



24/7 Hygieia Senior Care, LLC.

Policies and Procedures Manual

Review and Upgrade

This is to certify that the 24/7 Hygieia Senior Care, LLC. Policies and Procedures Manual has been reviewed and updated as necessary.

24/7 Hygieia Senior Care, LLC. Representative

Date

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Date

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Date

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Date

GENERAL ENFORCEMENT POLICY

PURPOSE:

All policies adopted by 24/7 Hygieia Senior Care, LLC. shall be enforced.

POLICY:

Any violation of the policies of 24/7 Hygieia Senior Care, LLC. shall result in disciplinary action, suspension, termination, or reporting to the appropriate licensing authority as appropriate. Violations of policy shall be reviewed in the Agency's quality assurance program and by the peer review committed as appropriate. The Policy and Procedure Manual will be reviewed as deemed necessary or at a minimum of annually.

Adopted: _____ Date: _____

Governing Board Representative

Date

Administrator

Date

Bylaws

POLICY:

The business and operations of the 24/7 Hygieia Senior Care, LLC. are governed by the direction of the Governing Body according to written laws.

PURPOSE:

To provide overall direction to the Non-Medical Home Care agency.

PROCEDURE:

Appropriate bylaws are prepared and approved to govern the business and operations of the Non-Medical Home Care agency under the direction of the Governing Body.

Philosophy

POLICY:

The provision of 24/7 Hygieia Senior Care, LLC. is guided by the philosophy of the Non-Medical Home Care agency.

PURPOSE:

1. 1. To adopt the appropriate philosophical approach in providing quality Non-Medical Home Care Services
2. 2. To ensure quality Non-Medical Home Care to clients
3. 3. To provide continuity of Non-Medical Home Care for clients
- 4.

PROCEDURE:

The adoption of the appropriate philosophical approach in providing quality Non-Medical Home Care services is based on the following basic assumptions:

1. **1.** The maintenance and realization of the full potential of human life are supreme values.
2. **2.** Humans possess a unique hierarchy of needs, as defined by Maslow:
 - a.** Physiological needs
 - b.** Safety needs
 - c.** Belongingness and love needs
 - d.** Self-esteem needs
 - e.** Self-actualization needs
- 3.** Humans search for meaning in personal life experiences.
- 4.** Humans make choices and decisions based on their individual beliefs and values.
- 5.** In making such choices and decisions, humans exert personal control over their lives.

The philosophy of the Non-Medical Home Care Agency, based on the preceding assumptions, stipulates that each client:

- 1.** Desires home care services that promote the client's quality of life by:
 - a.** Minimizing negative illness and disability outcomes.
 - b.** Maximizing potential outcomes in the client's level of independence.
 - c.** Restoring, maintaining, and promoting the client's health.
- 2.** Possesses unique physiological, safety, psychological, self-esteem, and self-actualization needs that require consideration in the plan of Non-Medical Home Care.
- 3.** Searches for meaning in the personal experiences surrounding his or her illness or disability.
- 4.** Makes choices and decisions about the provision of Non-Medical Home Care services relative to unique, self-defined needs and according to his or her personal beliefs and values.
- 5.** Exerts individual control over his or her personal life in collaborating with Non-Medical Home Care staff members regarding the provision of services.

In support of the Non-Medical Home Care agency's philosophy, the agency is dedicated to the provision of comprehensive, high-quality, client- and client family-centered Non-Medical Home Care in the client's place of residence, care that is focused on the client's unique physiological, safety, psychological, self-esteem, and self-actualization needs. The agency is committed to providing Non-Medical Home Care services that will help the client to search for meaning in the personal experiences surrounding his or her illness or disability; to make choices about the provision of

Non-Medical Home Care services based on unique, self-defined needs; and to collaborate actively with the Non-Medical Home Care agency staff and other health care providers regarding the provision of appropriate services. The Non-Medical Home Care agency is also dedicated to the provision of Non-Medical Home Care education to the client, the client's family, and the community.

Mission Statement for: **Non-Medical Home Care Agency Operations**

POLICY:

Non-Medical Home Care services are guided by the Non-Medical Home Care Agency's mission statement.

PURPOSE:

To ensure delivery of quality, safe, and cost-effective Non-Medical Home Care Services to clients.

