



ALSO HOME HEALTH CARE, Inc.

SUGGESTIONS, QUESTIONS, COMPLAINTS AND GRIEVANCE

We at Also Home Health Care, Inc. would like to hear from you.
It is our Agency's commitment to ensure your finest home care experience.
For any suggestions, questions, complains or grievances,
You can call or write directly to:

ADMINISTRATOR
Clinical Manager/ DPCS

ALSO HOME HEALTH CARE, INC.
224 E. OLIVE AVE., BURBANK, CA 91502
Tel.# (818) 352-2244 Fax# (818) 352-9977

You may also call **MEDICARE**

HOTLINE NUMBER
600 s. COMMONWEALTH #903
LOS ANGELES, CA 90006
1-800-228-1018
24 HOURS A DAY

AND/OR ACHC
855-937-2242

The purpose of this Hotline Number is to receive your concern regarding recipient abuse, neglect and Non-compliance with the Advance Directives requirement.
This number could also be used to obtain information regarding local Home Health Agencies



ADVANCE DIRECTIVES

Policy No. 1-004.1

PURPOSE

To support the implementation of the Patient Self-Determination Act within the framework of state and federal law and organization policies.

POLICY

ALSO HOME HEALTH CARE, INC. recognizes that all adult persons have a fundamental right to make decisions relating to their own medical treatment, including the right to accept or refuse medical care. It is the policy of home health to encourage individuals and their family/caregivers to participate in decisions regarding care and treatment. Valid Advance Directives, such as living wills, Durable Power Of Attorney for Health Care, and DNR (Do Not Resuscitate) orders will be followed to the extent permitted and required by law. In the absence of Advance Directives, home health agency will provide appropriate care according to the plan of care or as authorized by the attending physician. Home Health agency will not determine the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an Advance Directive.

Definitions

1. ***Adult:*** A person 18 years or older, or a person legally capable of consenting to his/her own medical treatment.
2. ***Advance Directives:*** A document in which a person states choices for medical treatment.
3. ***Attending Physician:*** The physician who is primarily responsible for the medical care of a patient receiving home health services.
4. ***DNR (Do Not Resuscitate):*** A medical order to refrain from cardiopulmonary resuscitation if the patient's heart stops beating.
5. ***Patient Self-determination Act:*** A federal statute enacted as part of the 1990 Omnibus Budget Reconciliation Act (OBRA) (PL 101-508) which requires, among other things, that health care facilities provide information regarding the right to formulate Advance Directives concerning health care decisions.
6. ***Patient Representative:*** A person appointed to make decisions for someone else. He/she may be formally appointed (as in a Durable Power of Attorney for Health Care) or, in the absence of a formal appointment, may be recognized by virtue of a relationship with the patient (such as the patient's next of kin or close family/caregiver).



7. Terminal Condition: An incurable condition caused by an injury, disease, or illness, which, regardless of the application of life-sustaining procedures, would within reasonable medical judgment produce death, and where the application of life-sustaining procedures only postpones the moment of death of the patient.
8. POLST/MOLST: Physician (Medical) Orders for Life-Sustaining Treatment is a physician order that helps give seriously ill patients more control over their end-of-life care. It does not replace an Advance Directive. There are a number of states which have established a POLST/MOLST program. Visit www.polst.org.

PROCEDURE

1. Upon admission, the clinician will provide information regarding a patient's right to make decisions concerning health care, which include the right to accept or refuse medical or surgical treatment, even if that treatment is life-sustaining, the right to execute Advance Directives, and applicable organization policies. Written information designed for this purpose will be provided to the adult patient (see Addendum 1-004.A "Advance Directive Information Statement"). The clinician will document in the clinical record that the information was provided and record all discussions concerning Advance Directives.
2. If the patient lacks decision-making capacity, the admitting clinician will provide information and direct inquiry about Advance Directives to the patient's representative. The clinician will document that the patient representative received information, and his/her name and responses will be noted in the clinical record.
3. If conditions are such that it is not practical to provide information to the patient or his/her representative at the time of admission, such information will be provided as soon as feasible after admission.
4. During the admission visit, the clinician will ask the patient or his/her representative whether or not he/she has completed an Advance Directive, Durable Power of Attorney (DPOA), living will, or DNR order. If an Advance Directive has been completed, the clinician will ask for a copy of the Advance Directive so it will be placed in the clinical record. If a copy is not immediately available, the patient will be informed that it is his/her responsibility to provide a copy of the Advance Directive to the organization as soon as possible.
 - A. Verify that the photocopy is an exact copy of the original and mark the top of the copy ("Copy From Original"). Document in the clinical record the date of the request and to whom the request was given.
 - B. On the last page of the document, indicate "Provided By" and record the name of the person who is presenting the document to you. Document in the clinical record the date of the request and to whom the request was given.
 - C. Indicate "Received By" and sign and date the document. Document in the clinical record the date of the request and to whom the request was given.



5. If a copy of the patient's Advance Directive is not available to the organization, the clinician will discuss the contents of the Advance Directive with the patient and/or patient representative and document the contents of the Advance Directive in the clinical record and communicate the contents to other home health providers.
6. When applicable, the admitting clinician will document on the clinical record and notify the attending physician verbally of the physician's (or other authorized licensed independent practitioner's) order if the patient has executed an Advance Directive.
7. The patient will be encouraged to participate in all aspects of decision-making regarding home health care and treatment. Statements by a competent patient regarding his/her desire to accept or refuse treatment will be documented in the patient's clinical record.
8. The patient will be informed of any limitations Also Home Health Care, Inc. has in respecting the patient's Advance Directive.
9. All clinicians providing care for the patient will:
 - A. Review the Advance Directive and report any discrepancies between the Directive and current treatment plan to the attending physician, clinical supervisor, and the patient.
 - B. Utilize available educational materials to answer the patient's questions about Advance Directives, durable power of attorney, or living wills.
 - C. Encourage the patient to discuss questions and concerns with appropriate individuals such as the physician, family/caregiver, and his/her selected advocate.
 - D. Assist the patient who wants to develop an Advance Directive by obtaining a form (see Addendum 1-004.B "Copies of State Specific Advance Directives") and providing access to the outside individuals as necessary to execute the directive.
10. An Advance Directive will be implemented as follows:
 - A. The Durable Power of Attorney for Health Care/Advance Directive is effective only when the patient is unable to participate in his/her own medical treatment decisions.
 - B. The attending physician and another physician or a licensed psychologist must document in the patient's clinical record that the patient is unable to participate in medical treatment decisions.
 - C. The patient's designated advocate can then make medical treatment choices based on the Advance Directive. The patient advocate may make a decision to withhold or withdraw treatment that allows the patient to die. This is done only if the patient expressed, in a clear and convincing manner, that the advocate is authorized to make such a decision, and acknowledges that such a decision would or could allow the patient's death.



- D. Executing and implementing an Advance Directive is a process, not a one (1)-time event. On an ongoing basis, the clinical staff will keep the patient, family/caregiver, and patient's representative up to date concerning the patient's medical condition. They will discuss the patient's preferred course of treatment as his/her condition changes. The discussions will be documented in the clinical record.
11. Educational information about Advance Directives and home health agency policies and procedures regarding Advance Directives will be provided to the medical, nursing and allied health professionals, as well as home health personnel and volunteers during the orientation period.
 12. In order to educate the community about Advance Directives, home health agency will participate in community forums, as appropriate, and make written materials available regarding Advance Directives.
 13. The organization will utilize POLST specific forms and guidelines. (See "POLST Policy" Addendum 1-004.C.)



ADVANCE HEALTH CARE DIRECTIVE FORM PAGE 1 of 5 CALIFORNIA PROBATE CODE SECTION 4700-4701 4700. The form provided in Section 4701 may, but need not, be used to create an advance health care directive. The other sections of this division govern the effect of the form or any other writing used to create an advance health care directive. An individual may complete or modify all or any part of the form in Section 4701. 4701. The statutory advance health care directive form is as follows: ADVANCE HEALTH CARE DIRECTIVE (California Probate Section 4701) Explanation You have the right to give instructions about your own health care. You also have the right to name someone else to make health care decisions for you. This form lets you do either or both of these things. It also lets you express your wishes regarding donation of organs and the designation of your primary physician.

If you use this form, you may complete or modify all or any part of it. You are free to use a different form. Part 1 of this form is a power of attorney for health care. Part 1 lets you name another individual as agent to make health care decisions for you if you become incapable of making your own decisions or if you want someone else to make those decisions for you now even though you are still capable. You may also name an alternate agent to act for you if your first choice is not willing, able, or reasonably available to make decisions for you. (Your agent may not be an operator or employee of a community care facility or a residential care facility where you are receiving care, or your supervising health care provider or employee of the health care institution where you are receiving care, unless your agent is related to you or is a coworker.) Unless the form you sign limits the authority of your agent, your agent may make all health care decisions for you. This form has a place for you to limit the authority of your agent.

You need not limit the authority of your agent if you wish to rely on your agent for all health care decisions that may have to be made. If you choose not to limit the authority of your agent, your agent will have the right to: (a) Consent or refuse consent to any care, treatment, service, or procedure to maintain, diagnose, or otherwise affect a physical or mental condition. (b) Select or discharge health care providers and institutions. (c) Approve or disapprove diagnostic tests, surgical procedures, and programs of medication. (d) Direct the provision, withholding, or withdrawal of artificial nutrition and hydration and all other forms of health care, including cardiopulmonary resuscitation. (e) Make anatomical gifts, authorize an autopsy, and direct disposition of remains. Part 2 of this form lets you give specific instructions about any aspect of your health care, whether or not you appoint an agent. Choices are provided for you to express your wishes regarding the provision, withholding, or withdrawal of treatment to keep you alive, as well as the provision of pain relief. Space is also provided for you to add to the choices you have made or for you to write out any additional wishes. If you are satisfied to allow your agent to determine what is best for you in making end-of-life decisions, you need not fill out Part 2 of this form. Part 3 of this form lets you express an intention to donate your bodily organs and tissues following your death. Part 4 of this form lets you designate a physician to have primary responsibility for your health care. After completing this form, sign and date the form at the end. The form must be signed by two qualified witnesses or acknowledged before a notary public.

Give a copy of the signed and completed form to your physician, to any other health care providers you may have, to any health care institution at which you are receiving care, and to any health care agents you have named. You should talk to the person you have named as agent to make sure that he or she understands your wishes and is willing to take the responsibility. You have the right to revoke this advance health care directive or replace this form at any time



PURPOSE

To outline the process for discharging a patient from service.

