



CLIENT HANDBOOK



1Where is the Right Accord Office?

The Mailing Address for Our Office

**1960 South Tamiami Trail
Venice, FL 34293**

The office hours for RIGHT ACCORD are:

Monday to Friday	9:00 am to 5:00 pm
Saturday and Sunday	Closed
Holidays	Closed

However, in the event of an emergency, we can be reached **24/7** at:
941-366-0801

Our Company Mission:

Right Accord is committed to helping the seniors of our community age gracefully in the comfort of their own homes, to assure them dignity, security and social connections that will enhance their lives. We are further committed to assisting the families of seniors by relieving their caregiving burdens so they may enjoy more relaxed and meaningful family time with their senior loved ones. And finally, we are committed to becoming the most reputable in-home care provider in Sarasota and Manatee County.

Our Company Vision:

Right Accord envisions a world in which senior citizens can age gracefully, socialize frequently and live confidently. We reject the idea that seniors have to experience isolation, malnutrition, institutionalization and indignity. We will not allow them to become third-world citizens in a first-world nation.

We choose to make a positive difference in the aging experience. The Right Accord team will perform its collective duties with confidence, concern, commitment, cheerfulness and care. We will treat every contact as a friend, every client as family and perform every task as an honor. Clients and their families will see our professionalism, experience our consistency, appreciate our integrity, feel of our compassion, enjoy our highly trained staff, and feel secure about their safety. This is "The Right Accord Way."

Our Core Aim:

To relentlessly seek ways to improve senior life, to make a positive difference in the aging experience and establish an atmosphere in which seniors can thrive.

Our Core Values:

Right Accord maintains several core values as its guiding principles:

- To Honor Life in All Its Stages
- To Act with Dignity and Respect for All
- To Foster and Encourage Growth in Ourselves and Others
- To Build Value in Our Service to Others

Our Core Beliefs:

Right Accord proclaims the following core beliefs:

- Every person is a unique individual with worth.
- Every person has the need for self-determination.

- Every person has the desire to actualize his/her dreams.
- Every person has individual rights that must be respected and upheld.
- Every person has the right to be treated with dignity and respect.
- Every person has the right to be a valued member within the community.
- Every person must have the opportunity to access all community services appropriate to his/her needs.
- Every person has the right to develop a supportive network of individuals who act as advocates.
- Every person has the right to give of one's self and receive from others in return.

A Right Accord Company Story:

When Cindy first came to work for Right Accord and learned about "The Right Accord Way," she couldn't help but get excited. She had always had a close connection with the elderly, and for the last 12-months had been working at the nursing home near her home. So why did this feel different to her? What was so special about "The Right Accord Way?" After being assigned to her first client, it didn't take long for Cindy to understand how "The Right Accord Way" could change not only the people she took care of, but also herself.

Cindy began her first day by putting on her uniform and Right Accord badge. She felt good in this uniform. Cindy was assigned to an 85-year-old lady by the name of Jessie. When Cindy first arrived at 11am, she found Jessie still in bed. She hadn't even eaten breakfast yet. Cindy instantly picked up on Jessie's depression and lack of motivation to do anything. It was tempting for Cindy just to take over and push Jessie out of bed and start getting her ready for the day. However, Cindy decided on a more sensible approach. She pulled over a nearby chair and sat next to Jessie and began to engage her in conversation. It took only a few minutes before Jessie began to open up and tell Cindy her life story.

Jessie had been a widow for 25-years, never wanting to re-marry. She had 4 children, and 1 had died tragically last year. The 3 living children all lived out of state and Jessie had no one but her neighbor of 40-years to look in on her. Sure her children came around every so often, but that was rare, and when they did come for a visit, it never lasted long enough.

For the first few days, Cindy would show up for her shift at 11am and find Jessie lying in her bed. Cindy would then grab her chair and engage Jessie in conversation for a few minutes and then help her get ready for the rest of the day. With each passing day Cindy wondered if she was making any real progress. However, she did notice slight changes in Jessie's attitude for the better. And so Cindy had hoped that Jessie would begin to come out and live life again.

After a couple weeks of visits, Cindy showed up for her shift and let herself in as usual. She went back to Jessie's room to begin the routine again. But Jessie was not there. Cindy combed the house but found her nowhere. Did she wander off during the night? Where could she be? Wait! What is that humming noise?, she asked herself. It sounds like it is coming from outside. Jessie could not possibly have gone outside...could she? Cindy opened the sliding glass door and went around to the backyard where she found Jessie sitting on the patio humming. Just as Cindy was about to scold her for going out there on her own, Jessie looked up at her with tears in her eyes and said, "Isn't it beautiful out here? Thank you for reminding me that there is more to life than a bed and a blanket."

Cindy left Jessie's house that day with a sense of pride. She had made a difference, and the feeling that came from that was indescribable. By following "The Right Accord Way," Cindy had given herself and Jessie, the true "Right Accord Experience."

Right Accord's Services

Right Accord is a licensed Home Health Agency which provides different types of services. All services are individualized and provide support to people with age-related issues and chronic disabilities. These services are:

- **Home Health Care Services**

Right Accord specializes in providing in-home personal care for the elderly. We offer many in-home services including companionship, light housekeeping, laundry, meal planning and preparation, incidental transportation, errand running, and personal care such as... bathing, toileting, grooming assistance and so forth. We also have an Registered Nurse (RN) available 24/7.

- **Transport Services**

Right Accord Transport provides Non-Emergency wheelchair and stretcher transportation to seniors with mobility problems.

- **Training, Education and Resources**

Right Accord is dedicated to education on senior's issues in our local community. We are available for public speaking engagements to local organizations. Topics include: Fall Prevention and Recovery, Care Planning, Memory Loss, Seniors Housing and much more. The **Right Accord Training Center** provides certification programs and training for Certified Nursing Assistants (CNA), Home Health Aides (HHA), and Companions.

What Can I Expect?

First Day

First days are nerve-racking for many people. You want to be liked and your caregiver wants to do a good job. Your caregiver will:

1. Introduce themselves, let you know they are there for you and will ask about your interests, hobbies, and what assistance you need and how you like tasks done.
2. Review the Care Plan Book information with you.
3. Work with you to develop a task schedule based on your normal routine.
4. Will make a list of your food preferences. You can show them favorite recipes you would like included in your meal plans.
5. Will begin performing tasks as scheduled and do them your way.

Remember that part of your function is to stay active and involved. If you like to cook but your eyesight is failing; break up the lettuce for your salad. If you like to garden but your hands shake, help plan the garden and teach the caregiver how to plant the seeds for you. Find ways to be involved. You will find that the companionship of sharing tasks makes you very happy and gives you a sense of purpose.



Billing

You will receive an invoice by mail every week once you are on our regular billing cycle. On the bottom right of the invoice, you will see your total owing for service. You can make payment by placing a check in the mail or by credit card.

Visits

Your Client Relations Manager will make regular visits bi-monthly during service. These visits may last only 5 minutes; they may be scheduled or spontaneous. During a visit, you can expect the Client Relations Manager to look through the care plan book for any updates or information, as well as speaking with you regarding the service that Right Accord provides. If you have any concerns, questions or need some resources, this is a great opportunity for you.

Holidays

When statutory holidays come up, you will receive a call/email to confirm whether you would like service or not about two weeks prior. You have the choice to have service (at 1.5 times the rate), choose an alternate day during the week or cancel service on that day.

If you have plans to go away on holidays or have family visit, please call the office to let them know as soon as you are able.

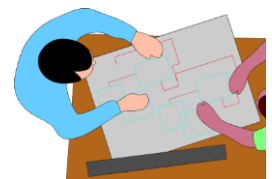
Satisfaction Surveys

Each quarter we take the opportunity to send out service satisfaction surveys. We truly appreciate all the feedback we receive and use it to create quality systems within Right Accord. If you are dissatisfied in some area, we will contact you so that we can make sure you are 100% satisfied.

Who Will I Be Working With?