PROCEDURE:

The mission of the Non-Medical Home Care Agency is to provide quality, safe, and cost-effective delivery of Non-Medical Home Care services to individuals in need of those services.

The 24/7 Hygieia Senior Care, LLC. administrative staff is committed to the provision of

Non-Medical Home Care services that are guided by a quality and client satisfaction program in order to ensure that the delivered services constitute quality, safe, and cost-effective services for the Agency's clients.

Scope of Service

POLICY:

To document the type of private non-medical home care services provided by 24/7 Hygieia Senior Care, LLC. and the type of client serviced.

PURPOSE:

To define the services provided by 24/7 Hygieia Senior Care, LLC. and the targeted clients.

INTENT OF SERVICE:

The intent of service provided by 24/7 Hygieia Senior Care, LLC. is to provide quality, competent care to clients in the form of

A. **Companion Services** – meal preparation, home management, and respite care.

These services are expected to maintain or increase the functioning capacity of the client being served and focus on the relationship between the client and the client's needs.

DEFINITION OF SERVICE:

Companion or Sitter Services refer to those tasks, which are provided to elderly, handicapped, or convalescing individuals: escort services; meal preparation and serving; and household tasks essential to cleanliness and safety.

TYPE OF CLIENTS SERVICED

Any client requiring the service to include the elderly, handicapped, convalescing and disabled clients.

PROCEDURE:

1. The duties of the Companion/Sitter include the following:
 - a. **a.** Meal preparation
 - b. **b.** Routine housekeeping
 - c. **c.** Errands

- d. **d.** Grocery shopping
- e. **e.** Maintaining a safe environment
- f. **f.** Escort Services
- g. **g.** Respite

Contracted Service Agreement

POLICY:

To document the services agreed upon between 24/7 Hygieia Senior Care, LLC. and all clients.

PURPOSE:

To provide an accurate record of the services provided to the client.

PROCEDURE:

24/7 Hygieia Senior Care, LLC. will not offer to provide a client any private home care services that it cannot reasonably expect to deliver. The administrator/designee will complete the service agreement before services can begin. The service agreement will include the following:

1. **1.** Date initial contact is made with the client for service.
2. **2.** Date of referral, i.e. the date on which the provider received a specific request to deliver private home care services to a particular client.
1. **3.** Description of services needed as stated by client or responsible party.
2. **4.** Description of services to be provided and expected frequency and duration of services.
3. **5.** Charges for such services, and mechanisms for billing and payment of such charges.
4. **6.** Acknowledgment of receipt of a copy of client's rights and responsibilities.
5. **7.** A telephone number of the provider that a client can call for information, questions, or complaints about services supplied by the provider.
1. **8.** The telephone number of the state licensing authority, i.e., the department, to call for information or questions about the licensing of private home care providers and to report a complaint about the provider concerning a violation of licensing requirements that was not resolved to the client's satisfaction by complaining to the provider.
1. **9.** Authorization from client or responsible party, if applicable, for access to client's personal funds
2. when home management services are to be provided and when those services include assistance
3. with bill paying or any activities, such as shopping, that involve access to or use of such funds;
4. similarly approved authorization for use of client's motor vehicle when services to be provided
- a. **10.** Signatures of 24/7 Hygieia Senior Care, LLC. representative and the client or responsible party, if applicable, and date signed; if a client or responsible party refuses to sign the agreement, such refusal shall be noted on the agreement, with an explanation from the provider's representative.
- a. **11.** For new clients, such initial service agreements shall be completed not later than the second visit to the client's residence to provide services if the second visit occurs on a different day from the first visit or not later than seven calendar days after services are initially provided in the residence, whichever is earlier. If the provider is unable to complete the service agreement for good cause, the provider will document such reason(s) in the client's file. Subsequent revisions to the initial service agreement may be handled by the provider noting in the client's record the specific changes in service (e.g. addition or deletion of service, changes in frequency, or duration, or charge for services, etc.) that will occur and that the change was discussed with and agreed to by the client and/or responsible party, as appropriate, who signed the initial agreement prior to the change in services occurring.

Signature of Client / Responsible Party

Date

Signature of Agency Designee

Date

Client's Records (Maintenance/Security)

POLICY:

A separate file shall be maintained containing all written records pertaining to the services provided for each client. The confidentiality of all clients' record will be maintained.

PURPOSE:

To document care provided to clients.