POLICY

When the patient's plan of care changes and this change results in discharge from or reduction of services, the patient or his/her representative, as well as his/her primary physician, will be notified and involved in planning decisions.

A discharge summary will be completed and filed in the clinical record. (See "Discharge Summary" Policy No. 2-043.)

Definitions

1. Termination/Discharge: Discontinuance of all organization services by the organization.
2. Reduction of Services: A change in the patient's service plan in which one (1) or more existing services are discontinued.

Discharge/Reduction of Services Criteria

Services will be terminated when the patient meets one (1) or more of the following discharge criteria:

1. There is a change in the patient's medical or treatment program.
2. A change in the patient's condition requires care or services other than that provided by the organization.
3. If appropriate, the goals of home health have been attained or are no longer attainable.
4. There is no longer anyone to provide supportive/custodial care.
5. The patient or family/caregiver refuses or discontinues care.
6. The patient or family/caregiver refuses to cooperate in attaining the objectives of home health.
7. Conditions in the home are no longer safe for the patient or organization personnel.
8. Family/caregiver has been prepared and is capable of assuming responsibility for care.



9. The patient moves from the geographic area served by the organization
10. The patient's physician (or other authorized licensed independent practitioner) has failed to renew orders, or the patient has changed physicians and orders cannot be obtained from the new physician (or other authorized licensed independent practitioner) to support patient's needs.
11. The physician (or other authorized licensed independent practitioner) gives orders that are not consistent with the stated diagnoses, as required by law, and fails to give the needed orders when requested by the organization.
12. If the physician face-to-face encounter was not completed prior to the initial certification, the patient or family/caregiver refuses to obtain a physician face-to-face visit within 30 days of start of care.
13. The home health agency has a policy that addresses discharge or transfer for cause when the patients (or other persons in the patients home)behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of the organization to operate effectively is seriously impaired.
14. The organization is eliminating a particular service or all of its services.
15. Agency cease to operate
16. The patient expires.

PROCEDURE

1. The organization will verbally notify the patient of the decision to terminate or reduce services within one (1) visit prior to the time the change in service is to occur (i.e., prior to the last scheduled visit).
2. Prior notice will not be necessary when services are discontinued by the patient or physician; however, action taken must be documented in the clinical record and a discharge summary completed. A copy of the discharge instructions will be mailed to the patient.
3. An update to the comprehensive assessment, including required OASIS data elements, will be completed, as required by regulation.



4. For a patient requiring continuing care, assistance will be given to the patient and family/caregiver in order to manage continuing care needs after the organization's services are discontinued. Discharge instructions will be provided.
 - A. Discharge planning will identify ongoing needs the patient may have.
 - B. Arrangements for such services will be coordinated by the organization, when applicable.
5. The decision to terminate or reduce services must be documented in the clinical record, citing the circumstances and notification to the patient, the responsible family/caregiver or representative, and the patient's physician. The Clinical Supervisor or designee is accountable for the decision and the required documentation.
6. Each clinician making the final visit for his/her discipline will complete the appropriate sections of the discharge notice for discontinuing a discipline.
7. If more than one (1) discipline is providing care, the discipline being discontinued will be specified on the interim order.
8. A discharge summary will be completed for all discharged patients. A copy will be mailed to the primary physician.
9. All discharge paperwork will be due in the office within 72 hours of the discharge date. This will include the discharge order, discharge summary, plan of care, medication profile, and OASIS.
10. The discharge record will be organized according to the organization policy regarding clinical record contents. Documentation will be reviewed by the Clinical Supervisor or designee and completed within 30 days of the discharge, at which time it will be removed from the active files.
11. Discharge a patient for cause
 - Advise the patient and or PCG, the physician and the licensed practitioner primary responsible for the patient after discharge that a discharge for cause is considered
 - Make efforts to resolve the problem presented by the patients behavior for others in the home or situation
 - Provide the patient and/or PCG with contact information for other agency's or providers who may be able to provide care
 - Document the problem and efforts made to resolve the problem and then enter this documentation into the patient record

(See "Discharge Planning" Policy No. 2-024 and "Discharge Summary" Policy No. 2-043.)



TRANSFER/REFERRAL CRITERIA AND PROCESS

Policy No. 2-040.1

PURPOSE

To outline the process for transferring or referring a patient to another service provider.

POLICY

When a patient's needs change significantly and he/she requires care that cannot be provided by the organization, a transfer/referral to another service provider will be made.

When the patient's plan of care changes and this change results in a transfer or referral, the patient, his/her representative, as well as his/her primary physician, will be notified and involved in planning decisions.

Transfer/Referral Criteria

Home health services for a patient will not be arbitrarily terminated. The patient may be transferred/referred only for the following reasons, which will be documented in the clinical record:

1. A change in condition requiring emergent care, hospitalization, or placement in an alternate care setting.
2. A change in condition requiring services outside the scope provided by the organization.
3. The patient moves from the geographic area served by the organization.
4. The organization is closing or eliminating a particular service.
5. The patient and family/caregiver request a transfer to another home health provider.

PROCEDURE

1. The patient will be given immediate notice and assistance in selecting other health care services appropriate to his/her needs.
2. When a patient is referred to another organization, service, or individual, the patient will be informed of any financial benefit to home health.
3. The physician (or other authorized licensed independent practitioner) will be notified, and an order will be obtained to transfer the patient.



4. The physician who writes the patient transfer order will verbally confirm the transfer arrangements and give the appropriate information to the receiving health care provider.
5. The Physician will be provided a copy of record within 2 business days
6. The clinician or designee will:
 - A. Inform the patient and family/caregiver of the physician (or other authorized licensed independent practitioner) transfer order.
 - B. Involve the patient and family/caregiver in the transfer.
 - C. Serve as a liaison between the patient, the family/caregiver, and the physician relative to the transfer arrangements.
 - D. Notify all internal or external providers of care for the patient.
7. All communication with the receiving provider, physician, and patient will be documented in the clinical record.
8. Within 48 hours of transfer, the clinician will complete a transfer summary. (See "Transfer Summary" Policy No. 2-043.)
9. Within 48 hours of transfer, the clinical records clerk will send a copy of the transfer summary and clinical record to facility.
10. A copy of the transfer summary will also be sent to the physician.
11. The clinician will update the comprehensive assessment, including required OASIS data elements, as required by regulation.
12. If a patient and family/caregiver request a transfer, the organization will assist in the identification of other health care providers appropriate to the patient's needs.



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GRIEVANCE/COMPLAINT POLICY

ALSO HOME HEALTH CARE, INC. is dedicated to providing quality care and to meeting to needs of patient/clients. Relationships with patients/clients are based on honesty and ethical standards of conduct. Patients/clients have a right to lodge complaints with the agency about the care that is, or fails to be furnished or regarding a lack of respect for property or privacy. Patients/clients have a right to voice their grievances without fear of discrimination or reprisal, and to know about the disposition of such complaints. Patients/clients also have the right to lodge complaints concerning the implementation of Advance Directives.

Patient/clients will be encouraged, if dissatisfied with some aspect of care, to discuss this with staff member(s) involved. Should this prove difficult, or should it not be resolved to their satisfaction, the staff person's administrator should be contacted at Tel: 818.484.7474. Such complaints will be documented by the person receiving the complaint and follow-up and/or resolution shall be documented. Documentation will be filed in the patient medical record and/or employee personnel folder, as appropriate.

Should the above internal grievance procedure not resolve the concern, the patient/client may make a complaint to the following address:

**Licensing and Certification
California Department of Health Services
600 s. COMMONWEALTH #903
LOS ANGELES, CA 90006
(800) 2281018 (8:00 am to 5:00 pm, Mon Fri)
Or call their special "hotline" number at**

1-800-228-1018

Procedures for filling complaints based of Civil Rights or Handicap violations are available in the Agency office



BASIC HOME SAFETY INSTRUCTIONS

GENERAL SAFETY:

-Keep in touch with others.

If you live alone, ask a neighbor, friend, member to check on you each day.

-Keep a flashlight and portable radio handy.

These are helpful if the lights go out or for an emergency, keep extra batteries on hand.

-Get up slowly.

Because of certain changes in blood circulation, it's best to get up from a chair or bed slowly and to turn your head slowly to avoid dizziness.

-Don't hurry.

Many accidents happen because people try to do things too quickly; it is much easier for you to open a single lock.

-Stay physically fit.

Regular exercise, well balance meals and plenty of rest are important to keeping healthy and safe. (Consult your physician before starting an exercise program.)

-Furniture layout.

Make sure there's a clear walkway through every room.

-Floors.

Don't walk on freshly washed or waxed floor until it's dry. Wipe up any spills immediately.

Avoid wearing socks, smooth soled shoes or slippers on uncarpeted floors.

-Carrying objects.

Make sure your view is not blocked. Get firm grip. Lift with your legs (knees bent, back straight), and walk slowly. Get help for heavy or awkward objects.

-Reaching high places.

Use a solid step stool or ladder, not a chair or box if you must climb. Avoid using the highest shelves, if possible, Get help if you need it.

-Prevent burns.

Check hot water temperature. Experts suggest setting hot water at 120F or lower. Wear shorts or tight fitting sleeves when cooking. Roll back loose sleeves or fasten them with plastic bands. Keep pot handles turned away from the front of the stove. Use pot holders when necessary.

MEDICATION SAFETY:

STORAGE:

-Make sure medications are removed from storage only at administration times, and keep out of the reach of children, pets and/or confused individuals.

-Drugs labeled "FOR EXTERNAL USE ONLY" are kept separate from internal drugs.

-Store each individual family member's drugs separate from internal drugs.

-Do not keep drugs on window sills or other surfaces where there is extreme exposure to light or heat.

-Store urine testing and other diagnostic materials away from all other medications, heat light and moisture.

-Dispose of con.

MEDICAL EQUIPMENT SAFETY:



-Home Oxygen Safety:

No smoking while oxygen is in use. Do not permit oil, grease or other combustible materials to come in contact with oxygen equipment. Transport cylinders in proper carriers. Secure cylinders to prevent falling. Keep cylinder and concentrator in well-ventilated area, not in closets. Avoid extreme heat. Avoid the use of electrical appliances (such as razors, hair dryer, etc.) while oxygen equipment is in use. Any electrical equipment is use near oxygen system must be properly assemble and test oxygen equipment before use Set the flow meter to the prescribed rate per your physician order. Make sure you have an adequate back up supply of oxygen in case of emergency and/or evaluation. Utilize fire retardant clothing and/or bed clothes if possible.