Our staff comes with a wide range of backgrounds, but the most important characteristic about all of them is that they TRULY CARE!

We do our best to match our clients and caregivers based on whom we think would work well together. If you feel that you do not have a good match or you have concerns, please contact us immediately.



We want to know that our staff is doing a good job, so please do not hesitate to contact us and tell us how well the two of you are getting on.

Sometimes our staff does have to move on to other opportunities, or their schedules change. In these cases, we will make arrangements to have a new team member out to train in advance. We like to have as smooth a transition as possible. In the unfortunate circumstance that we do not have this opportunity or if your companion aide is sick, another staff member will be there to fill in.

How Do I Phone The Right Accord Office?

If you have to cancel or reschedule an appointment, you should phone the office and let someone know as soon as possible. The phone number of the office is 941-366-0801 or if you prefer, our email address is admin@rightaccordhealth.com

If you leave a message in a voice mailbox, we will call you back as soon as we can. Anyone can leave a message for us whenever they want. We do check our messages after hours and on weekends; let us know if you need us to call immediately.

If you are looking for services and want to find out about what Right Accord does, you can talk to Dana, Fritzie, or Rose. They will give you information and help plan services for you.

The People You Will Meet at Right Accord

You will meet new people when Right Accord comes to you! This is a list of office staff, their names and what they do. You will receive notice of changes/additions to our office staff, what they do and when you should contact them.

If Right Accord is coming to you:

Director

Rosemarie Tamunday is the Director. Rose is in charge of all the people who are at Right Accord. This includes overseeing all client activities and the staff. She makes sure that everything is okay with the care plans and programs. Rose is always happy to answer any of your questions.

Office Manager

Dana Rogers is the Office Manager at the office. She is most likely the first person you will talk with when you call the office. She answers the phone and makes sure the office runs smoothly. If you have any questions, Dana can probably answer them or tell you who to talk to.

Client Relations and Human Resources Manager

Fritzie Fisher is the Client Relations and Human Resources Manager. She will decide who will help support you in your home during your scheduled care. Fritzie conducts Caregiver Quality Assurance (CQA) Assessments to ensure you have “top notch” caregivers as well as carefully screen each and every caregiver through background checks, driver license checks and medical license checks.

Her job is to help ensure your care plan needs are being met. The Client Relations and Human

Resource Manager will always listen to you and to what you want. If you have any questions or problems you can talk to your Client Relations Manager.

CNA/Home Health Aide/Companion/Homemaker

When Right Accord comes to you, your Client Relations Manager will match someone to work with you. Your Client Relations Manager will visit you bi-monthly to make sure everything is okay.

CNA's/Home Health Aides/Companions will assist you in your daily living activities and personal care. They will focus on getting to know you: what you like, what things you are good at, and how you would like things done in your home. They will plan and execute household chores and fun activities to do together. If there is anything you feel you cannot do alone, your home health aide will help you.

If you are not feeling well, your home health aide may take you to the doctor. They will also help you keep in touch with your family and friends.

Some Policies You Should Know About

A policy is a rule that staff has to follow when they work at Right Accord. All of the rules are in a handbook. You can ask anyone at the office to see this book. Some of the rules are about how staff should treat you and your family.

Employment

Right Accord fully employs our employees. We take care of payroll taxes and related withholding, and Workers Compensation and employment insurance. Our caregivers are bonded and are covered by professional liability insurance.

List of Services

The following is a list of services that Home Health aides may routinely perform; however, it is not exclusive of other reasonable requests. Ours is a service business. Always check with the office if you are unsure about whether or not we can perform a service.

Light Housekeeping

- Dust
- Vacuum
- Clean kitchen
- Organize closets
- Change the linen
- Light laundry
- Light ironing

Miscellaneous

- Companionship
- Conversation
- Play board games
- Read
- Watch TV
- Do crossword puzzles
- Arts and crafts projects
- Cook together
- Pet care
- Supervise home maintenance
such as housecleaning, etc.
- Medication reminders
- Monitor bathing for safety
- Mend clothes
- Answer the phone
- Sort bills for paying/read Mail

Errands & Transportation

- Grocery and clothes shopping
- Pick up prescriptions
- Make bank deposits
- Theater and movie events
- Dine out for lunch or dinner
- Drive to family gatherings
- Handle dry-cleaning
- Buy stamps, mail packages
- Attend church services

Sleep Over Services

- Sleep or stay awake overnight
- Prepare breakfast in a.m.

Personal Care

- Assistance with toileting
- Incontinent care
- Assistance with grooming and
bathing
- Assistance with ambulation and
transfers
- Assistance with physical
therapy exercises
- Medication Reminders

Emergency Procedures

- ◆ The area will be secured
- ◆ Caregiver will call 911 (and/or Hospice if applicable)
- ◆ Caregiver will call Right Accord
- ◆ Right Accord will call the family with status and disposition of the emergency
- ◆ Licensed personnel, such as Registered Nurses (RN) and Licensed Practical Nurses (LPN, LVN) working in this caregiving capacity may fulfill the dictates of their license to perform CPR, etc.; however, they do so under the authority of their license and not under the authority of Right Accord

NOTE: DNR (Do Not Resuscitate) orders should be prominently displayed and will be made available to emergency and hospice personnel immediately upon their arrival.

Start and End of Shift

At the beginning of each shift, the caregiver will call the office to report in and that they have arrived on time. They will then check the documentation log in the care plan for any notes from family or other staff.

At the end of the shift, the caregiver will document in the care plan what the two of you did during the shift and any notes for family, or other staff. The caregiver will then call the office to report the time of departure and any mileage for outings that day.

Client Abuse/Mistreatment

Rules are in place to help us provide a safe service. Telling us about your concerns is always welcomed. The manner in which you are treated by all staff is important to us and your rights and safety are supported at all times.

What does abuse mean? Abuse means many different things. It is a situation in which someone who has more power hurts someone with less power.

Verbal abuse is saying mean or cruel things to you.

Physical abuse is when someone hurts your body.

Emotional abuse is hurting your feelings on purpose. It can also be scaring you or trying to make you feel bad about yourself.

Sexual abuse includes touching you or looking at you in a sexual way when you do not want that. Sexual abuse can also be talking to you about sex when you do not want to.

Neglect is not giving you the things that you need, like food and clothes. It can also be not taking you to the doctor when you need to go.

Taking advantage (exploiting) is telling you to do something that is against the law or bad for you. It can be taking your money or things. It is when people use you for their own good and not yours. Any kind of abuse is wrong. Right Accord does not want a staff member to abuse you **EVER**. The Right Accord staff must follow a set of rules about abuse.

Abuse is a crime. Deciding if an action is abuse is not always easy. All reports of abuse will be looked at seriously and carefully.

Stopping abuse before it happens:

Right Accord will:

- ◆ Teach you about abuse and how to be safe;
- ◆ Assist you to make your own decisions;

- ◆ Make Right Accord a safe place by teaching staff rules about abuse;
- ◆ Help you do more social activities;
- ◆ Teach staff to recognize abuse;
- ◆ Conduct background checks on all staff;
- ◆ Right Accord will make sure that staff and clients continue to learn more about safety.

What staff must do when they learn or think that abuse is happening:

Staff can learn that there is abuse if:

- ◆ They see any form of abuse;
- ◆ They see bruises or marks;
- ◆ Someone tells them;
- ◆ You tell them.

Staff must stop the abuse if they see it happen. Staff must make sure you are safe; they are here to help you. Then they must tell your guardian. If your guardian is the person who abused you, staff will protect you from that person. Remember, if you tell a staff person that you are being abused, that staff person is there to help you.

You might need to go to the doctor or hospital. You can ask a staff member to go with you. The doctor will explain what is going to be done. You can ask questions. Right Accord has rules that the people who assist you must follow.

Confidentiality—What is Private?

What is confidentiality?

Right Accord knows that your life is private. Employees at Right Accord have to know some things about you to give you good services. Right Accord has a rule that says that staff have to be very careful about the things that we know about you or that you tell us privately. This usually means that staff cannot tell other people about things that you do or say, unless it is okay with you.