PROCEDURE:

- a. 1) The client's record must contain sufficient information to identify the care plan and to document
 1. accurately the results.
 - 2.

The client's record contains the following:

- a. **a.** Identifying information including name, address, telephone number, and responsible party, if any.
- a. **b.** Current service agreement. Emergency information contact sheet, documentation of receipt of advanced directive information, and a copy of the Advanced Directive if executed.
- a. **c.** Current and previous care service plan signed and date; which are reviewed every two months.
- a. **d.** Progress notes that have been signed and dated by the staff assisting with care;
- a. **e.** Documentation of findings of home supervisory visits by the supervising administrator.
- a. **f.** Documentation of companion or sitter tasks actually performed for the client.
- a. **g.** Any material reports from or about the client that relate to the care being provided to the client including items such as progress notes and problems reported by employees/contractors of the provider, communications with personal

physicians, care coordinators or other health care providers, communications with family members or responsible parties, or similar items;

- a. **h.** The names, addresses, and telephone numbers of the client's personal physicians, if any; and
- a. **i.** Date and source of referral.
- a. **j.** The referral packet forwarded by the care coordinator and subsequent communication from the care coordinator relating to the client's care.
- a. **k.** Instructions for dealing with medical emergencies of the individual (in accordance to the Advanced Directive if appropriate) and documentation of the emergency procedure.
- a. **l.** Results of the initial evaluation of the acceptance of the client or reason for non-acceptance of the service.
- a. **m.** Completed and signed Client Service Record Form. The client, employee/contractor and supervisor must sign this form.
- a. **n.** Specific and clear direction to the client's home from 24/7 Hygieia Senior Care, LLC.
- a. **o.** Discharge plan and if appropriate discharge notice.
- a. **p.** A copy of the DHM Authorization for Release of information (if applicable).

2.) All records will be maintained within the state of Texas.

1. 3.) Records are maintained in a manner that is secure, accurate and confidential. Home Service will

- 2. _____ protect the confidentiality of client information and safeguard against loss, destruction or
- 3. _____ unauthorized use. The client's records shall be retained for five years in a locked file cabinet in
- 4. _____ the Care Provider's Office from the date of last service provided even if the agency is dissolved.
- 5. _____ The administrative staff of 24/7 Hygieia Senior Care, LLC. will have access to all records.

- 1. 4.) Records will be maintained current for active clients and organized for easy reference and

2. _____ review. All records will be maintained in the same order.

1. 5.) The records will be release to designated person(s) after the appropriate consent form has been
2. completed and signed by the client. A minimum of 48 hours is required before a record will be
3. released. The Administrator or designee must be notified before a record is released.

- 6.) Records that receive a subpoena for court may be checked out after the proper consent is
1. received. The file will be released to only official court representatives or attorney.
2. The record
3. may be released for only 10 business days. At the end of 10 business days a new consent for
4. extended time must be received. A duplicate copy of the record will be maintained in the office
5. of 24/7 Hygieia Senior Care, LLC.

- 7.) Staff other than administrative staff may review a client's record. The record must be review
on
1. the premises of 24/7 Hygieia Senior Care, LLC. The staff member may not copy any part
2. of the record. The staff member may only review the client's record only if he or she is currently
3. assigned to that particular client at the time the record is being reviewed. The staff member may
4. not disclose any information obtained from reviewing the record.

- 8.) Direct staff will be given only pertinent documents to ensure safe and quality care, which
1. includes a photocopy of the service plan and emergency information.
2. Employees/Contractors of
3. the provider shall not knowingly disclose any information in a clients record except go
4. appropriate provider staff, the clients responsible party, the client's physician or other health care
5. providers providing care the client at the present time, the licensing authorities or others
6. designated by the client in writing.

- 9.) The state and federal government shall have access to any pertinent books, documents, papers and records for the purpose of making audit examinations, excerpts and transcripts.
1. 24/7 Hygieia Senior Care, LLC. will retain records five years after the final claim for
2. payment. If any litigation claims or audit is initiated before expiration of the five-year period,
3. records shall be retained until all litigation, claims or audit findings involving

records are
resolved.

- All 10.) 24/7 Hygieia Senior Care, LLC. will only destroy records not required to be maintained.
be destruction of records will be mechanically destroyed in such a way to preserve client's
confidentiality. Records which are accidentally destroyed, the responsible party will in a
timely manner reconstruct them to the extent possible. The reconstructed case record will
clearly labeled reconstructed.