ENVIRONMENTAL SAFETY:

-Rugs:

Remove throw rugs non-skid tape or backing on throw rugs. Tack down edges of all carpets.

-Stairs:

Be sure they are firmly anchored, not-slip treads, good lighting, and a solid easy to grasp handrail that is rounded or knobbed at the end. Consider painting or taping the top and bottom steps so they'll be easy noticed. Don't rush when climbing up or down stair.

Install ramps as needed.

-Bathroom:

Be sure mats are not-skid and there are treads in the tub or shower to prevent slips. "Grab bars" should be installed in tub area and next to the toilet, if possible. Use assistance as needed when getting in and out of the tub shower. Wipe up all spills immediately. Keep all electrical cords away from the sink.

ELECTRICAL SAFETY:

-Grounding:

Utilize three pronged adapters for safe grounding of all electrical equipment.

-Cords.

Do not use frayed cords. Keep electrical cords away from water and sinks. Arrange all electrical and phone cords so that they will not cause tripping.

-Circuits.

Be familiar with the location of your fuse box and the master electrical breaker for emergency shot off. Be aware of the limitations in your electrical systems to prevent possible over load of circuitry.

-Electrical appliances and equipment.

Use electric blankets only as directed. Be familiar with electrical requirements for special equipment and follow directions from the vendor.

FIRE SAFETY:

Practice Fire safety.

-Do not smoke in bed or when sleepy.

-Use portable heaters according to manufacturer's instructions. Contact your fire department if you have questions.

-Use flammable liquids (gasoline, kerosene, etc.) safety. Store in approved safety containers outside the home.



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- Have your home's electrical system checked if there are signs of wiring problems.
- Frequently blown fuses, hot cords or outlets, dimmed lights.
- Install smoke detectors in each room and check them regularly.
- Keep a fire escape plan and practice it often.
- Check fire exits to be sure they open easily and are free of clutter.



DESCRIPTION OF SERVICES

Home Health services are initiated upon receiving orders from the patient's physician. A registered nurse makes an evaluation visit to assess the patient's problems and eligibility for home health services. In order to determine eligibility, the nurse uses the following criteria set by Medicare and most private insurance.

1. The patient must be homebound.
2. The patient must require skilled qualifying services
3. The care needed must be intermittent (part-time)
4. The care must be a medical necessity (requires physician orders).
5. The care must be reasonable and necessary.
6. There is no duplication of services.

If eligibility criteria are met, there usually are no additional charges to the patient

Nurse

The registered nurse does a physical assessment of the patient to determine the patient's physical problems and needs, and makes plans with patient and family (or caregiver) for ongoing care and support at home. An assigned nurse visits regularly to provide instructions on the care of the patient, attend to skilled nursing procedures, and promote rehabilitation and independence of the patient, all under physician's orders. The nurses are available to help you whenever possible, but please remember, we are not an emergency facility. Therefore, in an emergency, please call 911. You may call the Home Health Agency number on a non-emergency situation and a nurse will be available to assist or advise you.

Home Health Aide

The Home Health Aide provides personal care for the patient. This includes bathing, shaving, skin and oral care, and linen changes. Home Health Aide services can be provided only when a Registered Nurse, Physical Therapist or Speech Therapist is visiting regularly; the aide must be supervised by said staff.

Social Worker

Social Workers assist with problem solving by making referrals to helpful community resources, by giving financial guidance and assistance with future planning. The Social Worker identifies and reinforces the strengths of the patient and family to enhance day to day coping and quality of life during stressful times.

Physical, Occupational, and Speech Therapy

The above license personnel specialize in the rehabilitation of patients who have experienced a loss of function due to illness. They assist the patient with walking, strengthening exercises, learning self care with the use of special aids, assisting the patient to overcome speech impairments, and other rehabilitative services. They also visit on a regular basis as ordered by the physician.

NON-DISCRIMINATION :

Pursuant to Title VI of the Civil Rights Act of 1964, Sec. 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, this agency does not discriminate on the basis of race, color, sex, age, national origin, religion, handicap or Viet Nam era Veteran.



Schedule of Charges-Private Pay Patients

Skilled Nursing

- Initial Evaluation \$140.00
- Follow up Visit \$140.00

Home Health Aide

- Visit \$100.00

Physical Therapy

- Initial Evaluation \$150.00
- Follow up Visit \$150.00

Occupational Therapy

- Initial Evaluation \$150.00
- Follow up Visit \$150.00

Speech Therapy

- Initial Evaluation \$150.00
- Follow up Visit \$150.00

Medical Social Services

- Visit \$175.00

Note:

- ALSO HOME HEALTH CARE, INC. will bill Medicare, Medical or any other insurance company that the patient has.

Charges that the patient may have to pay

- Nothing for service that medically necessary
- 20% of approved amount for durable medical equipment.



DISASTER PREPAREDNESS

EVACUATION SAFETY:

Be prepared in case of emergency.

- Establish specific exit routes for safe evacuation and make sure they are free of clutter.
- Be familiar with the numbers for the local Red Cross and civil Defense authorities in the event of a local disaster.
- Develop an action plan to be implemented in the event of a weather or civil emergency utilizing planned assistance from family neighbors, or other established community resources.
- Have adequate medical supplies readily available for use during an emergency period and place those supplies in a plastic bag to prevent water contamination in the event of flooding and or evacuation.
- Maintain adequate supply of necessary medication and take medications with you if evacuated to a shelter. Contact your physician or pharmacy if your medications supply is low.
- List all local emergency numbers (family, sheriff, fire department (emergency 911) doctor, home health agency, etc) and keep them readily available. Be familiar with and utilize all emergency systems (such as lifeline, etc.) as needed.
- Utilize the emergency 911 number when needed.

SAFETY AND SURVIVAL IN AN EARTHQUAKE

During the earthquake stay calm! Try to calm and reassure others.

- If you are indoors**, stay there! Get under a sturdy table or desk or brace yourself in a doorway or corner. Move to an inside hallway when possible. Choose a location which will allow you air to breathe in the event the building collapses around you. Stay clear of windows, bookcases, china cabinets, heavy mirrors, hanging plants and other heavy objects. Watch out for falling plaster.
- If you are outside** move to an open area away from power lines, power poles, trees, walls and chimneys.
- If you are on a sidewalk near buildings** duck into a doorway to protect yourself from falling bricks, glass, plaster and other debris.
- In a crowded store or other public place**, do not rush for exits. Move away from display shelves containing objects that may fall.
- In a high rise building** get under a desk and stay away from window. Stay in the building on the same floor. Avoid using the elevators as the power may go off. Don't be surprised if the fire alarm or sprinkler systems go on.
- If you are in your car**, pull to the side of the road and stop the car. Do not park under bridges or overpasses or overhead wires. Stay in your car until the shaking has stopped. Stay in your car if electrical wires have fallen across your vehicle. Do not attempt to cross bridges or overpasses that may have been damaged.
- Expect Aftershocks**. Move carefully. Use extreme caution when entering damaged building, as aftershocks can bring them down. Continue to protect your emergency supplies from falling debris.
- Wear Shoes** for protection from debris or broken glass.



- Immediately check for Injuries**, trapped persons and handicapped persons in your family, neighborhood or among fellow workers. Do not attempt to move seriously injured persons unless they are in immediate danger of further injury.
- Use a flashlight** when searching for gas leaks or fire hazards. Do not use a lighted match. Do not use electrical switches or appliances if gas leaks are suspected because sparks can ignite gas from broken lines.

AFTER THE EARTHQUAKE

Check gas, water and electrical lines and check appliances for damage. If you smell gas or see a broken line, shut off main valve. If the utilities have been turned off or disrupted have a qualified mechanic (plumber, electrician or utility representative) restore the service.

- Never touch downed power lines** or objects touched by downed lines.
- Confine household Pets** if walls or fences are down.
- Don't use your telephones** except for emergency calls.
- Check water supplies.** If water is off, use emergency water obtained from water heaters, toilet tanks, melted ice cubes and canned fruits and vegetables. Don't drink the water from toilet tanks if a disinfectant chemical has been added to the water.
- Check to see that sewage lines are intact** before flushing the toilet.
- Check closets and storage shelf areas.** But open doors carefully and watch for falling objects.
- Turn on your battery operated radio** (or care radio) for damage reports and information. Do not spread rumors.
- Do not use your vehicle** unless there is an emergency. Do not go sightseeing.
- Notify your out-of-town "contact person"** about your situation by mail if other communications are not available. When telephones become available all your out-of-town contact. If telephone communications are difficult during daytime hours, try placing your call in off-peak hours between 1-6 am.
- Use Outdoor Barbecues**, camping stoves, hibachis, chafing dishes, fondue pots or fireplace for cooking, however, check the chimney for cracks and damages before using fireplace.
- Cooperate with public safety efforts.** Do not go into damaged areas unless you have been requested to do so. Keep streets clear for passage of emergency vehicles.



TERRORISM

PREPARE NOW FOR A TERRORIST ATTACK

Develop a disaster plan for your family. **Have a telephone number** of a relative or friend outside the area for all family members to call should you be separated. Make sure each family member has the contact's work and home telephone number and e-mail address, in case phone calls can't get through. Establish a family meeting place in another area of the city in case you have to evacuate. **Learn basic First Aid.** Make sure you locate and check your emergency preparedness kit to ensure there are fresh batteries, water, and First Aid kit. If you need to create a kit, make sure it has at least a 72-hour supply of water and food, a First Aid kit, fire extinguisher, flashlight, battery-operated radio, and extra batteries. It is also a good idea to include some cash and copies of important family documents (birth certificates, passports, and licenses). **Know where fire exits and fire extinguishers are**, at home, at work, or when traveling, and practice emergency evacuation procedures with your family. **Know the emergency procedures at your child's school.** Be sure to give your caregiver appropriate authorization to pick up your children if you are unable to do so.

BE ALERT

Always be aware of your surroundings, particularly in airports, large cities, large crowds or popular tourist areas. Report any suspicious activities to local authorities. When you travel, keep your belongings with you at all times, and DON'T accept packages from strangers.

Terrorism Preparedness Tips

Preparing for terrorism is the same as preparing for earthquakes, fires, floods and other disasters. Below are tips to increase your safety and survival. Remember, preparedness is the key. Take steps **now** to be prepared.