Confidentiality is about:

- ◆ Things that are written in your file, and
- ◆ Things that you tell staff, and
- ◆ Things you say at meetings/appointments that staff attend with you.

Client Files

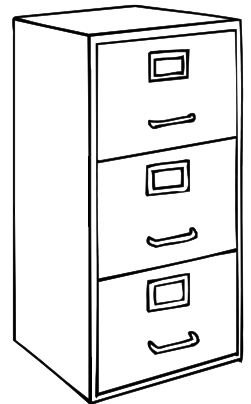
Right Accord has to write things down about you, including what you want to do, and what you do. This is in your file. It has things like:

- ◆ Your name, address and phone number;
- ◆ Addresses and phone numbers of people important in your life, emergency contact names and numbers;
- ◆ The service you are getting from Right Accord;
- ◆ Copy of your care plan;
- ◆ Notes about things that happen to you or that you do when you are with Right Accord.

Your files are kept in a safe place. Right Accord has a rule that only staff that need to see your file can look at it.

If you want to know what is in your file, just ask.

If you want to see your file, you can ask a staff member whom you trust to help you.



How to Tell Someone If You Are Not Happy with Right Accord (Making a Complaint)

If you go to a restaurant and the food is bad, you can tell the people at the restaurant that it was bad. If you did that, you would be making a complaint. Just like at a restaurant, if you think that the staff at Right Accord are giving you bad service or are not being fair, you can tell someone. This is called making a complaint.

If your caregiver does not listen to you or you cannot get along with them, you can talk to your Client Relations Manager about them. Your Client Relations Manager will try to help you work things out. If that does not fix your problem, you can talk to the director.

Also, if there is anything beyond staff members that displeases you about Right Accord please let your Client Relations Manager know.

After you submit your complaint, some things will happen.

- ◆ The person you asked for help will try to find out the best way to help you. She may want to talk with you. If your complaint is about another person, she may want to talk with that person too.
- ◆ If the staff person you asked to help you cannot fix the problem, she will ask her supervisor for help.
- ◆ Sometimes you might need more people to help to fix the complaint.

As soon as the people you asked for help figure out what to do, they will let you know. If you are not happy with the help you get, you can ask someone else for help.



1960 South Tamiami Trail Venice, FL 34293
941.366.0801 | www.rightaccordhealth.com

CLIENT COMPLAINT FORM

Date: _____

Client Name: _____

Caregiver Name: _____

Reason(s) for this complaint: (Please provide as much information as possible. Feel free to attach additional information to this form regarding the situation).

Have you confronted the caregiver regarding the situation?

Y N

Client Signature: _____ Date: _____

Office Use Only

Received By: _____ Date: _____

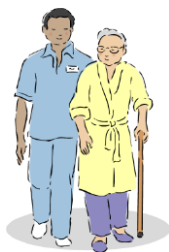
Follow-Up with Patient: Y N

Follow-Up with Caregiver: Y N

Notes Regarding Situation: _____

GENERAL SAFETY TIPS

- Avoid wearing only socks, smooth-soled shoes, or slippers on uncarpeted floors.
- Avoid wet floors – wipe all spills up immediately.
- Keep kitchen floors free of grease and scraps.
- Adequate lighting will help prevent accidents.
- Keep a lamp near the bed so you will not have to get up in the dark.
- Keep a night light in the bathroom.
- Keep hallways and steps well lighted.
- Keep a flashlight handy in case of a power failure.
- Household pets should be kept under control and out of pathways.
- Be sure mats are nonskid and there are treads in the tub/shower to prevent slips.
- Install “grab bars.” Towel racks should not be used as grab bars as they are not secure enough to support the body weight.



- Post emergency numbers by your telephone. **(911)**
- If you live alone, ask a neighbor, friend, or family member to check on you each day.
- Take your time and do things slowly. Be safe. Don't hurry and increase your chance of an accident.
- To avoid dizziness, get out of bed or your chair slowly.
- Because of our frequent Florida power outages, keep a flashlight and portable radio handy. Keep extra batteries on hand.
- Keep an updated list of your medications in your Vial-of-Life for emergency situations.
- Have a hurricane plan.



MEDICATIONS ARE MEANT TO HELP TAKE THEM SAFELY

Use caution and be aware of what you are taking.

Tell your physician, pharmacist, and nurse about all the medications you are taking (prescription and over-the-counter) to prevent dangerous combinations or duplication.

Take a list to the doctor on each visit so he can check to see if they are still needed. Read your medication labels and take as directed.



- Always take the exact dosage prescribed. Never skip or stop taking a medication without checking with your doctor. It is dangerous to stop some drugs suddenly.
- If you miss a dose, don't double your next dose. Ask your doctor, pharmacist or nurse what to do.
- Always keep medication in the original container and out of the reach of children.
- Organize your containers in one area.
- Discard any expired medications or those that have been discontinued by your doctor. They should be flushed down the toilet.
- Never take another person's medication.
- Be aware of the precautions on the label. Some drugs do not mix with alcohol, certain food, or other medications.

Know the name of each drug you are taking, what each drug is for and how to take it, and the side effects you need to be aware of.

Your nurse will assist you with setting up a sage system for taking your medications. You can use a chart or container system to help you remember what medication to take, how much to take and when to take it.

*****REMEMBER*****

ALWAYS READ THE LABEL BEFORE TAKING ANY DRUG!

Plan ahead so you don't run out of medication. Mark a renewal schedule on the calendar so you don't run out of medication.

Don't crush or break long-acting tablets. It can change the way the drug works. If you have a problem swallowing a medication, ask the pharmacist. He can tell

you what to do. Don't take the medication while lying down.



FIRE

Protect yourself, your family, and your home against fire or burns.

BE PREPARED!

- Make a fire escape plan and practice it.
- Make sure exits are free of clutter.
- Keep a fire extinguisher charged and handy. Know how to use it.
- Install smoke detectors and keep them in working order.



FIRE SAFETY MEANS...

- Don't smoke in bed or when sleepy.
- Use space heaters according to manufacturer's instructions. Keep them free from clutter, papers, curtains, etc.
- Keep flammable liquids outside of the home in approved safety containers.
- Have your home electrical system checked if there are signs of a wiring problem.
- Keep all electrical appliances in good working order.
- Use extension cords properly. Do not overload them and keep them away from sinks or water.

TO PREVENT BURNS...

- Always check hot water temperature. Experts suggest setting hot water heaters at 120 degrees or below.
- Wear tight fitting short sleeves when cooking.
- Keep pot handles away from the front of the stove.
- Keep towels, curtains, and other flammables a safe distance from the stove.



PREVENTING INFECTION

HANDWASHING

Why wash your hands?

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

When should you wash your hands?

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



How?

- Place your hands under running water.
- Rub soap on your hands and wrists to loosen skin oils and surface dirt.
- Point your hands downwards and rinse off soap under running water.
- Dry your hands with a clean towel.
- May use alcohol based hand rub to cleanse hands.

SHARP OBJECT DISPOSAL

You can help prevent injury, illness, and pollution by following some simple steps when you dispose of the sharp objects and contaminated materials you use in administering health care in the home. You should place needles, syringes, lancets and other sharp objects in a hard plastic or metal container with a screw-on or tightly secured lid. Many containers found in household will do, or you may purchase containers specifically designed for the disposal of medical waste

sharps. Before discarding a container, be sure to reinforce the lid with heavy duty tape. **Make sure that you keep all containers with sharp objects out of reach of children and pets.**

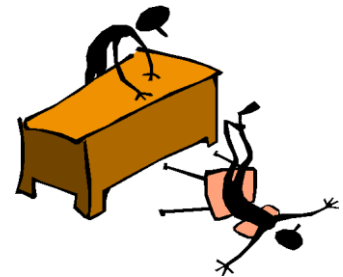
We also recommend that soiled bandages, disposable sheets and medical gloves be placed in two securely fastened plastic bags before you put them in the garbage can with your other trash. Your state of community environment programs may have other requirements for disposing of your medical waste. Please ask your nurse if you have any questions about disposal of the sharp objects and contaminated materials used in your health care at home.