**All reports or documents for QA or management purposes will be mechanically shredded before
being discarded.**

Contracted Client Service Plan/Care Plan

POLICY:

To provide each client with an individualized service plan.

PURPOSE:

1. To assess the client's physical, psychological, social, and spiritual status.
2. To collect baseline data about the -client's condition.
3. To provide an ongoing tool for assessment of progress of client's goal, specific physical, mental and social health problems.

PROCEDURE:

1. The Home Care Designee begins the care plan of based on the initial assessment. The client's care plan is completed on admission.
2. The service plan/care plan identifies the following:
 - a. **a.** Specific physical, mental and social health problems of the client.
 - b. **b.** Specific approaches that will be taken to address, the client's health needs/problems.
 - c. **c.** Persons or agencies responsible for providing services to the client.
 - d. **d.** Instruction for timely discharge or referral if appropriate.
 - e. **e.** Any other appropriate items.
- a. **3.** The service plan shall include the functional limitations of the client, types of service required, the Expected times and frequency of service delivery in the client's residence, the expected duration of services that will be provided, the stated goals and objectives of the services, approaches and discharge plans. When applicable to the condition of the client and the services to be provided, the plan shall also include pertinent diagnoses, medications and treatments, equipment needs, and diet and nutritional needs.
- 3A.** The Supervisor must complete a face-to-face supervisory visit with the client and, the appropriate the caregiver, at least every 122 days for companion sitter services, starting from date of initial service in a residence or as the level of care requires to

ensure that the client's needs are met. At this time the care plan is reviewed, revised if needed, signed and dated by a qualified supervisor.

4. The service plan/care plan will be rewritten at least once per year.

5. Guidelines for Preparation of Care Plan

- a. **a.** 24/7 Hygieia Senior Care, LLC. will keep client care plans current including any changes in effective dates of coverage. Home Care Designee will initiate care plan within 48 hours of evaluation of the client by the designee. The care plan will be reviewed as the client's condition changes or at minimum of every 122 days. The client's condition may require more frequent updating.
- b. The Home Care designee will develop the care plan and coordinate care with input from direct care staff. The direct care staff will immediately notify the management staff of any concerns about significant changes in a client's condition. Significant change can be described as an improvement or deterioration in functions such as no longer being able to walk, frequent falls, no longer able to feed self or transfer independently.
- c. All care plans will indicate the approaches necessary to achieve the identified goals.
- d. The initial care plan is completed on admission. The care plan is signed by the client/client representative and the Home Care designee. This serves as documentation the plan of care has been discussed and agreed upon. The client receives a copy of the care plan, and an updated version as the care plan is revised or updated.
- e. All direct care staff assigned to provide care to a client will receive a current copy of the care plan.

As the care plan is revised or updates, the direct care staff will receive an updated version.

Charting: Progress Notes/Documentation

POLICY:

Home care staff documents the Home Care services performed for the client during each Home Care visit. The documentation is made on the same day the service is rendered.

PURPOSE:

- a. **1.** To document the Home Care services given to clients.
- a. **2.** To provide permanent and continuous records of Home Care observations, interventions, and outcomes.

PROCEDURE:

- 1.** Home care staff shall document all client home care tasks performed on the same day the service is rendered.
- 2.** This client record includes the following:
 - a. **a.** month, day, and year of Home Care visit

- b. **b.** first and last names of individual who made Home Care visit
- c. **c.** professional title of individual who made Home Care visit
- d. **d.** client's admission data
- e. **e.** client assessment
- f. **f.** additional client assessments
- g. **g.** interventions
- h. **h.** outcomes
- i. **i.** client health care education
- j. **j.** contacts and visits by physician and health care provider
- k. **k.** client referral date
- l. **l.** client transfer
 - (1) date, time, and mode of transportation
 - (2) person accompanying client
 - (3) destination
 - (4) reason for transfer
 - (5) general client condition at time of transfer
 - (6) notification of physician
 - (7) notification of client's family
- a. **m.** client's consent
- b. **n.** pertinent current and past findings
- c. **o.** plan of care
- d. **p.** appropriate identifying information, such as client's full name and orders for drug(s), diet, treatment, and activity
- e. **q.** summary reports
- f. **r.** client's death
- g. **s.** Authorization from client or responsible party, if applicable, for access to client's personal funds when home management services are to be provided and when those services include assistance with bill paying or any activities, such as shopping, that involve access to or use of such funds