- ❖ Determine what the possible threats are and discuss them with your family, household, or co-workers. Understanding and awareness of these threats is key to preparedness.
- ❖ Be aware of your surroundings and report any suspicious activities to the Police Department.
- ❖ Practice emergency evacuation procedures. Know where the emergency exits, location of staircases, and where fire extinguishers are: at home, at work, or when traveling.
- ❖ Assemble a disaster supplies kit in easy to carry containers for home, for work, and for your car. Include a 3-day supply of water, non-perishable food, a First Aid kit and book, flashlights, battery-powered radio, extra batteries, fire extinguisher, tools, prescription medications, copies of important documents, duct tape, plastic sheeting, and towels to seal door cracks. Do not forget to include supplies for your pets.
- ❖ Contact your child's school and/or day care center about emergency plans.
- ❖ Review what to do if instructed by officials to "**Shelter in Place**" (remain indoors or in your car) or to "**Evacuate**" (leave a hazardous area).
- ❖ Be prepared to use battery powered radios, flashlights and other electronic devices, in case of a loss of electricity, telephones, etc.
- ❖ **Rinsing with Water** is the best protective measure against exposure to chemical, biological or nuclear material.



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- ❖ Create an emergency communications plan. Be sure to include an out-of-town contact to check on each other if local telephones are jammed or out of service.
- ❖ If there is an attack, or strong warning of an attack, remain calm and follow the advice of local emergency officials.
- ❖ Call 911 only in an emergency.



HOME EMERGENCY SUPPLIES

SURVIVAL	SAFETY AND COMFORT
• Water 2 quarts to 1 gallon per day	• Study shoes
• First aide kit-freshly stocked	• Heavy gloves for cleaning debris
• First aide book	• Candles and matches
• Food (packaged, caned, no cook, baby food and food for special diets)	• Change of clothing
• Can opener (non electric)	• Knife or razor blades
• Blankets or sleeping bags	• Garden hose for siphoning and fire fighting
• Portable radio, flashlight and spare batteries	COOKING
• Essential medication and glasses	• Barbecue, camp stove, chafing dish
• Fire extinguisher A-B-C type	• Heavy duty aluminum foil
• Food and water for pets	• Fuel for cooking (charcoal, stove fuel, etc.)
• Money	• Plastic knives, forks, spoons, paper towels
SANITATION SUPPLIES	TOOLS AND SUPPLIES
• Large plastic trash bags for trash waste, water protection	• Axe, shovel, broom
• large trash cans	• Crescent wrench for turning off gas
• Bar soap and liquid detergent	• Screwdriver, pliers, hammer
• Shampoo	• Coil of 1/2" rope
• Toothpaste and toothbrushes	• Plastic take and sheeting
• Feminine and infant supplies	• Toys for children
• Toilet paper	
• Household bleach	
• Newspapers to wrap garbage & waste	

INSTRUCTIONS FOR GAS, ELECTRICITY, AND WATER

ELECTRICITY:

- ❖ Teach responsible member of your family how to turn off electricity, gas and water at a main switch and valves.

GAS:

- ❖ The main shut-off valve is located next to your meter on the inlet pipe
- ❖ Use a wrench and give it a quarter turn in either direction so that it runs crosswise on the pipe. The line is now closed.

WATER:

- ❖ Water shut-off valve found where water enters the house.
- ❖ Also main water shut-off valve found with meter in a concrete box in the sidewalk.



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HIPAA NOTICE OF PRIVACY PRACTICES

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

If you have any questions about this notice, please contact:

ALSO HOME HEALTH CARE, INC.

OUR PLEDGE REGARDING PROTECTED HEALTH INFORMATION: We, Also Home Health Care, Inc.

understand that protected health information about you and your health is personal. We are committed to protecting health information about you. This Notice applies to all of the records of your care generated by the Also Home Health Care, Inc.

Whether made by Also Home Health Care, Inc. personnel or your personal doctor.

This Notice will tell you about the ways in which we may use and disclose protected health information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of protected health information. The law requires us to:

- make sure that protected health information that identifies you is kept private;
- notify you about how we protect protected health information about you;
- explain how, when and why we use and disclose protected health information;
- Follow the terms of the Notice that is currently in effect.

We are required to follow the procedures in this Notice. We reserve the right to change the terms of this Notice and to make new notice provisions effective for all protected health information that we maintain by:

- posting the revised Notice in our office
- making copies of the revised Notice available upon request;
- Posting the revised Notice on our Web site when available.

HOW WE MAY USE AND DISCLOSE PROTECTED HEALTH INFORMATION ABOUT YOU.

The following categories describe different ways that we use and disclose protected health information without your written authorization.

For Treatment. We may use protected health information about you to provide you with, coordinate or manage your medical treatment or services. We may disclose protected health information about you to doctors, nurses, technicians, medical students, or other Also Home Health Care, Inc. personnel who are involved in taking care of you.

Also Home Health Care, Inc. staff may also share protected health information about you in order to coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose protected health information about you to people outside Also Home Health Care, Inc. who may be involved in your medical care, such as clergy or others we use to provide services that are part of your care and with your signed consent.

We may use and disclose protected health information to contact you as a reminder that you have an appointment for treatment or medical care at Also Home Health Care, Inc. We may use and disclose protected health information to interest to you.

tell you about or recommend possible treatment options or alternatives or health-related benefits or services that may be of

For Payment for Services. We may use and disclose protected health information about you so that the treatment and services you receive at the Also Home Health Care, Inc. may be billed to and payment may be collected from you, an insurance company or a third party. For example, we may need to give your health plan information about nutrition services you received at Also Home Health Care, Inc. so your health plan will pay us or reimburse you for the service. We may also tell your health plan about the nutrition services you are going to receive to obtain prior approval or to determine whether your plan will cover the treatment.

For Health Care Operations. We may use and disclose protected health information about you for Also Home Health Care, Inc. health care operations, such as our quality assessment and improvement activities, case management, coordination of care, business planning, customer services and other activities. These uses and disclosures are necessary to run the facility, reduce health care costs, and make sure that all of our patients receive quality care.

For example, we may use protected health information to review our treatment and services and to evaluate the performance of the nurse who is providing your services. We may also combine protected health information about many Also Home Health Care, Inc. patients to decide what additional services the Also Home Health Care, Inc. should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, medical students, and other Also Home Health Care, Inc. personnel for review and learning purposes. We may also combine the protected health information we have with protected health information from other health care facilities to compare how we are doing and see where we can make improvements in



ALSO HOME HEALTH CARE, Inc.

the care and services we offer. We may remove information that identifies you from this set of protected health information so others may use it to study health care and health care delivery without learning who the specific patients are.

Subject to applicable state law, in some limited situations the law allows or requires us to use or disclose your health information for purposes beyond treatment, payment, and operations. However, some of the disclosures set forth below may never occur at our facilities.

As Required By Law. We will disclose protected health information (PHI) about you when required to do so by federal, state or local law.

Research. We may disclose your PHI to researchers when their research has been approved by an institutional review board or privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your information

Health Risks. We may disclose protected health information about you to a government authority if we reasonably believe you are a victim of abuse, neglect or domestic violence. We will only disclose this type of information to the extent required by law, if you agree to the disclosure, or if the disclosure is allowed by law and we believe it is necessary to prevent or lessen a serious and imminent threat to you or another person.

Judicial and Administrative Proceedings. If you are involved in a lawsuit or dispute, we may disclose your information in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made, either by us or the requesting party, to tell you about the request or to obtain an order protecting the information requested.

Business Associates. We may disclose information to business associates who perform services on our behalf (such as billing companies;) however, we require them to appropriately safeguard your information.

Public Health. As required by law, we may disclose your protected health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.



INFECTION CONTROL

1. Thorough hand washing is the BEST WAY to prevent the spread of infection.
HAND WASHING PROCEDURE:
 - a. Use continuously running water.
 - b. Use a generous amount of soap.
 - c. Apply with vigorous contract on all surfaces of hands
 - d. Wash hands for AT LEAST 10 seconds.
 - e. Clean under and around fingernails.
 - f. Rinse with your hands down, so that runoff goes into sink, and not down your arm.
 - g. Avoid splashing.
 - h. Dry well with paper towels.
 - i. Use a towel to turn the water off.
 - j. Discard the towels into a bag provided for the purpose.
2. Use liquid soap and disposable towels. Bars of soap can harbor organism that could be harmful to patient.
3. Wear disposable gloves when handling body fluids (faces, urine, wound or vaginal drainage, saliva, sputum, emesis. If you have skin rash, abrasion, or cut, use gloves when touching intact skin).
4. Clothes, bed linens, and towels can be washed as normal. Dry on high setting. Put soiled linens in a plastic bag until ready to launder.
5. Use chlorine bleach (1/4 cup per gallon of water, or 1:10 solution) to clean toilet and surfaces contaminated with blood, feces, urine or other body fluids. Wear disposable gloves and cloth.
6. Dishes may be shared with others provided they are washed in hot soapy water, hot enough to require gloves. Disinfectant is not needed.
7. Soiled bandages/dressings, disposable under pads or diapers and gloves should be placed in securely fastened plastic bags before you put them in your regular household trash.
8. DISPOSAL TIPS FOR HOME HEALTH CARE
You can help prevent injury, illness, and pollution by following some simple steps when you dispose of the sharp objects and contaminated materials you use in administering



DIETARY GUIDELINES FOR AMERICANS

- | | |
|---|---|
| <input type="checkbox"/> Eat a variety of foods | to ensure appropriate amounts of calories, Carbohydrates, proteins, and fats, as well as vitamins, minerals, water and fiber. |
| <hr/> | |
| <input type="checkbox"/> Balance the food you eat
With physical activity -
Improve or maintain your weight. | to decrease the risk of hypertension, heart disease stroke, certain cancers, and diabetes. |
| <hr/> | |
| <input type="checkbox"/> Choose a diet with plenty of grain
Products, vegetables and fruits | to provide complex carbohydrates, dietary fiber vitamins and minerals. |
| <hr/> | |
| <input type="checkbox"/> Choose a diet low in fat, saturated
Fats and cholesterol. | to reduce the risk of heart disease and stroke. |
| <hr/> | |
| <input type="checkbox"/> Choose a diet moderate in sugars. | To limit empty calories and help prevent tooth Decay. |
| <hr/> | |
| <input type="checkbox"/> Choose a diet moderate in salt
And sodium | to reduce possible hypertension risk |
| <hr/> | |
| <input type="checkbox"/> If you drink alcoholic beverages,
Do so in moderation. | to avoid extra calories with little or no nutrients. |