HOME SAFETY

PREVENTING FALLS

Check that pets are not in your way!
Check yourself for dizziness before you start to move!
Stand up slowly and walk carefully!



Check clutter to prevent slipping or tripping

- Keep clutter out of pathways
- Keep electrical cords out of the flow of traffic.

Check all rugs, runners and mats to prevent slipping or tripping

- Rugs and runners tend to slide. Double faced adhesive carpet tape or rubber mats can be used to prevent rugs from sliding. Tack down carpet edges to avoid tripping or remove throw rugs.
- Watch your steps as you move to different surfaces.

Check the telephone so you can get help

- Organize cupboards and closets. Place frequently used items on shelves between waist and shoulder level. Then you don't have to climb or stoop and risk a fall.
- If you need to reach a high shelf, use a sturdy step stool.

- Avoid hyper-extending (arching back) your neck to reach high items. You may become dizzy or fall.

Check the bathroom to prevent slips and falls

- Equip bathtubs and showers with non-skid mats and adhesive strips to prevent slipping.
- Install grab bars. They help you get in and out of the tub or shower safely. They also help prevent falls.
- Locate a light switch (a glowing switch that can be seen in the dark) near the entrance of the bathroom. Night lights are helpful too.
- Try sitting on a shower bench to bathe.

Check the bedroom to prevent tripping hazards

- Locate lamps, switches, or night lights close to each bed and use them when getting up at night.
- Keep the telephone beside the bed.

Check stairs and passageway to prevent trips and falls

- Be sure that stairs and hallways are well lighted and free of clutter to reduce the risk of tripping.
- Handrails should be both sides of the stairways for support.
- Avoid wearing only socks or smooth-soled shoes or slippers to avoid slipping and falling; wear well-fitting shoes with low heels instead.
- To prevent stumbling, carry small loads that do not block your vision and allow you a free hand.

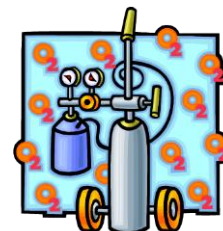


OXYGEN SAFETY

If your doctor has ordered Oxygen, the spare tanks should not be stored in a confined space such as small closet, trunk of a car, or a small bathroom. They should not be stored near radiators, heat ducts, steam pipes, or other sources of heat such as a stove. They should be secured in a stand or with a belt, cord, or chain to prevent falling. Small oxygen tanks can be stored on their sides but secure them so they do not roll.

Other important safety tips

- Use grounded electrical devices.
- Call the company if the equipment is not working right.
- Do not smoke when oxygen is in use.
- Do not use an electric razor or electric blanket when using oxygen.



PREVENTING SEASONAL ILLNESSES

The elderly, infirmed, and children are most at risk for seasonal illnesses such as the flu or heat stroke. Be prepared for changes in the season. Take precautions to prevent these illnesses.

PREVENTING HEAT ILLNESSES

What is heat illness?

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



Who is at risk for heat illness?

- Anybody is at risk for heat illness if exposed to the effect of heat and humidity for prolonged periods of time without taking proper precautions.
- People who are at greater risk and should take greater precaution include:
 - 1) Children
 - 2) Obese persons
 - 3) Elderly persons
 - 4) Persons who work outdoors
 - 5) Persons with chronic illnesses, such as heart or breathing problems
 - 6) Persons taking certain medications (check with your nurse or pharmacist)
 - 7) Persons with vomiting or diarrhea

How can I prevent heat illness?

- Drink plenty of cool water on hot summer days but check with your doctor for any fluid restrictions.
- Reduce your physical activity and plan to do needed activities at cooler times during the day while taking breaks and periods of rest between activities.



- Always wear a hat when exposed to direct sunlight.
- Wear light-colored and porous clothing, preferably cotton.
- Report any signs or symptoms of heat illness to your doctor immediately.
- Avoid alcoholic beverages.
- Avoid taking salt tablets unless ordered by your doctor.
- If you do not have air-conditioning, keep your house well ventilated by keeping windows open and using fans to keep air circulating.

PREVENTING FLU



Protect yourself

You can protect yourself from getting the flu during the winter season by getting a flu shot. Contact your local health department to determine when your community offers flu shots.

What is the flu?

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

What is flu vaccine?

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

Who should not get the vaccine?

- People who have serious and dangerous allergic reactions to eggs.
- Women who are pregnant.
- People who are presently acutely ill and have a fever.
- People who have had previous attack of Guillian-Barre syndrome.

What are some possible side effects of a vaccine?

- Soreness at the injection sites for up to 48 hours.
- Slight fever or achiness 1-2 days after injections.



- As with any other drug or vaccine, serious reactions can occur.

COLD WEATHER TIPS

How can you have a warm and worry free winter?

You can stay warm and safe by following the following safety tips.

Furnace safety

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

+

Fireplace safety



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

Woodstove safety

- Recommend cast iron or heavy steel stoves with a damper or draft control.
- There should be a minimum clearance of 36 inches between stove and walls and ceiling.
- Should be positioned on a base such as metal or brick which extends 18 inches beyond stove in all directions.

Portable space heaters

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

Cold weather fire safety

- Make certain curtains and blankets do not touch heaters.
- Never let vaporizers run dry.
- Plug equipment into separate outlets or use heavy duty extension cords.

- Never fold or roll an electric blanket, heat builds up and the wires break. Store flat and unplugged.

Smoke detectors save lives

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



Escape planning

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

NOTES:



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CLIENT BILL OF RIGHTS

Right Accord Private Duty- Home Health Care is dedicated in helping you and your family to continue living a quality and fulfilling life at the comfort of your own home. We believe that each client is worthy of respect and understanding and has certain rights and responsibilities related to the care he/she receives. In accordance with this philosophy, we wish to advise you as a client, your caregiver or guardian of the following rights and responsibilities to assist you in understanding and exercising these rights.

As a client, you have the right to:

1. Be treated with dignity, courtesy and respect.
2. Have your property treated with respect.
3. Know the name and title of agency personnel who are providing service and supervision and to expect that they are properly qualified to provide your care.
4. Receive competent, individualized quality services regardless of age, race, color, national origin, religion, sex, disability, being a qualified disabled veteran, being a qualified veteran of the Vietnam era, or any other category protected by law, or decisions regarding advance directives.
5. Make informed decisions about your care, to receive information to help you make such decisions and to participate in developing, planning and changing your care plan. You may have a copy of the medical plan of treatment if requested.
6. The caregiver being referred to you is an employee of Right Accord.
7. Be informed prior to the initiation of care and before changes in the care you will receive, including the disciplines delivering the care and frequency of the service.
8. Refuse all or part of the care from agency personnel, to be told the consequences of that decision and to initiate a "living will", durable power of attorney and other directives about your care consistent with applicable laws and regulations.
9. Be informed of the nature, purposes and frequency of service or procedures and what discipline will be performing the care.
10. Expect reasonable continuity of care, timely delivery of service, and to have your preferences considered in planning and delivering care.
11. Receive prior notice and to make an informed decision before participating in experimental treatment or research.

12. Receive information regarding community resources and to be informed regarding any financial relationship between the agency and other providers to which you are referred.
13. Expect the agency personnel to coordinate care through regular communication with your physician, caregivers and other providers.
14. Receive timely notice of impending discharge or transfer to another organization or to a different level of intensity of care and to be advised of the consequences and alternatives to such transfers.
15. Expect confidentiality of all clinical records and access to your records on request. Information will not be released to anyone other than your physician without your written consent or unless required by law.
16. Notification verbally and in writing regarding your financial liability for agency services, including the extent of payment anticipated from all payers sources, charges for services not covered by Medicare and charges which will be made to you for the services. You also have the right to notice of changes in sources of payment and your financial responsibility within 30 calendar days after the agency becomes aware of the change. You have the right to appeal payment decisions.
17. Have family or guardian exercise these rights on your behalf if you are unable to do so yourself.
18. Voice grievances about care, which is or is not provided, recommend policy/services changes and make complaints without fear of reprisal or unreasonable interruption of care.