3. Home care staff:

- a. **a.** document home Care information on client flow sheets, as appropriate
- b. **b.** dictate Home Care information whenever possible
- c. **c.** dictate clearly
- d. **d.** document
 - (1) in black ball point ink
 - (2) legibly
 - (3) with objective statements
 - (4) one- or two-word errors by making a single line of black ink through the words in error, writing "error" over the words in error, and noting the initials of the individual who made the error.
 - (5) paragraph errors by making a single line of black ink through the paragraph in error, enclosing the paragraph in brackets, writing "error" beside the brackets,

and noting the initials of the individual who made the error.

4. Progress Notes:

- a. **a.** The client's clinical record will contain progress notes or clinical notes, which are written notations of the client's progress toward the goals and objective identified in the client care plan.
- a. **b.** The supervisor will prepare progress notes. However any staff rendering care to the Client may make notations in the clinical record. The notation must describe significant events/reactions/situations and follow-up, which affects the client's care and may be kept on the service plan reflecting the date of service. All entries must be signed and dated within one week of the occurrence. The supervisor must review and sign all entries made by staff.
- a. **c.** Progress notes will be kept readily available for review by supervising personnel or monitors.
- a. **d.** The supervisor will train non-licensed staff on how, when and where progress notes are kept.
- a. **e.** Progress notes will be documented as needed or at minimal during the supervisory visit which is ever three (3) months.

Client Home Care Visit Documentation

POLICY:

Staff will document each visit with task performed on the daily task sheet provided by the agency.

PURPOSE:

To ensure correct implementation of the Home Care service plan.

PROCEDURE:

1. The companion or sitter (C/S) makes scheduled home care visits to clients. The C/S:

- a. **a.** receives verbal and written instructions for client care from the supervisor.
- b. **b.** clarifies the client assignment with the client supervisor, as necessary.
- c. **c.** identifies self as a Home care Attendant/Provider to the client and arrival at the client home.
- d. **d.** explains Home care Attendant/Provider tasks performed during Home Care visits.
- e. **e.** implements assigned tasks.
- f. **f.** informs the Home Care supervisor of any pertinent observations/information regarding the client.
- g. **g.** refers appropriate client and client family questions and concerns to the Home Care supervisor.
- h. **h.** obey the policies and procedures of the Home Care Agency.

2. The C/S documents the following:

- a. **a.** Home Care visit time and tasks, on the Home Care Service Record form.
- b. **b.** The service record will be completed and signed by the client and the C/S.
- c. **c.** The service record will be turned in on the 1st and the 16th day of each month.
- d. **d.** The completed service record will be reviewed and signed by a supervisor.
- e. **e.** The service record will be placed on the clients file within 10 business days if completion by the designated administrative staff.

Rights and Responsibilities

POLICY:

Each client will be provided a copy of the rights and responsibilities upon admission.

PURPOSE:

To make the client or responsible party aware of their rights and responsibilities.

PROCEDURE:

The administrator/designee will go over the client's rights and responsibilities upon admission and document the clients understanding. A copy of this document will be left in the client's home. These rights and responsibilities shall include:

- i. **1.** The right to be informed about the plan of service and to participate in the planning.
 - ii. **2.** The right to be promptly and fully informed of any changes in the plan.
 - iii. **3.** The right to accept or refuse services.
 - iv. **4.** The right to be fully informed of the charges for services.
 - v. **5.** The right to be informed of the name, business telephone number and the business address of
1. the person supervising the services and how to contact that person.
 - i. **6.** The Right to be informed of the complaint procedures and the right to submit complaints without fear of discrimination or retaliation and have them investigated by the provider within a reasonable period of time. The complaint procedure provided shall include the name, business address, and telephone number of the person designated by the provider to handle complaints and questions.
 - i. **7.** The right of confidentiality of client records.
 - ii. **8.** The right to have property and residence treated with respect.
 - iii. **9.** The right to receive a written notice of the address and telephone number of the state licensing authority, i.e. the department, which is charges with the responsibility of licensing the provider and investigating client complaints which appear to violate licensing regulations.
 - iv. **10.** The right to obtain a copy of the provider's most recent completed report of licensure inspection from the provider upon written request.
 - i. **11.** The right to be advised that the client and responsible party, if applicable, must advise the provider of any changes in the client's condition or events that affect the client's service needs.