A GUIDE TO SERVING SIZES 1

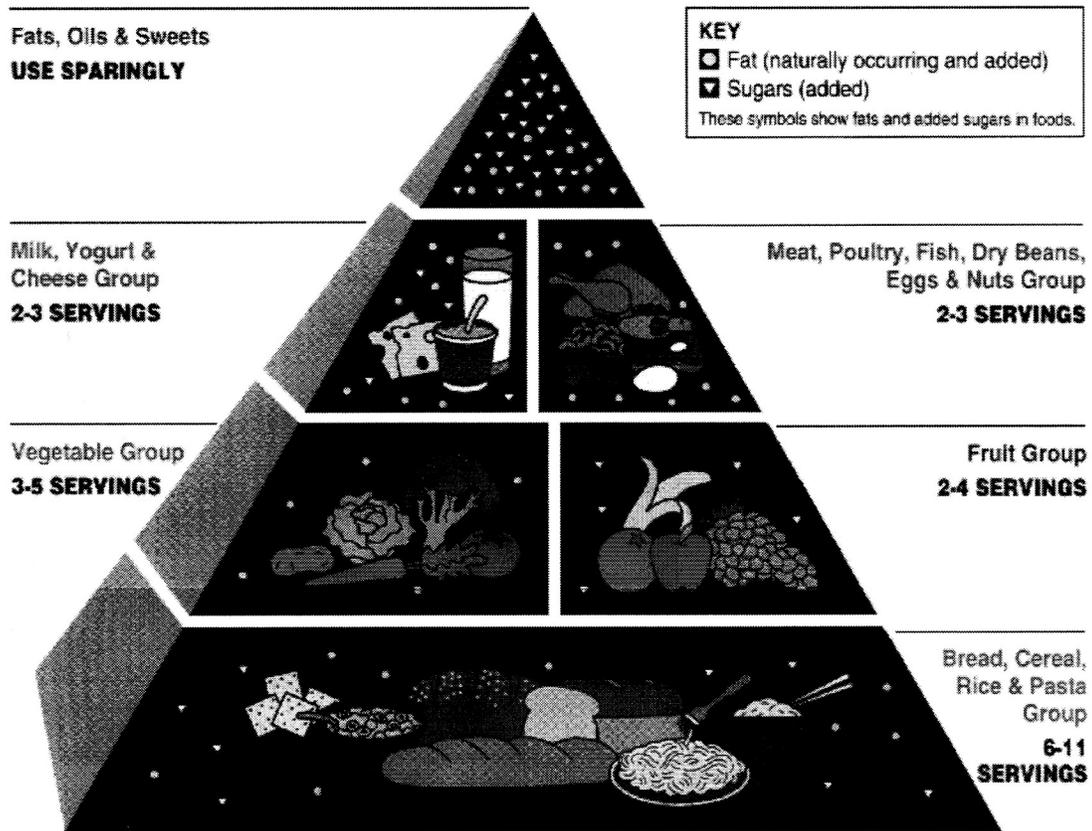
<u>FOOD GROUP</u>	<u>WHAT COUNTS AS A SERVING?</u>
Bread, cereals, rice and pasta	1 slice of bread ½ hamburger bun, bagel, or English muffin 1 small roll, biscuit or muffin 3-4 small or 2 large crackers ½ cup of cooked cereal, rice or pasta 1 oz. (or about ¾ cup) of ready-to-eat cereal 1 6-in tortilla
Fruits	1 whole fruit such as a medium apple, banana or orange ½ grapefruit Melon wedge (about 1/4) ¾ cup fruit juice ½ cup berries ½ cup chopped, cooked or canned fruit ½ cup dried fruit
Vegetables, including starchy vegetables 3-5 servings/d	½ cup cooked vegetables ½ cup chopped raw vegetables 1 cup leafy raw vegetables, such as lettuce or spinach ¾ cup vegetable juice
Milk, yogurt and cheese 2-3 servings	1 cup milk 8 oz. yogurt 1 ½ oz. natural cheese 2 oz. processed cheese
Meat, poultry, fish Dried beans and peas Eggs and nuts	2-3 oz. of cooked lean meat, poultry or fish, count 1 egg or ½ cup cooked dried beans as 1 oz. of lean meat 2 tbsp. of peanut butter or 1/3 cup of nuts Count as 1 oz. of meat
Fats, oils and sweets	Use fats and sweets sparingly
Alcohol	If you drink alcoholic beverages, do so in moderation no more than 1 drink per day for woman & no more than 2 drinks per day for men Count as one drink: 12 oz. of regular beer 5 oz. of wine 1.5 oz. of 80-proof distilled spirits



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WE CARE HOME HEALTH, INC. WHAT IS THE FOOD GUIDE PYRAMID?

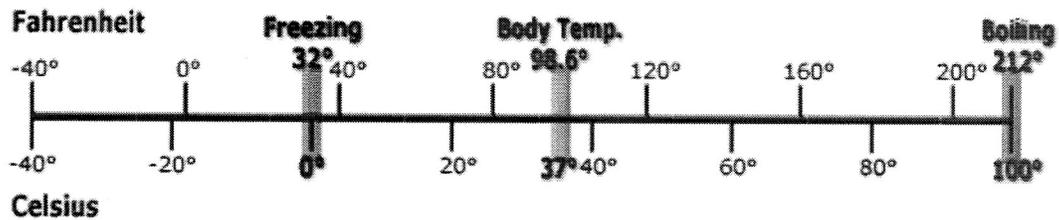
- ❖ The Pyramid is an outline of what to eat each day. It's not a rigid prescription, but a general guide that lets you choose a healthful diet that's right for you.
- ❖ The Pyramid calls for eating a variety of foods to get the nutrients you need and at the same time the right amount of calories to maintain or improve your weight.
- ❖ The Pyramid also focuses on fat because most American diets are too high in fat, especially saturated.





TEMPERATURE CONVERSION CALCULATOR

Fahrenheit [°F] < => Celsius [°C]



$$T_c = (5/9) * (T_f - 32)$$

$$T_f = ((9/5) * T_c + 32)$$

$$9/5 = 1.8 \quad 5/9 = 0.5556$$

$$-40 \text{ } ^\circ\text{F} = -40 \text{ } ^\circ\text{C}$$

$$98.6 \text{ } ^\circ\text{F} = 37 \text{ } ^\circ\text{C}$$

(Human Body Temperature)



Community Resource Telephone Numbers

EMERGENCY NUMBERS

Paramedics.....Dial 911
Fire
Department..... Dial 911
Police
Department..... Dial 911

MEDICAL SERVICES

LA CAL. Medical Association (MD Referrals)..... (213) 483-6122
National Institute for Drug Abuse (Referrals
for Alcohol & Drug abuse treatment programs)..... (800) 662-4357
Nursing Home Information & Referral Service.....
(213) 974-7779

FOOD SHELTERAND HOUSING

Fair Housing Council.....
(818) 373-1185
HUD info on elderly & handicapped housing.....
(800) 245-3691
Meals to Homebound.....
(818) 246-5586 (484) 484-777

COMMUNITY REASOURCES/SOCIAL SERVICES

Adult Protective Services & Elderly Abuse Hotline.....
(800) 992-1660
AIDS Hotline.....
(800) 342-2437
American Cancer Society.....
(800) 227-2345
American Heart Association.....
(800) 242-8721
Armenian Relief Society.....
(818) 241-7533
Child Abuse Hotline.....
(800) 540-4000
Department of Aging.....
(213) 368-4000
(213) 738-4004
National Institute on Aging.....
(800) 222-2225
Legal Aid Foundation.....
(800) 399-4529

LA INFORMATION LINE FOR:

Community Resources.....
(800) 440-2512
Handicap Stickers.....
(213) 484-6334
Medicare Hotline.....
(800) 638-6833
Medi-Cal Information.....
(818) 500-3003
Social Security Office.....
(800) 772-1213
Property Tax Assistance for Seniors.....
(800) 852-571



Client Bill of Rights & Responsibilities

- ☑ Receive considerate and respectful care in the home at all times, and have property treated with respect, consideration, and recognition of patient dignity and individuality.

- ☑ Participate in the development of the plan of care, and receive an explanation of any services proposed, including proposed frequency of visit and the disciplines to furnish care, changes in service, and alternative services that may be available as well as limitations to scope and services provided. Where appropriate with respect to Completion of assessment, care to be furnished based on the assessment and revised POC
 - Receive information about the care and services covered under the Medicare Home Health benefit.

- ☑ Receive complete written information on the plan of care, including the name of the home health aide and the supervisor responsible for the services and the agency phone number.
 - Be able to identify visiting personnel member through proper photo identification provided by agency.

- ☑ Refuse medication and treatment, counseling, or other services, based on physician's orders, without fear of reprisal or discrimination.
 - Be free from mistreatment, neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source and misappropriation of property.

- ☑ Be fully informed of the consequences of all aspects of care, unless medically contraindicated, including the possible results of refusal of medical treatment, counseling or other services.

- ☑ Privacy and confidentiality about one's health, social and financial circumstances and about what takes place in the home and be informed on the agency's policies regarding the disclosure of clinical records.

- ☑ Know that all communications and records (PHI/EPHI) will be treated confidentially and that no information will be given out without a written release from the client or legal representative.
 - Be informed of patient rights regarding the collection and reporting of OASIS information.
 - Be informed that OASIS information will not be disclosed except for legitimate purposes allowed by the Privacy Act .



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- Be informed of anticipated outcomes of care/services and of any barriers in outcome achievement. Also identified goals and anticipated risks and benefits
 - .Establishing and revising the plan of care; . Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits
- ☐ Expect that all home care personnel, within the limits set by the plan of care, will respond in good faith to the client's requests for assistance in the home.
- ☐ Receive information on the agency's policies and procedures including information on charges, qualifications and supervision of personnel, hours of operation, and discontinuation of service; request a change of caregiver
- ☐ Participate in the plan for discontinuation of service with the right to appeal.
- ☐ Have access to all bills for service regardless of whether they are paid for out-of-pocket or through other sources of payment.
- ☐ Receive regular nursing supervision of the home health aide if medically-related personal care is needed.
- ☐ Receive a clear explanation, orally and in writing, of which services and equipment provided by the agency are covered by third-party reimbursement and which services and equipment will be paid for by the client and of the charges which will be incurred prior to or at the initiation of care. This will be available to patient or patient rep (if any) of these charges as soon as possible in advance to next SN visit
- * Receive proper written notice, in advance of a specific service being furnished, if the HHA believes that the service may be non-covered care; or in advance of the HHA reducing or terminating on-going care
- Be informed of any financial benefits when referred to an organization
- ☐ Receive a clear explanation of the process to voice grievances about care, treatment, policy, personnel or discontinuation of service without restraint, interference, coercion or fear of discrimination or reprisal for doing so.
- Have grievances/complaints regarding treatment or care that is or fails to be furnished, or lack of respect of property investigated. If patient care is not consistent and/or inappropriate
- ☐ Appeal agency decisions regarding care, following grievance procedures.
- ☐ Know the agency maintains liability insurance coverage; and be given in writing the name and telephone number of a contact person for 24 hour access to the agency.