Complaints, recommendations or grievances should be reported to:

Right Accord Private Duty- Home Health Care

Rosemarie Tamunday, RN (Administrator) Telephone: 941.366.0801

Report any complaints or grievances concerning agency services or the implementation for your advance directives (if any) and to request information about home care providers by contacting:

The State Home Health Hot Line at 1.888.419.3456

To report abuse, neglect, or exploitation, call Toll-free 1.800.96.ABUSE or 1.800.962.2873

I also understand as a client, I have a responsibility to:

1. Provide accurate and complete medical information to the agency regarding medical history and current condition, payer that may cover my care and financial information and to promptly inform the agency of changes in this information.
2. Agree to accept all caregivers regardless of age, race, color, national origin, religion, sex, disability, being a qualified disabled veteran, being a qualified veteran of the Vietnam era, or any other category protected by law.

3. Inform agency staff if I wish to appoint other family member of my care other than myself.
4. Select a physician; remain under medical supervision and to notify the agency of changes in my physician, medication, treatment or symptoms.
5. Maintain an adequate and safe environment for home care.
6. Protect my valuables by storing them carefully in an appropriate manner.
7. Provide live-ins with reasonable space for personal items, food and time to rest or sleep.
8. Participate in planning, evaluating and revising my care plans to the degree that I am able to do so.
9. Adhere to the plan of care which I participate in developing, follow through with instructions and procedures taught by agency staff, and inform agency staff when I do not understand the plan of care.
10. Arrange for supplies, equipment, medications and other services, which the agency cannot provide, which are necessary for provision of care and my safety.
11. Notify the agency prior to the scheduled visit if I will not be present at the agreed upon visit times or wish to discontinue services.
12. Follow agency's rules affecting patient conduct and treat staff with respect, courtesy and consideration.
13. Pay for services agreed in the Consent for Services and Schedule of Fees, assure that the financial obligations of my care are fulfilled as promptly as possible.
14. Accept the consequences for any refusal of treatment or choice of noncompliance, be responsible for my own actions if I refuse treatment or do not follow the staff's instructions.



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NOTICE OF PRIVACY PRACTICES

Notice of Health Information Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Understanding Your Health Record/ Information

Every time Right Accord makes a visit, a record of your visit is made. Typically, this record contains your symptoms, examinations and test results, diagnosis, treatment and plan for future care or treatment. This information is often referred to as your health or medical record.

Your Health Information Rights

Although your health record is the physical property of health care practitioner or facility that compiled it, the information belongs to you. You have the right to:

- Request a restriction on certain uses and disclosures of your information
- Obtain a paper copy of this notice of health information practices
- Inspect and obtain a copy of your health record
- Obtain an accounting of disclosures of your health information
- Request communications of your health information by alternative means or alternative locations
- Revoke your authorization to use or disclose health information except to the extent that action has already been taken.

Our Responsibilities

This Agency is required to:

- Maintain the privacy of your health information
- Provide you with this notice of our legal duty and privacy practices with respect to information we collect and maintain about you
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction
- Accommodate reasonable requests you may have to communicate health information by alternative means or alternative locations.

Communications With Family: Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment for health care.

Marketing: We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. We do not rent or sell patient information. If a patient wishes to opt out of receiving further information, they may call us directly at 941.366.0801 or send written request to Right Accord located at 5549 Palmer Crossing Cir. Sarasota, FL 34233.

Fund Raising: We may contact you as a part of a fund-raising effort. If you prefer not to receive Fund Raising Letters, please let us know by contacting our office directly.

Other Disclosures permitted without authorization and WITHOUT opportunity to agree or object:

Business Associates: There are some services in our organization through contacts with business associates. When these services are contracted, we may disclose your health information to our business associate so that they can perform the job we have asked them to do. To protect your health information, however, we require all business associates to properly safeguard your information.

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

Coroner, Funeral Director and Organ Procurement Organization: We may disclose personal health information to a coroner or medical examiner for identification purposes, to determine cause of death or for the coroner or medical examiner to perform other duties authorized by law. We may also disclose personal health information to a funeral director as authorized by law in order to permit the funeral director to carry out their duties. Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donations and transplants.

Food and Drug Administration (FDA): We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product

and products defects, or post marketing surveillance information to enable product recalls, repairs or replacements.

Health Oversight Activities: We may disclose health information to a health oversight agency for activities relating to the oversight of the Agency.

Workers Compensation: We may disclose health information to the extent authorized by an to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.

Public Health: As required by law, we may disclose your health information to public or legal authorities charged with preventing or controlling disease, injury, or disability. Report vital events such as birth or death, as well as, other occurrences when required by the Florida State Law.

Report of Abuse, Neglect, or Domestic Violence: We may notify government authorities if we believe that a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when specifically required or authorized by law.

Specified Government Functions: In certain circumstances, the Federal regulation authorize the provider to use or disclose your protected health information to facilitate specified government functions.

Law Enforcement: We may disclose health information for law enforcement purposes as required by law or in response to valid subpoena.

I have read the Notice of Privacy Practices of Right Accord Private Duty- Home Health Care, and give my consent in writing, except to the extent that the organization has already taken action in reliance thereon.

Patient Signature

Date

Print Name of Patient

CLIENT INSTRUCTION IN THE EVENT OF AN EMERGENCY

For the client and the Caregiver

In case of an unexpected natural disaster, severe weather, and/or other emergencies, we may not be able to provide care to the client. The client and/or a family member or friend should know how to take care of the medical needs until we are able to return to the client's home.

Right Accord Private Duty – Home Health Care, LLC will make every effort to teach the patient and/or a designated Caregiver how to take care of the client's medical needs. This includes how to manage the client's disease / symptoms, medications including injections such as insulin or Lovenox, wound care, intravenous therapy and the use of oxygen or other equipment that may be used in the home.

The Caregiver will work with the client to decide the best care while services cannot be provided within the home. If you, the client, is unable to care for yourself and have needs that cannot be met in your home, you may need to evacuate to shelter or to the hospital. Please refer to the **PSN Registry form, People with special needs application**, located in this packet. If possible, call us and tell us where you will be going. In an emergency, please follow the advice of any police, fire or emergency workers.

What are the items that you should have prepared and have available at all times in the event of unexpected interruption of services?

1. Name and number of the client's doctor, pharmacy, oxygen and medical supply company and **Right Accord Private Duty – Home Health Care number 941-366-0801**
2. Prescription and non-prescription medications needed for at least 72 hours.
3. All wound care and IV supplies that the client may need.
4. Special diet items, non-perishable food for 72 hours and 1 gallon of water per person per day.
5. Glasses, hearing aids and batteries, prosthetics and any other assistive devices.
6. Personal hygiene items for 72 hours.
7. Flashlight and batteries.

Every attempt will be made to contact the client in advance of any interruption of service. However, that may not always be possible, especially in the event of power failure. We will continue to contact the client to resume care for the client as soon as we are able to do so.

INFORMATION FOR CLIENTS and CARE PROVIDER

You need to be prepared **prior** to an evacuation to a special needs shelter.

- 1) **If the client has a caregiver:** The Caregiver must accompany the client and must remain with the client at the special needs shelter.
- 2) The following is a list of what the special needs clients need to bring with them to the shelter during an evacuation:
 - a) Bed sheets, blankets, pillow, folding lawn chair, air mattress
 - b) The clients medication, supplies and equipment list supplied by the agency, including telephone and emergency numbers for the clients physician, pharmacy and, if applicable, oxygen supplier; supplies and medical equipment for the patient's care; do not resuscitate (DNR) form, if applicable
 - c) Name and phone number of Right Accord Private Duty – Home Health Care
 - d) Prescription and non-prescription medication needed for at least 72 hours
 - e) A copy of the clients plan of care
 - f) Identification and current address
 - g) Special diet items, non-perishable food for 72 hours and 1 gallon of water per person per day
 - h) Glasses, hearing aids and batteries, prosthetics and any other assistive devices
 - i) Personal hygiene items for 72 hours
 - j) Extra clothing for 72 hours
 - k) Flashlight and batteries
 - l) Self-entertainment and recreational items, like books, magazines, and quiet games

Health Care Advance Directives

The Patient's Right to Decide

Every competent adult has the right to make decisions concerning his or her own health, including the right to choose or refuse medical treatment.