THE CLIENT HAS THE RESPONSIBILITY TO:

- • Provide 24/7 Hygieia Senior Care, LLC. with a complete and accurate as possible health needs history.
 - • Provide 24/7 Hygieia Senior Care, LLC. with all requested insurance and financial information.
 - • Sign the required consents and releases for third party payer billing.
 - • Participate in your care by asking questions and expressing concerns.
 - • Provide a safe home environment in which your care can be given or to advise
1. 24/7 Hygieia Senior Care, LLC. staff of the presence of any safety hazard in the home.
- • Cooperate with your doctor, our staff and other caregivers.
 - • Accept the responsibility for any refusal of treatment.
 - • Treat agency personnel with respect and consideration, as well as cooperate with and respects the rights of the worker providing care.
 - • Abide by agency policies that restrict duties our staff may perform.
 - • Notify 24/7 Hygieia Senior Care, LLC. administration of any dissatisfaction, or problems with your care.
 - • Advise 24/7 Hygieia Senior Care, LLC. of any changes in your condition, your caregiver or physician.
 - • Be available to provider staff at the time that services are scheduled to be rendered.
 - • Pay any cost share liabilities, if applicable.
 - • Notify 24/7 Hygieia Senior Care, LLC. of any changes in care needed.
 - • Participate actively in decisions regarding individual health care and service/care plan.
 - • Comply with agree upon care plan.

Client/Responsible Party Signature

Date

Handling & Resolution of Complaints

POLICY:

24/7 Hygieia Senior Care, LLC. staff members will encourage clients to express their complaints freely verbally or in writing.

PURPOSE:

To ensure quality home care consistent with 24/7 Hygieia Senior Care, LLC. philosophy.

PROCEDURE:

1. Home Care staff members:

- a. **a.** listen to complaints expressed by clients.
- b. **b.** encourage clients to contact the Administrator to discuss client complaints.
- c. **c.** give Client Complaints forms to clients and request the clients to complete them.
- d. **d.** assist clients in returning the completed Client Complaints forms to the Administrator.
- e. **e.** give information regarding expressed client complaints to the Administrator.
- f. **f.** give information to client regarding Office of Regulatory Services for complaints against this agency.

2. The Administrator

- a. a. reviews completed Client Complaints forms within 48 hours of the time received.
- b. b. initiates problems-solving process to deal with client complaints:
 1. (1) informs the client that the client's concern has been received and
 2. reviewed.
 3. (2) assesses with the client the exact nature of the concern
 - (3) assesses the probable cause of the client concern
 - (4) plans appropriate corrective plan
 - (5) implements a corrective action plan
 - (6) evaluates the implemented corrective action plan to determine if the client concern has been Alleviated.
 - i. (7) informs client that the client's concern has been investigated and corrective action has been implemented, as necessary.

3. Problems identified from client complaints are referred to the Governing Body for consideration as a continuous or special quality management activity.

4. Client complaints are communicated to individuals, as appropriate.

5. Completed and reviewed Client Concern forms are filed in the Home Care agency Client Complaints administrative file.

6. Documentation shall include what actions, if any, were taken to resolve clients' complaints and to address any incident reports or unusual occurrences required to be retained.

7. Maintain files of all documentation of complaints submitted. These files shall be maintained for

Five years.

Confidentiality for Clients

POLICY:

Home Care staff provides confidentiality for clients and client records.

PURPOSE:

1. To protect the client's right to privacy.
2. To protect client records from loss, alteration, unauthorized use, or damage.

PROCEDURE:

- i. 1. All requests for client information are reviewed to determine whether or not the individual requesting the information will be allowed access to the information.
- i. 2. Access to client information is determined in light of the requesting individual's or Agency's involvement with the client's care and the nature of the client's health insurance program:
 - a. a. Involvement with client care:
 - (1) Professional personnel directly involved with the client's care for example, attending physician, social worker, physical and occupational therapists are permitted access to the client's record.
 - (2) Telephone requests for access to client clinical information by professional personnel directly involved with the client's care are referred to the Administrator of Home Care.
 - (3) Professional personnel not directly involved with the client's clinical care are not permitted access to the client's record without a completed and signed Client Consent form allowing such access.
 - a. b. The nature of the client's health insurance program:
 - a. (1) Governmental and private agencies and individuals are permitted access to client information regarding health insurance claims in light of current rules and regulations of the Social Security Administration regarding the disclosure of such information.

