at any time. Upon receipt of your written revocation of the authorization, Homestyle Homecare will cease to use or disclose your protected health information in the previously authorized manner. The written authorization requirement includes most uses and disclosures of psychotherapy notes, most uses, and disclosures of protected health information for marketing purposes, and the sale of protected health information.

#### Client Privacy Rights

You have the right to request restrictions on certain uses and disclosures of your protected health information.

You also have the right to:

- Inspect a copy of your protected health information,
- Request that communications of protected health information be received by alternative means
- Receive an accounting of the disclosures of your protected health information;
- Amend your protected health information;

#### Duties of Homestyle Homecare

We are required to:

- Notify you following a breach of your unsecured protected health information;
- Provide you with notice of our legal duties and privacy practices with respect to your protected health information;
- Maintain the privacy of your protected health information;
- Transmit a copy of protected health information, if requested by you, directly to another person designated by you; such a request must be in writing, be signed by you, and clearly identify the designated person and where to send the copy of the protected health information;
- Provide you with access to an electronic copy of your protected health information, in the electronic form and format requested by you, if it is or is not readily producible, in an electronic form and format as agreed to by us and you; if decline to accept any of the electronic formats readily producible by us, we must provide you a hard copy to fulfill your request and to produce the electronic copy.