When a person becomes unable to make decisions due to a physical or mental change, such as being in a coma or developing dementia (like Alzheimer's disease), they are considered incapacitated. To make sure that an incapacitated person's decisions about health care will still be respected, the Florida legislature enacted legislation pertaining to health care advance directives (Chapter 765, Florida Statutes). The law recognizes the right of a competent adult to make an advance directive instructing his or her physician to provide, withhold, or withdraw life-prolonging procedures; to designate another individual to make treatment decisions if the person becomes unable to make his or her own decisions; and/or to indicate the desire to make an anatomical donation after death.

By law hospitals, nursing homes, home health agencies, hospices, and health maintenance organizations (HMOs) are required to provide their patients with written information, such as this pamphlet, concerning health care advance directives. The state rules that require this include 58A-2.0232, 59A-3.254, 59A-4.106, 59A-8.0245, and 59A-12.013, Florida Administrative Code.

Questions About Health Care Advance Directives

What is an advance directive? It is a written or oral statement about how you want medical decisions made should you not be able to make them yourself and/or it can express your wish to make an anatomical donation after death. Some people make advance directives when they are diagnosed with a life-threatening illness. Others put their wishes into writing while they are healthy, often as part of their estate planning.

Three types of advance directives are:

- ☐ A Living Will
- ☐ A Health Care Surrogate Designation
- ☐ An Anatomical Donation

You might choose to complete one, two, or all three of these forms. This pamphlet provides information to help you decide what will best serve your needs.

What is a living will? It is a written or oral statement of the kind of medical care you want or do not want if you become unable to make your own decisions. It is called a living will because it takes effect while you are still living. You may wish to speak to your health care provider or attorney to be certain you have completed the living will in a way that your wishes will be understood.

What is a health care surrogate designation?

It is a document naming another person as your representative to make medical decisions for you if you are unable to make them yourself. You can include instructions about any treatment you want or do not want, similar to a living will. You can also designate an alternate surrogate.

Which is best?

Depending on your individual needs you may wish to complete any one or a combination of the three types of advance directives.

What is an anatomical donation?

It is a document that indicates your wish to donate, at death, all or part of your body. This can be an organ and tissue donation to persons in need, or donation of your body for training of health care workers. You can indicate your choice to be an organ donor by designating it on your driver's license or state identification card (at your nearest driver's license office), signing a uniform donor form (seen elsewhere in this pamphlet), or expressing your wish in a living will.

Am I required to have an advance directive under Florida law?

No, there is no legal requirement to complete an advance directive. However, if you have not made an advance directive, decisions about your health care or an anatomical donation may be made for you by a court-appointed guardian, your wife or husband, your adult child, your parent, your adult sibling, an adult relative, or a close friend.

The person making decisions for you may or may not be aware of your wishes. When you make an advance directive, and discuss it with the significant people in your life, it will better assure that your wishes will be carried out the way you want.

Must an attorney prepare the advance directive?

No, the procedures are simple and do not require an attorney, though you may choose to consult one.

However, an advance directive, whether it is a written document or an oral statement, needs to be witnessed by two individuals. At least one of the witnesses cannot be a spouse or a blood relative.

Where can I find advance directive forms?

Florida law provides a sample of each of the following forms: a living will, a health care surrogate, and an anatomical donation. Elsewhere in this pamphlet we have included sample forms as well as resources where you can find more information and other types of advance directive forms.

Can I change my mind after I write an advance directive? Yes, you may change or cancel an advance directive at any time. Any changes should be written, signed and dated. However, you can also change an advance directive by oral statement; physical destruction of the advance directive; or by writing a new advance directive.

If your driver's license or state identification card indicates you are an organ donor, but you no longer want this designation, contact the nearest driver's license office to cancel the donor designation and a new license or card will be issued to you.

What if I have filled out an advance directive in another state and need treatment in Florida?

An advance directive completed in another state, as described in that state's law, can be honored in Florida.

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

- If you designate a health care surrogate and an alternate surrogate be sure to ask them if they agree to take this responsibility, discuss how you would like matters handled, and give them a copy of the document.
- Make sure that your health care provider, attorney, and the significant persons in your life know that you have an advance directive and where it is located. You also may want to give them a copy.
- Set up a file where you can keep a copy of your advance directive (and other important paperwork). Some people keep original papers in a bank safety deposit box. If you do, you may want to keep copies at your house or information concerning the location of your safety deposit box.
- Keep a card or note in your purse or wallet that states that you have an advance directive and where it is located.
- If you change your advance directive, make sure your health care provider, attorney and the significant persons in your life have the latest copy.

If you have questions about your advance directive you may want to discuss these with your health care provider, attorney, or the significant persons in your life.

More Information On Health Care Advance Directives

Before making a decision about advance directives you might want to consider additional options and other sources of information, including the following:

- As an alternative to a health care surrogate, or in addition to, you might want to designate a durable power of attorney. Through a written document you can name another person to act on your behalf. It is similar to a health care surrogate, but the person can be designated to perform a variety of activities (financial, legal, medical, etc.). You can consult an attorney for further information or read Chapter 709, Florida Statutes.
- If you choose someone as your durable power of attorney be sure to ask the person if he or she will agree to take this responsibility, discuss how you would like matters handled, and give the person a copy of the document.
- If you are terminally ill (or if you have a loved one who is in a persistent vegetative state) you may want to consider having a pre-hospital Do Not Resuscitate Order (DNRO). A DNRO identifies people who do not wish to be resuscitated from respiratory or cardiac arrest. The pre-hospital DNRO is a specific yellow form available from the Florida Department of Health (DOH). Your attorney, health care provider, or an ambulance service may also have copies available for your use. You, or your legal representative, and your physician sign the DNRO form. More information is available on the DOH website, www.doh.state.fl.us or www.MyFlorida.com (type DNRO in these website search engines) or call (850) 245-4440.

When you are admitted to a hospital the pre-hospital DNRO may be used during your hospital stay or the hospital may have its own form and procedure for documenting a Do Not Resuscitate Order.

- If a person chooses to donate, after death, his or her body for medical training and research the donation will be coordinated by the Anatomical Board of the State of Florida. You, or your survivors, must arrange with a local funeral home, and pay, for a preliminary embalming and transportation of the body to the Anatomical Board located in Gainesville, Florida. After being used for medical education or research, the body will ordinarily be cremated. The cremains will be returned to the loved ones, if requested at the time of donation, or the Anatomical Board will spread the cremains over the Gulf of Mexico. For further information contact the Anatomical Board of the State of Florida at (800) 628-2594 or www.med.ufl.edu/anatbd.
- If you would like to read more about organ and tissue donation to persons in need you can view the Agency for Health Care Administration's website <http://ahca.MyFlorida.com> (Click on "Site Map" then scroll down to "Organ Donors") or the federal government site www.OrganDonor.gov. If you have further questions you may want to talk with your health care provider.
- Various organizations also make advance directive forms available. One such document is "Five Wishes" that includes a living will and a health care surrogate designation. "Five Wishes" gives you the opportunity to specify if you want tube feeding, assistance with breathing, pain medication, and other details that might bring you comfort such as what kind of music you might like to hear, among other things. You can find out more at:

Aging with Dignity

www.AgingWithDignity.org

(888) 594-7437

Other resources include:

American Association of Retired Persons (AARP)

www.aarp.org

(Type "advance directives" in the website's search engine)

Your local hospital, nursing home, hospice, home health agency, and your attorney or health care provider may be able to assist you with forms or further information.