- a. (2) Disclosure of such client information regarding a health insurance claim according to Social Security rules and regulations requires a completed and signed Client Consent form.
 - a. (3) Requests for information about a Medicare beneficiary, a Medicare claim, or other related information that may not be disclosed are referred to the Administrator of Home Care.
 - a. (4) Individuals not directly involved with the client's clinical care are not permitted access to the client's record without a completed and signed Client Consent form permitting such access.
- a. 3. A completed and signed Client Consent form must:
 - a. specify the client's name.
 - b. be signed and dated by the client or by someone authorized to act in the client's behalf.
 - (1) If the client is a minor, the consent form is signed by the client's parent or guardian.
 - (2) If the client has a legally appointed guardian, the consent form is signed by that guardian.
 - (3) If the client is unable to sign the consent form but uses some other means to indicate approval, such means must be witnessed or notarized.
 - (4) If the validity of a signature is questioned, the Home Care Agency may require a notarized signature.
 - (5) If the client is deceased, signed consent is given by the person representing the client's estate.
 - c. specify that the Home Care Agency is authorized to disclose the client information.
 - d. specify the information that the client is authorizing the Home Care Agency to disclose.
 - e. specify the individual and/or Agency to whom the information is being released.
 - f. specify the purpose for which the information is being released.
 - g. specify an expiration date for the consent that will not exceed two years from the date the consent form was signed.
 - h. specify that the consent form may be revoked at any time.
- a. 4. Additional release of client information is dependent on further client consent.

- a. **5.** Completed and signed consent forms and released client information are protected against their unauthorized use.
1. **6.** The original client clinical record is filed and locked in the Home Care Agency office.
1. **7.** Appropriate copies of client clinical records may whenever necessary be taken by Home Care staff members to the client home in order to assist the staff members in providing Home Care to the client.
1. **8.** The entire original client clinical record must not be removed from the Home Care Agency office except under subpoena for court cases when the court does not accept certified Xerox copies for the record.
1. **9.** Original client clinical records are filed and locked in the Home Care Agency office for seven years after the month the cost report to which the clinical records pertain is filed with the intermediary.

Signature

Date

Staff Scheduling

POLICY:

The Agency maintains sufficient staffing coverage. 24/7 Hygieia Senior Care, LLC. maintains supervisory coverage 24 hours per day.

PURPOSE:

To ensure that adequate staff is available to provide services needed.

PROCEDURE:

- a. **1.** 24/7 Hygieia Senior Care, LLC. normal business hours are 9 am - 5 pm, Monday through Friday.
- 1.

2.
 - a. **2.** After normal business hours the agency will maintain a voice mail.
 - a. **3.** The on-call Supervisor is available via paging system. The current page number is
 1. 469-515-2227 and is on the recorded voice mail message.
 2.
 - a. **4.** The on-call Supervisor will respond to **ALL** pages within 30 minutes on all after hour calls.
 - a. **5.** Any after hour page to the on-call Supervisor must also be accompanied with a verbal message on the voice mail. The voice mail should also include a name, return telephone number, and the nature of the call.
 - a. **6.** In the absence of the administrator or nurse manager, the office manager will acts as manager.
 - a. **7.** 24/7 Hygieia Senior Care, LLC. will provide service 24 hours a day, 7 days a week including holidays if required or needed by the client.
 - a. **8.** A Supervisor shall be available at all times to staff when services are being rendered.
 - a. **9.** If 24/7 Hygieia Senior Care, LLC. is unable to provide services as indicated in the care plan or when requested by the client, the care coordinator will be notified to rebook services with
 1. another provider.
 2.
 - a. **10.** The phone number of the agency will be published along with a toll-free number that is

to
access and to report problems with service delivery.
 - a. **11.** 24/7 Hygieia Senior Care, LLC. will employ a sufficient number of qualified and experienced staff member who are appropriately skilled and available to render services in the approved service area in accordance with current acceptable standards of medical practice. A **call list will be maintained to cover staff absences.**
 - **12.** Staff providing services will:
 - Be qualified by education and/or experience to perform tasks assigned.
 - Fulfill training requirements.
 - Undergo evaluation of job performance at least annually including an evaluation by the clients.
 - Be supervised by appropriately credential who are licensed and accountable for quality service and outcomes.