- ☐ Be given written information concerning the agency's policy on advance directives.
- ☐ Access to an interpreter if needed.
 - Patients are informed of the right to access auxiliary aids and language services, and how to access these services
- ☐ Choose their provider of services and attending physician and be informed of that right
- ☐ Call the State Department of Health HOTLINE at 1-800-792-9770
 - The patient's guardian may exercise the patient's rights when the patient has been judged incompetent.

Clients of the home health have the responsibility within 3 days:

- ☐ Notify the agency of changes in their condition or care situation (hospitalization, symptoms, etc.).
- ☐ Follow the plan of care.
- ☐ Notify the agency if the visit schedule needs to be changed.
- ☐ Keep appointments and notify the agency if unable to do so.
- ☐ Inform the agency of the existence of, and any changes to, advance directives.
- ☐ Advise the agency of any problems or dissatisfaction with the service.
- ☐ Provide a safe environment for care to be provided.
- ☐ Carry out mutually agreed responsibilities.
 - Provide Name, Address and Telephone Number for the following agencies:
 - Agency of Aging -221 N Figueroa St #500, Los Angeles, CA 90012 (213) 482-7252
 - Center of Independent Living 14407 Gilmore Street, #101 Van Nuys, CA 91401 (818) 785-6934
 - Protection and Advocacy Agency APS- 3333 Wilshire Blvd. Suite 400 Los Angeles, CA 90010 (877) 477-3646
 - Agency of Disability- 221 N. Figueroa St., Ste. 500 LA, CA 90012 (213) 482-7252
 - QIO- Livanta (877) 588-1123 10820 Guilford Road, Suite 202 Annapolis Junction, MD 20701
 - Provide patient with Transfer and Discharge policy upon admission



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. You have the right to request a limit on the Agency's disclosure of your health information to someone who is involved in your care or the payment of care. However, the Agency is not required to agree to your request. If you wish to make a request for restrictions, please contact: **HIPPA Compliance Officer,**
- **Right to receive confidential communications.** You have the right to request that the Agency communicate with you in a certain way. For Example, you may ask that the Agency only conduct communications pertaining to your health information with you privately with no other family members present. If you wish to receive confidential communications, please contact: **HIPPA Compliance Officer,** The Agency will not request that you provide any reasons for your request and will attempt to honor your reasonable requests for confidential communications.
- **Right to inspect and copy your health information.** You have the right to inspect and copy your health information, including billing records. A request to inspect and copy records containing your health information may be made to at **HIPPA Compliance Officer,** If you request a copy of your health information, the Agency will not charge a reasonable fee for copying and assembling costs associated with your request, and will supply medical records in 4 days or next home visit which ever comes first
- **Right to amend health care information.** You or your representative have the right to request that the agency amend your records, if you believe that your health information is incorrect or incomplete. That request may be made as long as the information is maintained by the Agency. A request for an amendment of records must be made in writing to **HIPPA Compliance Officer,** The Agency may deny the request if it is not in writing or does not include a reason for the amendment. The request also may be denied if your health information records were not created by the Agency, If the records you are requesting are not part of the Agency's records, if the health information you wish to amend is not part of the health information you or your representative are permitted to inspect and copy, or if, in the opinion of the Agency, the records containing your health information are accurate and complete.
- **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 certain reasons, including reasons related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to **HIPPA Compliance Officer,**



«Bill of Rights Armenian

ՀԻՎԱՆԴԻ/ ԸՆՏԱՆԻՔԻ ՕՐԻՆԱԳԾԻ ԻՐԱՎՈՒՆՔՆԵՐԸ

Յուրաքանչյուր հիվանդ / ընտանիք պետք է երաշխավորված լինի որակյալ խնամք ծրագրում լինելու ընթացքում: Խնամքը մատուցվում է ցանկացած անձի, անկախ տարիքից, սեռից, արատներից, ախտորոշումից, մաշկի գույնից, ռասայից, ազգության ծագումից կամ սեռական կողմնորոշումից: Հիվանդի / ընտանիքի իրավունքներն ու պարտականությունները հետևյալն են՝

- Որպես հաճախորդ դուք ունեք իրավունք՝**
- Հիվանդն իրավունք ունի նախապես տեղեկացված լինելու մատակարարվող խնամքի, խնամքի ծրագրի, ակնկալվող արդյունքների, բուժման խոչընդոտների, և որևէ խնամքի փոփոխության մասին, որը կմատակարարվի:
 - Իրավունք տեղեկացված լինելու և մասնակցելու հիվանդի խնամքի բուժման պլանավորմանը՝ այդ թվում ցավի և սիմպտոմի կառավարմանը, և հրաժարվել փորձարարական հետազոտությունների մասնակցելուց:
 - Որպեսզի ձեզ վերաբերվեն արժանապատվորեն, հասկացողությամբ և հարգանքով վերապատրաստված պրոֆեսիոնալ անձնակազմի կողմից:
 - Գործադրել ձեր իրավունքները: Ձեր ընտանիքը կամ ձեր խնամակալը կարող է գործադրել ձեր իրավունքները, եթե եզրակացվել է, որ դուք անիրագրել էք քննարկումներ կատարել:
 - Ձեր անձի և սեփականության հանդեպ հարգալից և գաղտնի վերաբերմունքի:
 - Հիվանդը իրավունք ունի ընտրելու իր բժշկին:
 - Արտահայտել դժգոհություն խնամքի վերաբերյալ, կամ հարգանքի բացակայության ձեր սեփականության հանդեպ, առանց ենթակա լինելու խտրականության կամ ռեպրեսիայի:
 - Խնդիրները հայտնել բուժքրոջը կամ ձեր գործին հանձնարարված թերապևտին, կամ զանգահարել Հոսպիսի գրասենյակ:
 - Նախօրոք խնամալ էթե դուք պատասխանատու կլինեք ցանկացած ծախսերի մասին, ներառյալ ցանկացած փոփոխություն ծառայությունների համար որոնք չեն լուսաբանվել սոցիալական ապահովության ակտի XVIII կամ XIX հոդվածների ներքո:
 - Բժշկի կողմից տեղեկացվելու ձեր բժշկական վիճակի մասին, և պետք է ունենաք հնարավորություն մասնակցելու ձեր կարիքների խնամքի համար ծրագրի նախագծմանը և արդիականացնել այն ձեր առողջական վիճակի փոփոխվելուն պես:
 - Նախօրոք տեղեկացվելու անձնակազմի կարգապահության մասին, որոնք կապահովեն խնամք և այցելությունների առաջարկվող հաճախականությունը:
 - Ակնկալել ձեր խնամքի հետ հապված բոլոր տեղեկությունների գաղտնիությունը և հաստատել կամ մերժել դրանց թողարկումը հոսպիսից դուրս որևէ անհատի, բացառությամբ այլ առողջապահական հաստատություն փոխանցման դեպքում, կամ օրենքի կամ երրորդ կողմնակցի կոնտակտի պահանջարկով:
 - Մերժել բուժումը և տեղեկացվել ձեր արարքների հետևանքների մասին:
 - Ենթակա չլինել որևէ տեսակի բանավոր կամ ֆիզիկական բռնության և տեղեկացված լինել որ մարմնական պատիժն արգելված է:
 - Ողջամիտ ժամկետում տեղեկացված լինել ծառայության ակնկալվող դադարեցման մասին:
 - Տեղեկացված լինել Advance Directive (Նախնական Կամքի Արտահայտում)-ի իրավունքի մասին:
 - Ձեր ընտանիքին կրթել ձեր հիվանդության մասին որպեսզի

- Որպես հաճախորդ դուք ունեք հետևյալ պատասխանատվությունները՝**
- Մնալ բժշկի խնամքի տակ հոսպիս ծառայություններ ստանալիս:
 - Ապահովել հոսպիսին լիարժեք ճշգրիտ առողջության պատմությունով:
 - Մասնակցել ձեր բուժօգնության ծրագրին:
 - Ընդունել ցանկացած բուժման մերժման կամ չպահպանման ընտրությանը վերաբերվող հետևանքները:
 - Ապահովել անփտանց տան միջավայր, որի ներքո ձեզ կտրամադրվի խնամք:
 - Աջակցել ձեր բժիշկին, հոսպիսի աշխատակազմին և այլ խնամք պատասխանողներին:
 - Վերաբերվել հոսպիսի անձնակազմի նկատմամբ հարգանքով և հասկացողությամբ:
 - Հոսպիսին տեղյակ պահել որևէ խնդիրների կամ դժգոհության մասին մեր խնամքի վերաբերյալ, առանց ենթակա լինելու խտրականության կամ ռեպրեսիայի:
 - Տրամադրել հոսպիսին բոլոր պահանջվող ապահովագրական և ֆինանսական գրառումները:
 - Տեղեկացնել հոսպիսին եթե նշանակված ժամադրությունը անկարող է պահպանվել, կամ հասցեն և հեռախոսի համարը փոխելուն պես:
 - Տրամադրել Advance Directive (Նախնական Կամքի Արտահայտում)-ի օրինակ, եթե այն գոյություն ունի:
 - Որքան հնարավոր է շուտ հոսպիսին տեղեկացնել վիճակի հանկարծակի փոփոխության դեպքում:

Los Angeles District Office
Department of Health Service
600 Commonwealth Suite 903
Los Angeles, C 90005
(213)351-8334