Brochure: End of Life Issues

www.FloridaHealthFinder.gov

(888) 419-3456

Living Will

Declaration made this _____ day of _____, 2____, I, _____, willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am mentally or physically incapacitated and

_____ (initial) I have a terminal condition,
or _____ (initial) I have an end-stage condition,
or _____ (initial) I am in a persistent vegetative state,

and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

I do ____, I do not ____ desire that nutrition and hydration (food and water) be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

In the event I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name

Street Address

City _____ State _____ Phone _____

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Additional Instructions (optional):

(Signed)

Witness _____ Witness _____

Street Address _____ Street Address _____

City _____ State _____

City _____ State _____

Phone _____

Phone _____

At least one witness must not be a husband or wife or a blood relative of the principal.

Definitions for terms on the Living Will form:

“End-stage condition” means an irreversible condition that is caused by injury, disease, or illness which has resulted in progressively severe and permanent deterioration, and which, to a reasonable degree of medical probability, treatment of the condition would be ineffective.

“Persistent vegetative state” means a permanent and irreversible condition of unconsciousness in which there is: The absence of voluntary action or cognitive behavior of any kind and an inability to communicate or interact purposefully with the environment.

“Terminal condition” means a condition caused by injury, disease, or illness from which there is no reasonable medical probability of recovery and which, without treatment, can be expected to cause death.

These definitions come from section 765.101 of the Florida Statutes. The Statutes can be found in your local library or online at www.leg.state.fl.us.

Designation of Health Care Surrogate

Name: _____

In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I wish to designate as my surrogate for health care decisions:

Name _____

Street Address _____

City _____ State _____ Phone _____

Phone: _____

If my surrogate is unwilling or unable to perform his or her duties, I wish to designate as my alternate surrogate:

Name _____

Street Address _____

City _____ State _____ Phone _____

I fully understand that this designation will permit my designee to make health care decisions and to provide, withhold, or withdraw consent on my behalf; or apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility.

Additional instructions (optional):

I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility. I will notify and send a copy of this document to the following persons other than my surrogate, so they may know who my surrogate is.

Name _____

Name _____

Signed _____

Date _____

Witnesses

1. _____

2. _____

At least one witness must not be a husband or wife or a blood relative of the principal.

Uniform Donor Form

The undersigned hereby makes this anatomical gift, if medically acceptable, to take effect on death. The words and marks below indicate my desires:

I give:

(a) _____ any needed organs or parts

(b) _____ only the following organs or parts for the purpose of transplantation, therapy, medical research, or education:

(c) _____ my body for anatomical study if needed. Limitations or special wishes, if any:

Signed by the donor and the following witnesses in the presence of each other:

Donor's Signature _____ Donor's Date of Birth _____

Date Signed _____ City and State _____

Witness _____ Witness _____

Street Address _____ Street Address _____

City _____ State _____

City _____ State _____

You can use this form to indicate your choice to be an organ donor. Or you can designate it on your driver's license or state identification card (at your nearest driver's license office).

The card below may be used as a convenient method to inform others of your health care advance directives. Complete the card and cut it out. Place in your wallet or purse. You can also make copies and place another one on your refrigerator, in your car glove compartment, or other easy to find place.

Health Care Advance Directives

I, _____
have created the following Advance Directives:

___ Living Will

___ Health Care Surrogate Designation

___ Anatomical Donation

___ Other (specify) _____

----- FOLD -----

Contact:

Name _____

Address _____

Phone _____

Signature _____ Date _____

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SCHS-4-2006



1960 South Tamiami Trail Venice, FL 34293
941.366.0801 | www.rightaccordhealth.com

NOTICE TO ALL CLIENTS

Florida States requires that we provide you with the following information:

If you have any reason to believe you are abused,

neglected or exploited, you have the right to

report this by calling:

Toll Free: 1-800-962-2873

**Or to file a complaint to the Agency for Health Care
Administration (AHCA):**

Toll Free: 1-888-419-3456

or

The Joint Commission (JCAHO)

Toll Free: 1-800-994-6610

To report a suspected Medicaid fraud,

Toll-Free 1-866-966-7226

Medicaid Fraud means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him/her or other person. It includes any act that constitutes fraud under applicable federal or state law as it relates to Medicaid.

The office of the Inspector General at the Agency for Health Care Administration accepts complaints regarding suspected fraud and abuse in the

Florida Medicaid system by phone at

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http://ahca.myflorida.com/Executive/Inspector_General/complaints.shtml



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CONTACT TELEPHONE NUMBERS

CARE COORDINATOR – Schedules

Tracy / Rosemary **941-366-0801 Office**

ACCOUNTS

Bernie / Rose **941-366-0801 Office**

ADMINISTRATOR/REGISTERED NURSE

Rosemarie Tamunday, RN **941-366-0801 Office**
(Direct Number in Case Of Emergency) **941-957-8267 Direct**

OFFICE MANAGER

Bernie **941-366-0801 Office**

HOURS OF BUSINESS

Office Hours – Monday – Friday 9am – 5pm **941-366-0801 Office**

Out of Hours – On Call Contact Details **941-685-3453**
For Emergencies Only



THE BASICS

Please complete and give to your caregiver.

My Name:

How I like to be addressed:

Names of those who live with me:

_____ Relationship _____

_____ Relationship _____

Pets who live with me:

Name: _____ Type of pet: _____

Name: _____ Type of pet: _____

Name: _____ Type of pet: _____

MY DAY

Usually, this is how my day is spent:

	WEEKDAY	WEEKEND
6:00-7:00 A.M.		
7:00-8:00 A.M.		
8:00-9:00 A.M.		
9:00-10:00 A.M.		
10:00-11:00 A.M.		
11:00-12:00 noon		
Noon-1:00 P.M.		
1:00-2:00 P.M.		
2:00-3:00 P.M.		
3:00-4:00 P.M.		
4:00-5:00 P.M.		
5:00-6:00 P.M.		
6:00-7:00 P.M.		
7:00-8:00 P.M.		
8:00-9:00 P.M.		
9:00-10:00 P.M.		
10:00-11:00 P.M.		

MEALS

	BREAKFAST	LUNCH	DINNER
Usual mealtime			
My usual meal			
Foods I don't like or can't eat			
Where I like to eat			
Snacks I enjoy			
What I like to do after a meal			

I am allowed to have alcohol (beer, wine, liquor):

Yes _____ **How much?** _____ **No** _____

BEDTIME

The time I usually go to bed: _____

What I normally do before I go to bed: _____

Things I may need help with include: _____



RIGHT ACCORD
Private Duty-Home Health Care

1960 South Tamiami Trail Venice, FL 34293

941.366.0801 | www.rightaccordhealth.com

CLIENT HANDBOOK RECEIPT

The Client Handbook describes important information about RIGHT ACCORD. I understand that I should consult a RIGHT ACCORD representative regarding any questions not answered in the handbook.

Information in the Client Handbook is subject to change. All such changes will be communicated through official notices and I understand that revised information may supersede, modify, or eliminate existing policies. Only the Owner of RIGHT ACCORD has the ability to adopt any revisions to the policies in this handbook.

I have received the handbook and I understand that it is my responsibility to read and understand all of the information contained in this handbook and any revisions made to it.

Client Name: (printed): _____

Client Signature: _____

Date: _____

RIGHT ACCORD Representative Signature: _____

Date: _____

We've Partnered with Home Care Pulse



To Help Us Provide You with the Best Care Possible

You may receive a call from
(941) 366-0801
to ask for your feedback.

Why We Have Partnered

We are dedicated to providing you with the best in-home care services and we want to make sure you are satisfied. In order to help us accomplish this, we have hired a third-party satisfaction research firm called Home Care Pulse to gather feedback from some of our clients each month.