1. **13.** A qualified Supervisor will supervise the services delivered to all clients.
1. **14.** All staff in occupation requiring state licensure or certification must maintain current licensure in order to provide services as an 24/7 Hygieia Senior Care, LLC.

Quality Improvement Program

Policy:

The agency shall have an effective quality improvement program monitored by the administrator.

Procedure:

The agency will send out surveys to clients on a quarterly basis. The administrator shall review the data and compile a plan for the agency to improve services based on the surveys. The agency will also perform charts reviews on a quarterly basis. The data will be used to improve documentation and identify training needs for the staff. The surveys and chart reviews will look at some of the following things:

1. • Documentation of care/services
2. • The presence of unmet client needs
3. • The appropriateness of personal care service utilization
4. • Recommendations for changes in service programs, policies, procedures, etc.
5. • Efficient use of personnel and resources to impact effective health care outcomes
6. • Consumer/staff related incidents/unusual occurrences
7. • Competency evaluation

Important areas to include in the survey of client perception of care will indicate:

1. • Staff were competent in performing tasks
2. • Staff were competent and able to meet consumer needs
3. • Clients were notified of schedule changes
4. • Clients were notified of discharge in a timely manner
5. • Clients would utilize services in the future
6. • Clients would recommend agency to friends and relatives

SATISFACTION SURVEY

(Please circle one choice only)

Please take time from your busy day to complete this quick survey to help us with your level of satisfaction with our company!

Picture Answer Code:

A. B. C. D.

Verbal Answer Code:

A=Excellent B=Good C=Average D=Unacceptable

How would you rate the service you received from the staff at 24/7 Hygieia Senior Care, LLC.?

A B C D

How would you rate your 24/7 Hygieia Senior Care, LLC. staff based on their job knowledge?

A B C D

How would you rate your 24/7 Hygieia Senior Care, LLC. staff based on their job skills?

A B C D

How would rate your 24/7 Hygieia Senior Care, LLC. staff's attitude?

A B C D

How would you rate your 24/7 Hygieia Senior Care, LLC. staff's communication skills as...

A B C D

*Your signature is optional_____

Sincerely yours,

24/7 Hygieia Senior Care, LLC.

CLIENT'S RIGHTS AND RESPONSIBILITIES

The administrator/designee will go over the client's rights and responsibilities upon admission and document the clients understanding. A copy of this document will be left in the client's home. These rights and responsibilities shall include:

- i. 1. The right to be informed about the plan of service and to participate in the planning.
- ii. 2. The right to be promptly and fully informed of any changes in the plan.
- iii. 3. The right to accept or refuse services.
- iv. 4. The right to be fully informed of the charges for services.
- v. 5. **The right to be informed of the name of the business, business telephone number and the business address of the person supervising the services and how to contact that person.
- vi. 6. **The right to be informed of the complaint procedures and the right to submit complaints without fear of discrimination or retaliation and have them investigated by the provider within a reasonable period of time. The complaint procedure provided shall include the name, business address, and telephone number of the person designated by the provider to handle complaints and questions.
- vii. 7. The right of confidentiality of client records.
- viii. 8. The right to have property and residence treated with respect.
- ix. 9. ***The right to receive a written notice of the address and telephone number of the state licensing authority, i.e. the department which is charged with the responsibility of licensing the provider and investigating client complaints which appear to violate licensing regulations.
- x. 10. The right to obtain a copy of the provider's most recent completed report of licensure inspection from the provider upon written request.
- xi. 11. The right to be advised that the client and responsible party, if applicable, must advise 24/7 Hygieia Senior Care, LLC. of any changes in the client's condition or events that affect the client's service needs.
- xii. 12. **A client may cancel services at anytime and shall only be charged for services rendered. In the event of cancellation, clients will receive a full refund of all monies owed by the agency within 14 days. If money is owed the agency, the client and/or responsible party will be billed from the last day of services and payment is due upon receipt.**

Client/Responsible Party Signature

Date