Առողջության Ծառայությունների Բաժին

Համատեղ Հանձնաժողովի Թեժ Գիծ



<p>դուք կարողանաք օգնել ինքներս ձեզ եւ ձեր ընտանիքը կարողանա հասկանալ եւ օգնել ձեզ:</p> <ul style="list-style-type: none">• Հանդիման լինել, որ օգնություն ցուցաբերող անձնակազմը որակավորված է կրթության եւ փորձի միջոցով այն ծառայությունները իրականացնելու, որոնց համար այն պատասխանատու է:• Տեղեկացված լինելու Պետական Հոսպիսի «Թեժ Գծի» մասին, որը մշակվել է տեղական հոսպիս գործակալությունների մասին գանգատներ ընդունելու եւ հարցերին պատասխանելու համար, որը առկա է օրական 24 ժամ, շաբաթը 7 օր:	
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- Provide Name, Address and Telephone Number for the following agencies:
 - Agency of Aging -221 N Figueroa St #500, Los Angeles, CA 90012 (213) 482-7252
 - Center of Independent Living 14407 Gilmore Street, #101Van Nuys, CA 91401 (818) 785-6934
 - Protection and Advocacy Agency APS- 3333 Wilshire Blvd. Suite 400 Los Angeles, CA 90010 (877) 477-3646
 - Agency of Disability- 221 N. Figueroa St., Ste. 500 LA, CA 90012 (213) 482-7252
 - QIO- Livanta (877) 588-1123 10820 Guilford Road, Suite 202 Annapolis Junction, MD 20701



WASH YOUR HANDS

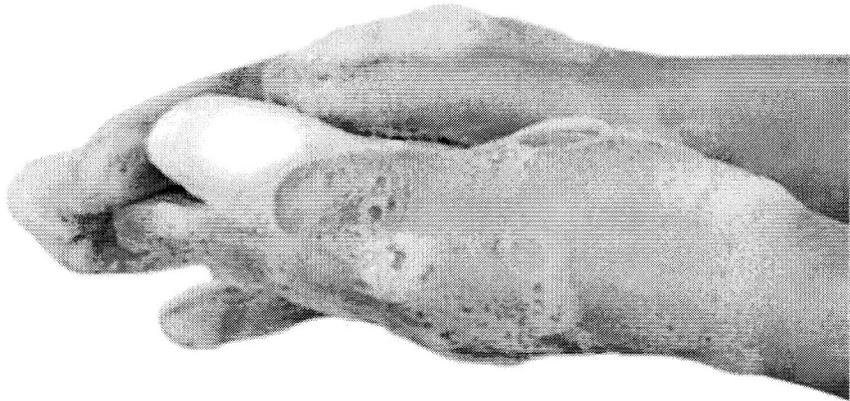


Handwashing is one of the best ways to protect yourself and your family from getting sick.

Handwashing is easy to do and it's one of the most effective ways to prevent the spread of many types of infection and illness in all settings—from

your home and workplace to child care facilities

and hospitals. Clean hands can stop germs from spreading from one person to another and throughout an entire community.



WHEN SHOULD YOU WASH YOUR HANDS?

Feces (poop) from people or animals is an important source of germs. A single gram of human feces—which is about the weight of a paper clip—contains one trillion germs. Help stop the spread of germs by washing your hands often, especially during key times listed below.



Scrub your hands for at least 20 seconds.



If soap and water are not available, use an alcohol based hand sanitizer that contains at least 60% alcohol.

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After touching garbage

WHAT IS THE RIGHT WAY TO WASH YOUR HANDS?

Follow the five steps below to wash your hands the right way every time.

- Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
- Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- Rinse your hands well under clean, running water.



WHAT SHOULD YOU DO IF YOU DON'T HAVE SOAP AND CLEAN, RUNNING WATER?

Washing hands with soap and water is the best way to reduce the number of germs on them in most situations. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do **NOT** eliminate all types of germs.

Hand sanitizers may not be as effective when hands are visibly dirty or greasy. Furthermore, hand sanitizers might not remove harmful chemicals like pesticides and heavy metals from hands. Be cautious when using hand sanitizers around children; swallowing alcohol-based hand sanitizers can cause alcohol poisoning if a person swallows more than a couple mouthfuls.

How do you use hand sanitizers?

- Apply the product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the product over all surfaces of your hands and fingers until your hands are dry.



PATIENT EDUCATION FALL PREVENTION PROGRAM

In order to prevent falls and injuries at home, we have outlined for you some important precautions/measures to follow at home:

- Do not attempt to climb up/down stairs without assistance and/or without holding on to rails.
- If you have a poor vision, please make sure you have adequate light in the house. Do not attempt to walk in the dark.
- If you are taking Hypnotics or sleeping pills and feel drowsy, do not attempt to do activities unassisted. If you live alone, do not do any activities until your drowsiness wears off.
- Make sure rooms that you spend a lot of time are uncluttered and furniture is out of your way of walking.
- Remove loose carpets/loose rugs, sharp objects, glasses from hallways and pathways.
- Please use devices such as cane, walker, or wheelchair to move around.
- Keep most of the items that you need often within easy reach such as MEDICATIONS, TELEPHONE and Personal items.
- DO NOT ATTEMPT TO GET INTO THE SHOWER UNASSISTED.
- If you are walking and suddenly you feel very weak and unable to go any further, stay calm and slowly lower yourself onto the floor until you feel stronger, or call for help.
- (IHSS/PCG) IF PATIENT IS CONFUSED/DISORIENTED, DO NOT LEAVE PATIENT UNATTENDED, IF THEY ARE UP AND ABOUT.



PATIENT EDUCATION INFECTION INSTRUCTION SHEET

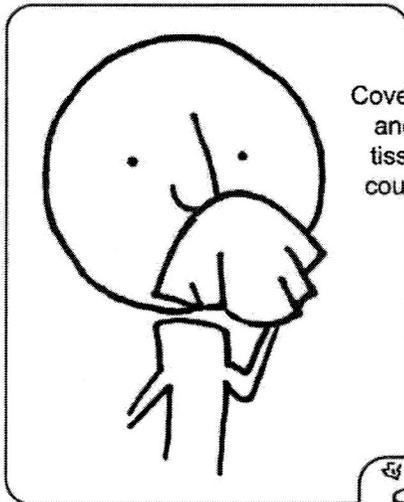
Please report any of the following symptoms to your Home Health Nurse.
Pay special attention to those that are with :

- Fever over 101 degrees Fahrenheit by mouth , skin warm to touch , with increased heart rate
- Pain on urination, blood in urine , pain in the abdomen or low back , urine that is thick , cloudy or has a strong odor , accompanied by chills
- Cough with sputum production , especially yellowish sputum or pain in the chest associated with cough and accompanied by difficulty of breathing
- Abdominal pain , nausea and vomiting , accompanied by cramps and diarrhea
- Redness pain , swelling or drainage at an incision site after any surgery
- For women , increase in vaginal drainage or discharge
- Increase or change in drainage from a bedsore especially with pus and foul odor drainage
- Redness , pain or drainage from any intravenous catheter site
- Redness or micro purulent drainage in eyes, ears



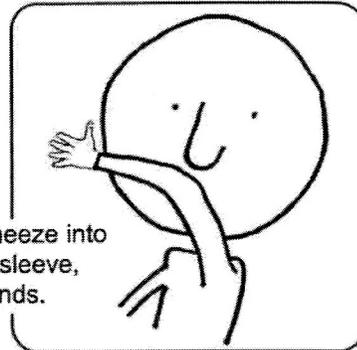
Stop the spread of germs that make you and others sick!

Cover your Cough

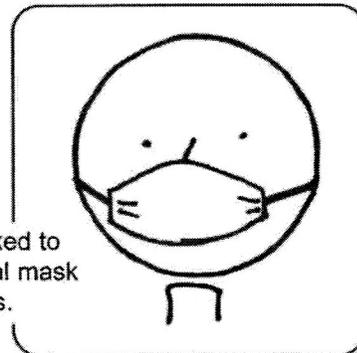


Cover your mouth
and nose with a
tissue when you
cough or sneeze

or
cough or sneeze into
your upper sleeve,
not your hands.



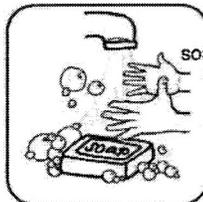
Put your used tissue in
the waste basket.



You may be asked to
put on a surgical mask
to protect others.

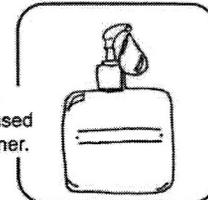
Clean your Hands

after coughing or sneezing.



Wash with
soap and water

or
clean with
alcohol-based
hand cleaner.



Minnesota Department of Health
625 N. Robert Street, PO Box 54075
St. Paul, MN 55164-0875
651-201-5414 TDD/TTY 651-201-4797
www.health.state.mn.us



Minnesota
Antibiotic
Resistance
Collaborative



APIC
ASSOCIATION FOR PROFESSIONAL INFECTION CONTROL AND EPIDEMIOLOGY, INC.



PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

THIS STATEMENT GIVES YOU ADVICE REQUIRED BY LAW (the Privacy Act of 1974).

THIS STATEMENT IS NOT A CONSENT FORM. IT WILL NOT BE USED TO RELEASE OR TO USE YOUR HEALTH CARE INFORMATION.

I. AUTHORITY FOR COLLECTION OF YOUR INFORMATION, INCLUDING YOUR SOCIAL SECURITY NUMBER, AND WHETHER OR NOT YOU ARE REQUIRED TO PROVIDE INFORMATION FOR THIS ASSESSMENT.

Sections 1102(a), 1154, 1861(o), 1861(z), 1863, 1864, 1865, 1866, 1871, 1891(b) of the Social Security Act.

Medicare and Medicaid participating home health agencies must do a complete assessment that accurately reflects your current health and includes information that can be used to show your progress toward your health goals. The home health agency must use the [Outcome and Assessment Information Set] (OASIS) when evaluating your health. To do this, the agency must get information from every patient. This information is used by the Health Care Financing Administration (HCFA, the federal Medicare & Medicaid agency) to be sure that the home health agency meets quality standards and gives appropriate health care to its patients. You have the right to refuse to provide information for the assessment to the home health agency. If your information is included in an assessment, it is protected under the federal Privacy Act of 1974 and the [Home Health Agency Outcome and Assessment Information Set] (HHA OASIS) System of Records. You have the right to see, copy, review, and request correction of your information in the HHA OASIS System of Records.

II. PRINCIPAL PURPOSES FOR WHICH YOUR INFORMATION IS INTENDED TO BE USED

The information collected will be entered into the Home Health Agency Outcome and Assessment Information Set (HHA OASIS) System No. 09-70-9002. Your health care information in the HHA OASIS System of Records will be used for the following purposes:

- A support litigation involving the Health Care Financing Administration;
- A support regulatory, reimbursement, and policy functions performed within the Health Care Financing Administration or by a contractor or consultant;
- A study the effectiveness and quality of care provided by those home health agencies;
- A survey and certification of Medicare and Medicaid home health agencies;
- A provide for development, validation, and refinement of a Medicare prospective payment system;
- A enable regulators to provide home health agencies with data for their internal quality improvement activities;
- A support research, evaluation, or epidemiological projects related to the prevention of disease or disability, or the restoration or maintenance of health, and for health care payment related projects; and
- A support constituent requests made to a Congressional representative.