What to Expect

As one of our clients, you or a designated family member will receive a call from Home Care Pulse. Depending on your responses, the call will take about *5 minutes*. They'll ask you to rate our services in several categories on a 1-10 scale and to provide your honest feedback which will help us understand how we can best serve you.

Please use this number guide as you rate the questions:

9-10: You are very satisfied

7-8: Average

1-6: You are very dissatisfied

FAQ

Who is Home Care Pulse?

Home Care Pulse is a third-party company that gathers feedback and satisfaction ratings from our clients. The feedback gathered helps us know how we can improve and provide the best care possible. Home Care Pulse complies with all state and federal confidentiality laws and will not ask for any personal, financial, or health information.

How often will I be called?

Once you've shared your feedback, you won't be contacted again for at least six months.

How will my feedback be used?

Your interview responses will never be shared with anyone except your home care provider. Your feedback will be used to help guide improvements to care services. You will be given the option to remain anonymous.



Address: 1960 South Tamiami Trail Venice, FL 34293

Telephone: 941.366.0801 Email: management@rightaccordhealth.com

Hi there,

We love to hear what you think about RIGHT ACCORD Home Care, and I would be incredibly grateful if you could take a couple of minutes to write a quick **Google review** for us.

To submit your review, simply click the link below and let us know what you think.

<https://g.page/RightAccordHomeHealthCare/review?gm>

IMPORTANT: You do not need to create your own Google account from scratch if you don't have one. Your current email and password can be used as a Google account. Simply use it to sign in then verify your account by entering a verification code sent to your current email by Google. Please contact us if you have any questions.

Thank you so much for taking the time to leave a review. Your feedback is highly appreciated and important to us and I look forward to reading your comments.

Many thanks,
RIGHT ACCORD TEAM



941.366.0801 | www.rightaccordhealth.com

RIGHT ACCORD TRAINING/COMPETENCY CHECKLIST

EMPLOYEE NAME: _____ DATE: _____

EVALUATOR: _____ TITLE: _____

Circle which category applies:

1. New Hire 2. 6 month Interim 3. Annual Evaluation 4. Three year Evaluation

I. GENERAL ORIENTATION	YES Initial	NO Initial	N/A Initial	Verbal Knowledge
Introduction to RIGHT ACCORD				
Completed Employee New Hire Paperwork				
Agency Mission & Philosophy				
Organizational Structure				
Responsibilities of Office Staff & Caregivers				
Agency and Client Communication Responsibilities				
eRSP (Schedules, Employee Availability, Email, Hours Report)				
Scheduling / Cancellation Procedures				
Telephony (Time Keeping)				
Voice Broadcasting				
Caregiver Connection				
Caregiver Rewards Program				
Agency ID Badge – provide Right Accord business cards				
Payroll Procedures				
Client Care Plan				
ADL Checklist				
Service Documentation				
Employee Incident Reporting				
Safety Precautions for the Elderly				
Safety & Fire Procedures				
Safe Client Transfers				
Documentation & Follow Up of Safety Hazards				
Infection Control				
Personal Protective Equipment				
Reporting Infections				
Fall Prevention				
Emergency Preparedness & Management Plan				
Client Rights				
Standards of Customer Service				
Client Satisfaction Survey				

Complaint/ Compliment Procedures				
Client Consent Forms				
Advanced Directives/ Patient Determination Act 1990				
DNR				
Death & Dying in the Home				
Employee Handbook				
Performance Evaluation – verbal & written notices				
II PATIENT RIGHTS / ETHICS	YES Initial	NO Initial	N/A Initial	Verbal Knowledge
Client Handbook				
Privacy and Confidentiality (Policy/sign form)				
Patient Identification (Addresses client appropriately)				
Plan of Care – Care Plan Book				
Emergency Management				
Agency Communication – Client has emergency numbers available or is aware how to contact the agency anytime. (Ask client/family how they contact the office)				
Elder Abuse, ACHA and JCAHO Hotline – Signs and symptoms of abuse or neglect, or ethical concerns in home are handled appropriately. (Ask staff member what they would do if suspected abuse, or had ethical concern, and to whom they should report)				
Advanced Directives				
DNR				
Protected Health Information Policy (PHI)				
Informed Consent (Medication Assistance)				
Complaint/Compliment Process - client/family is aware of how to contact the agency or file complaint (Ask client/family how they contact the agency to file a complaint)				
Client Satisfaction				
Transportation Waiver				
Employees professionally dressed				
Documentation and Reporting				

III INFECTION CONTROL	YES Initial	NO Initial	N/A Initial	Verbal Knowledge
Handwashing - aware of hand hygiene measures in the client's home				
Appropriate infection control precaution utilized in home (Employee uses correct personal protective equipment (PPE), has available at visit and equipment cleaned correctly – such as BP Cuff, stethoscope, scissors, etc.)				
Appropriate Disposal of materials used by client or caregiver (Sharps Container /hazardous waste control)				
Documentation and Reporting				
Employee Responsibilities				
Annual Mandatory Review/Competency				

IV HEALTH TEACHING/ CARE PLANNING	YES	NO	N/A	Verbal
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	Initial	Initial	Initial	Knowledge
Client/Family participates in care and care planning. Caregiver allows client to participate and asks family what role they want to play in the care planning process.				
Client/Family participate in discharge planning process if discharge is to date				
Client and family members are educated on infection control measures for hand hygiene, respiratory hygiene, and contact precautions according to the client's condition on admission to the service				
Client/Family verbalize knowledge of current health status and prognosis				
Caregiver documentation of health care teaching				
Client/Family is informed of next scheduled visit				

V MEDICATION MANAGEMENT/EQUIPMENT MANAGEMENT	YES Initial	NO Initial	N/A Initial	Verbal Knowledge
Medication properly and safely stored in home, checked at visit at home				
Medication reconciled on admission (Reviewed Care Plan for medication accuracy)				
Equipment Manual available in the home (if medical equipment in use) list: _____				
Client/Family and caregiver aware of oxygen safety, booklet available in the home (Ask client how they use oxygen safely)				
Report and Document Medication Changes				
Client/Family aware of caregiver's role in assistance with medications – Evaluate medication administration, cognitive ability, safety, vision (Review medication with patient /caregiver who sets-up, what used for, read at least one medication label)				

VI SAFETY IN THE HOME	YES Initial	NO Initial	N/A Initial	Verbal Knowledge
Employee Safety				
Emergency Preparedness Procedure – PSN Documents in the Client Care Plan Book (Ask if client/family aware of the procedure)				
Client Safety – Fire and Safety in the Home (Ask client what their plan is in case of fire, ask staff what they would do if observed smoke coming from home)				
Incident /Occurrence Reporting (Client/Staff) – Client and Staff has emergency numbers available or is aware of how to contact agency				
Identify Client “High Risk for Falls” appropriately using Fall Risk Assessment Tool. Safety teaching done at visit.				
Assist client with balance exercises and range of motion exercise as specified in the Care Plan (Ask client what				

they have been taught regarding fall safety)				
Evaluate safe ambulation, transfer, use of assistive devices, SOB, grooming, bathing, toileting (Request client to walk to the bathroom and step into the tub or shower. Describe how they bathe)				

VII QUESTIONS TO REVIEW POST-VISIT: Employee able to answer correctly “Yes” or “No” Addresses any “No” responses with educational plan of correction	YES Initial	NO Initial	CORRECTIVE PLAN
What are our current performance improvement goals and activities?			
What are some look-alike, sound-alike meds and name some _____, _____, _____			
What is your process when client has a look-alike, sound-alike medication?			
How do you communicate among client/family, other staff and agency?			
What are some of the NPSG? Can you name some? _____ _____			
What Performance Improvement Initiative we are currently evaluating?			

What is your role in emergency situations such as disasters, evacuation to shelters or multiple admissions in a short time involving infections?			
How do you verify information received from verbal communication with other person? (repeat-back for information regarding client's condition and changes or write down and read-back techniques)			

Supervisor's Comments:

Supervisor Signature/Date: _____

Employee Comments:

Employee Signature/Date: _____