III. ROUTINE USES

These [routine uses] specify the circumstances when the Health Care Financing Administration may release your information from the HHA OASIS System of Records without your consent. Each prospective recipient must agree in writing to ensure the continuing confidentiality and security of your information.

Disclosures of the information may be to:

1. the federal Department of Justice for litigation involving the Health Care Financing Administration;
2. contractors or consultants working for the Health Care Financing Administration to assist in the performance of a service related to this system of records and who need to access these records to perform the activity;
3. an agency of a State government for purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or quality of health care services provided in the State; for developing and operating Medicaid reimbursement systems; or for the administration of Federal/State home health agency programs within the State;
4. another Federal or State agency to contribute to the accuracy of the Health Care Financing Administration's health insurance operations (payment, treatment and coverage) and/or to support State agencies in the evaluations and monitoring of care provided by HHAs;
5. Peer Review Organizations, to perform Title XI or Title XVIII functions relating to assessing and improving home health agency quality of care;
6. an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
7. a congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

IV. EFFECT ON YOU, IF YOU DO NOT PROVIDE INFORMATION

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

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

CONTACT INFORMATION

If you want to ask the Health Care Financing Administration to see, review, copy, or correct your personal health information that the Federal agency maintains in its HHA OASIS System of Records:

Call 1-800-MEDICARE, toll free, for assistance in contacting the HHA OASIS System Manager.
TTY for the hearing and speech impaired: 1-877-486-2048.



ALSO HOME HEALTH CARE, Inc.

Home Health Agency Outcome and Assessment Information Set(OASIS) **STATEMENT OF PATIENT PRIVACY RIGHTS**

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

- **You have the right to know why we need to ask you questions.**

We are required by law to collect health information to make sure:

- 1) you get quality health care, and
- 2) payment for Medicare and Medicaid patients is correct.

- **You have the right to have your personal health care information kept confidential.**

You may be asked to tell us information about yourself so that we will know which home health services will be best for you.

We keep anything we learn about you confidential.

This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information.

- **You have the right to refuse to answer questions.**

We may need your help in collecting your health information.

If you choose not to answer, we will fill in the information as best we can.

You do not have to answer every question to get services.

- **You have the right to look at your personal health information.**

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

- If you are not satisfied with our response, you can ask the Centers for Medicare & Medicaid Services, the federal Medicare and Medicaid agency, to correct your information.

You can ask the Centers for Medicare & Medicaid Services to see, review, copy, or correct your personal health information which that Federal agency maintains in its HHA OASIS System of Records. See the back of this Notice for CONTACT INFORMATION. If you want a more detailed description of your privacy rights, see the back of this Notice: PRIVACY ACT STATEMENT - HEALTH CARE RECORDS.

This is a Medicare & Medicaid Approved Notice.





- 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 programs including those in which students, trainees or practitioners in health care learn under supervision.
- 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.

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 ALSO BE USED AND DISCLOSED .



ALSO HOME HEALTH CARE, Inc.

Home Health Agency
Outcome and Assessment Information Set (OASIS)
NOTICE ABOUT PRIVACY
For Patients Who Do Not Have Medicare
or Medicaid Coverage

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

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

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

We will make your information anonymous. That way, the Centers for Medicare & Medicaid Services, the federal agency that oversees this home health agency, cannot know that the information is about you.

We keep anything we learn about you confidential.

This is a Medicare & Medicaid Approved Notice.





ՈւղեՑՈՒՅՑ ՔՈՎԻԴ-19-ՈՎ ՀԻՎԱՆՂՆԵՐԻ ԽՆԱՄԱԿԱԼՆԵՐԻ ՀԱՄԱՐ

Դուք խնամո՞ւմ եք սիմպտոմատիկ, լաբորատոր հաստատված ՔՈՎԻԴ-19 ունեցող հիվանդի հետ կամ գտնվո՞ւմ եք վերահսկողության տակ

Հիվանդությունների վերահսկման և կանխարգելման կենտրոնները (CDC) խորհուրդ են տալիս տանը կատարել հետևյալ բայերը, երբ խնամում եք սիմպտոմատիկ, լաբորատոր հաստատված ՔՈՎԻԴ-19 ունեցող հիվանդի հետ կամ երբ գտնվում եք վերահսկողության տակ հիվանդության հավանական հաստատման համար:

ՀԻՎԱՆՂՆԵՐԻ ԽՆԱՄԵԼԻՍ

Համոզվե՛ք, որ դուք հասկանում եք և կարող եք օգնել հիվանդին հետևել իրենց բուժհաստատության տված ցուցումներին դեղորայքի և խնամքի վերաբերյալ: Դուք պետք է օգնեք հիվանդին տանը հիմնական կարիքներում և աջակցեք նրան ձեռք բերել մթերք, դեղատոմսեր և հոգալ այլ անձնական կարիքներ:

Վերահսկե՛ք հիվանդի ախտանիշները: Եթե հիվանդի վիճակը վատթարանում է, զանգահարե՛ք նրա բուժող բժշկին և տեղեկացրե՛ք, որ հիվանդն ունի լաբորատոր հաստատված ՔՈՎԻԴ-19: Դա կօգնի բժշկի գրասենյակի աշխատակիցներին բայեր ձեռնարկել, որպեսզի գրասենյակում կամ սպասարահում գտնվող այլ անձինք չվարակվեն: Խնդրե՛ք բուժաշխատողին զանգահարել տեղական կամ պետական առողջապահական վարչություն լրացուցիչ աջակցության համար: Եթե հիվանդն ունի բժշկական շտապ օգնության կարիք և հարկավոր է զանգահարել 911, տեղեկացրե՛ք դիսպետչերական անձնակազմին, որ հիվանդն ունի կամ վերահսկվում է ՔՈՎԻԴ-19-ի համար:



ՏԱՆ ՀԱՄԱՐ

Տան անդամները պետք է մնան մեկ այլ սենյակում կամ հնարավորինս հեռացված լինեն հիվանդից: Տան անդամները առկայության դեպքում պետք է օգտագործեն առանձին ննջասենյակ և լոգարան:

Հարկավոր է հիվանդին հազցնել դեմքի դիմակ (այնպիսին, որը ծածկում է քիթը և բերանը) կամ կտորով ծածկել դեմքը, երբ նրանք գտնվում են մարդկանց, այդ թվում խնամակալի կողքին: Եթե հիվանդը չի կարող կրել դիմակ, խնամակալը պետք է այն կրի, բանի դեռ հիվանդի հետ նույն սենյակում է գտնվում: Եթե հիվանդը գտնվում է այլ մարդկանց կողքին, ինչպես օրինակ՝ տան ներսում, մեքենայում կամ բժշկի գրասենյակում, հիվանդը պետք է կրի այնպիսի դիմակ, որը ծածկում է բերանը և քիթը:



Source: Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases. Information as of 4/08/2020. <https://www.cdc.gov/coronavirus/2019-ncov/prepare/prevention.html>





Արգելք է այն այցելումների մուտքը, ովքեր էական կարիք չունեն գտնվելու հիվանդի տանը:

Տան անդամները պետք է հոգ տանեն նաև ընտանի կենդանիների մասին: Հիվանդը չպետք է դիպչի ընտանի կամ այլ կենդանիներին, քանի դեռ հիվանդ է:

Համոզվե՛ք, որ տան ընդհանուր տարածքները պատշաճ օդափոխվում են, օրինակ օդորակիչով կամ բաց պատուհանի միջոցով, եթե եղանակային պայմանները թույլ են տալիս այդ:

Խուսափե՛ք կենցաղային իրերը հիվանդի հետ կիսելուց: Չի՛ կարելի օգտագործել նույն փսեսները, բաժակները, սպասքի պարագաները, սրբիչները, անկողնային և այլ պարագաները: Երբ հիվանդը օգտագործում է այդ պարագաները, մանրակրկիտ լվացե՛ք դրանք (տե՛ս «Լվացքը մանրակրկիտ լվացե՛ք» բաժինը):

ՎԱՐՎԿԸ ԿԱՆԽԱՐԳԵԼԵՆՈՒ ՀԱՄԱՐ



Հաճախակի հետևե՛ք ձեռքերի պատշաճ հիգիենային: Հաճախ լվացե՛ք ձեռքերը օճառով և ջրով առնվազն 20 վայրկյան տևողությամբ կամ օգտագործե՛ք ալկոհոլի հիմքով ձեռքի ախտահանիչ միջոցներ, որոնք պարունակում են 60-ից 95% ալկոհոլ, ձեռքերի ամբողջ մակերեսը պատելով դրանով և լավ տորոելով, մինչև ձեռքերը չորանան: Օճառը և ջրովը պետք է նախընտրել, երբ ձեռքերը տեսանելիորեն կեղտոտ են:



Խուսափե՛ք դիպչել ձեռք աչքերին, բռին և բերանին:

Հիվանդը պետք է դիմակ կրի, երբ նա գտնվում է այլ մարդկանց մոտ: Եթե հիվանդը ի վիճակի չէ դիմակ կրել (օրինակ, երբ դա խնդիրներ է առաջացնում շնչառության հետ), դուք, որպես խնամող, պետք է դիմակ կրեք, երբ հիվանդի հետ նույն սենյակում եք:

Դիմակ և ձեռնոցներ կրե՛ք, երբ դիպչում եք կամ շփվում եք հիվանդի արյան, կեղտի կամ մարմնի արտազատած հեղուկների հետ, ինչպիսիք են թուփք, փչոցը, քթի լորձը, փսխումը և մեզը:

Միանգամյա դիմակ օգտագործելիս.



- Միանգամյա դիմակներ և ձեռնոցներ օգտագործելուց հետո, դեն նետե՛ք դրանք: Մի՛ օգտագործեք նորից:
- Անձնական պաշտպանիչ պարագաները հանելիս նախ հանե՛ք ձեռնոցները: Հետո անմիջապես ձեռքերը լվացե՛ք օճառով և ջրով կամ ալկոհոլի հիմքով ախտահանիչ միջոցներով: Հաջորդիվ, հանե՛ք և աղբը նետե՛ք դիմակը և անմիջապես ձեռքերը նորից լվացե՛ք օճառով և ջրի կամ ալկոհոլի հիմքով ախտահանիչով: