



**PATIENT  
ADMISSION  
HANDBOOK**

**FROM THE HEART  
HOME HEALTH CARE II,  
LLC.**

**3601 W. Alexis Road, Suite 104,  
Toledo, Ohio 43623**

**Phone: (419) 724-9512**

**Fax: (419) 724-9513**

**CONFIDENTIAL**

This folder contains information pertaining to your home health care.  
Due to the confidential nature of this record, it is for use by health care professionals only.  
In order to protect your right to privacy, any person(s) must have your permission  
to review this record.

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## WELCOME

Dear valued Client,

I would like to take this opportunity to welcome you to FROM THE HEART HOME HEALTH CARE II LLC.!

The office of FROM THE HEART HOME HEALTH CARE II, LLC is open from 9:00am to 5:00pm Monday through Friday. A contact nurse is available 24hours a day, 7 days a week.

If you experience symptom changes or the development of a new symptom, please feel free to call our office at 419-724-9512. If staff is not in the office, the telephone is answered by the on-call nurse. The nurse will discuss the changes or concerns with you and then decide if a home visit is needed. If an emergency situation arises, call 911 to reach your local emergency unit. If for some reason you will not be home on the day a visit is scheduled, please contact the office at 419-724-9512.

Our Clients are very important to us and we appreciate your comments. You are welcome to call the office if you have any concern or compliment. Please ask to speak with the Administrator or the Clinical Manager or you may fill out the patient survey form enclosed in the folder. You can rest assured that the services you are receiving will not be disrupted by voicing your concern. Your comments are an important part of helping us to better serve you.

Sincerely,

Tabitha Mixon Ballard, RN  
Owner/Administrator  
Clinical Manager

Contact information for Administrator/Clinical Manager:  
Address: 3601 W. Alexis Road, Suite 104, Toledo, OH 43623  
Contact Number: 419-724-9512

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## MISSION

*To provide consistent high quality care to the community that involves caring and compassion for the aging, ill and disabled that will enhance the care of the lives we provide service for.*

## NON-DISCRIMINATION POLICY

The Agency shall refuse neither service, nor employment, nor discriminate against any person because of ancestry, age, color, disability, genetic information, gender identity, gender expression, marital status, medical condition, military or veteran status, national origin, race, religion, sex/gender, and sexual orientation.

## ADMISSION CRITERIA

Admission to From The Heart Home Health Care II, LLC. can only be made under the direction of a physician, based upon the homebound patient's identified intermittent and skilled care needs that our Agency is able to meet. In order to make a determination about suitability for home care, it is important to provide relevant information during the admission process. Your cooperation is imperative and appreciated.

The Agency will provide any of the following qualifying services directly by Agency staff on an intermittent basis in the patient's place of residence: Skilled Nursing; Home Health Aide; Physical Therapy; Occupational Therapy; and Speech Language Pathology.

*Compliance Non Discrimination:* As a recipient of Federal financial assistance, From The Heart Home Health Care II, LLC. does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, or national origin, gender or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by From The Heart Home Health Care II, LLC. directly or through a contractor or any other entity with which From The Heart Home Health Care II, LLC. arranges to carry out its programs and activities. This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91. We will coordinate all efforts to comply with these laws and relevant regulatory requirements.

*Payment:* Reimbursement for services may be provided through Medicare, Medicaid, Worker's Compensation, Veteran's Administration Insurance, Private Insurance and private pay. For some services, there are no out of pocket charges to you if you are eligible for Medicare or Medicaid. Any charges for services not covered under State and Federal Entitlement Program or non-reimbursable charges will be discussed with you prior to rendering these services. On or before admission, you or your guardian, caregiver or family member will be informed of any charges for the services to be provided and the extent of coverage. Should any change be made to this policy regarding services or charges, you or your responsible party will be advised.

*Patient/Patient needs:* Our policy is to admit only those individuals for whom we can reasonably meet demonstrated needs for care or services. We monitor patient/patient needs on an ongoing basis. When your needs can no longer be accommodated by From The Heart Home Health Care II, LLC. and its affiliates or your living arrangement cannot support our services we will develop a discharge or transfer plan for you.

*Safety and Security:* The safety and security of patients/ patients and our personnel are key considerations. Therefore, in instances where safety and security are in jeopardy, we reserve the right to withdraw services without prior notification to either the patient/patient or referral source.

*Available Resources for persons with Limited English Proficiency (LEP) and disabilities:* Information provided to patients are in plain language and in a manner that is accessible and timely to—

- Persons with disabilities, including accessible resources and the provision of auxiliary aids and services at no cost to the individual in accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.
- Persons with limited English proficiency through the provision of language services at no cost to the individual, including oral interpretation and written translations.

*Hours of Operation:* Our office hours are Monday through Friday from 9 AM to 5 PM except during company holidays. Please call the office at (419) 724-9512 during these hours for any of the following reasons: Scheduling changes or cancelling a visit, leaving messages for nurses, therapists or home health aides, inquiring about your next scheduled visit or contacting your nurse, therapist or home health aide to ask a question.

## **CONSENTS & AUTHORIZATIONS**

Part of the admission process consists of giving From The Heart Home Health Care II, LLC. permission to treat you, to release medical information concerning your care to appropriate sources, and to collect payment for services directly from your payer source.

*Treatment and Authorizations:* Before we can treat you, we must obtain your permission. If at any time you refuse any treatment, you will be advised of possible medical consequences of your actions. We may ask you to sign a statement indicating that you have been informed of the medical consequences, and are releasing From The Heart Home Health Care II, LLC. from any responsibility.

*Release of Information:* From The Heart Home Health Care II, LLC. maintains your records in a confidential manner. No information will be released without your permission, unless such is required under applicable state and/or federal law. In order for us to provide or receive information concerning your care, we will need your signed authorization to do so. Information may be shared with regulatory and accrediting agencies.

*Authorization for Payment:* From The Heart Home Health Care II, LLC. will bill your insurance company directly for any services we have provided. This authorization allows us to release medical records as required by your insurance company and collect payment for services provided.

*Advance Directives:* If you have an advance directive, you will need to share that information with us so that we can follow your wishes to the extent permitted by law. In the absence of an advance directive that directs us to refrain from performing certain procedures, you will receive care and treatment consistent with your plan of care and treatment orders issued by your physician.

*Non-Covered Services:* From The Heart Home Health Care II, LLC. will provide care within the scope of our Agency's services. Arrangements for any services that we cannot provide will be your responsibility or that of your legal representative. We will however, assist you by providing a list of possible resources.

*Scheduling Home Care Visits:* From The Heart Home Health Care II, LLC. strives to make scheduled visits in a timely manner. However, there may be situations in which this is not possible to achieve, such as severe weather or adverse road conditions that make travel perilous or impossible. When a disruption in home care service is anticipated or recognized, From The Heart Home Health Care II, LLC. will attempt to notify you in advance of a scheduled appointment or service shift.

*Statement of Ownership:* From The Heart Home Health Care II, LLC. is privately owned and operated by health care professionals.

*Patient Experience/Satisfaction Surveys:* You may receive a survey during or after your home health care has ended by phone or by mail. Please take time to participate by phone or complete the form and mail it back. Your answers will help us improve our services and in sure that we meet your needs and expectations.

## **PHYSICIAN FACE TO FACE REQUIREMENT**

As of January 1, 2011, Medicare-eligible patients must have a face-to-face (F2F) encounter with a physician within 90 days prior to, or within 30 days of, the start of home health. The patient's F2F encounter with the physician must be related to the primary reason for which the patient requires home health services. In order for the From The Heart Home Health Care II, LLC. to bill Medicare, an appropriate documentation of the face-to-face encounter by the physician is present. We strongly recommend your participation in making sure that your visit with your physician occurs according to the required timeframe. Potential delay or cancellation of your home care services may be possible when appropriately warranted.

## PATIENT/CLIENT RIGHTS AND RESPONSIBILITIES

### PATIENT/CLIENT RIGHTS

The Rights and Responsibilities statement includes, but is not limited to, a patient's right to:

- Have his or her property and person treated with respect (HH2-2C)
- Be free from verbal, mental, sexual, and physical abuse, including injuries of unknown source, neglect, and misappropriation of property; (HH2-3A)
- Make complaints to the HHA regarding treatment or care that is (or fails to be) furnished, and the lack of respect for property and/or person by anyone who is furnishing services on behalf of the HHA; (HH2-4A)
- Participate in, be informed about, and consent or refuse care in advance of and during treatment, where appropriate, with respect to: (HH2-6A)
  - Completion of all assessments.
  - The care to be furnished, based on the comprehensive assessment.
  - Establishing and revising the plan of care.
  - The disciplines that will furnish the care.
  - The frequency of visits.
  - Expected outcomes of care, including patient-identified goals, and anticipated risks and benefits.
  - Any factors that could impact treatment effectiveness; and
  - Any changes in the care to be furnished
- Receive all services outlined in the plan of care.(HH5-3B)
- Have a confidential clinical record. Access to or release of patient information and clinical records is permitted in accordance with 45 CFR parts 160 and 164.(HH2-5A)
- Be advised, orally and in writing of: (HH3-4C)
  - The extent to which payment for HHA services may be expected from Medicare, Medi-Cal, or any other federally funded or federal aid program known to the HHA.
  - The charges for services that may not be covered by Medicare, Medi-Cal, or any other federally funded or federal aid program known to the HHA.
  - The charges the individual may have to pay before care is initiated; and
  - Any changes in the information provided in accordance with 42 CFR 484.50(c)(7) of this section when they occur. The HHA must advise the patient and representative (if any), of these changes as soon as possible, in advance of the next home health visit. The HHA must comply with the patient notice requirements at 42 CFR 411.408(d)(2) and 42 CFR 411.408(f)
- Receive proper written notice, in advance of a specific service being furnished, if the HHA believes that the service may be noncovered care; or in advance of the HHA reducing or terminating on-going care. The HHA must also comply with the requirements of 42 CFR 405.1200 through 405.1204.(HH5-6A)
- Be advised of the state toll free home health telephone hot line, **1-800-342-0553**, its contact information, its hours of operation from 8am-5pm, and that its purpose is to receive complaints or questions about local HHAs. (HH2-4B)  
You may also register complaints, in writing, to:
  - Ohio Department of Health
  - Provider and Services Unit
  - 246 North High Street
  - Columbus, Ohio 43215
- Be advised of the names, addresses, and telephone numbers of the following federally funded and state-funded entities that serve the area where the patient resides: (HH2-4B)
  - Agency on Aging
  - Center for Independent Living
  - Protection and Advocacy Agency
  - Aging and Disability Resource Center
  - Improvement Organization
- Be free from any discrimination or reprisal for exercising his or her rights or for voicing grievances to the HHA or an outside entity. (HH2-4A)

- Be informed of the right to access auxiliary aids and language services as described in paragraph (f) of this section, and how to access these services (HH2-8A)
- Be able to identify visiting personnel members through agency generated photo identification (HH2-2C)
- Choose a health care provider, including an attending physician (HH2-2C)
- Receive appropriate care without discrimination in accordance with physician orders (HH2-2C)
- Be informed of any financial benefits when referred to an HHA (HH2-2C).

## **PATIENT/CLIENT RESPONSIBILITIES**

### **As a Patient, you have the responsibility to:**

- To provide, to the best of his/her knowledge, accurate and complete information about:
  - Past and present medical histories.
  - Unexpected changes in his/her condition.
  - Whether he/she understands a course of action selected.
- To follow the treatment recommended by the particular handling of the case.
- For his/her actions if he/she refused treatment or does not follow the physician's orders.
- For accruing that the financial obligations of his/her health care are fulfilled as promptly as possible.
- To respect the rights of all staff providing service.
- To notify the agency promptly in advance of an appointment or visit you must cancel.
- To become independent in care to the extent possible, utilizing self, family and other sources.
- To pay for care or services not covered by 3<sup>rd</sup> party payers.
- To comply with the rules and regulations established by the agency and any changes subsequent to the rules.

## **MEDICARE/MEDICAID FRAUD REPORTING**

If you have reason to believe that, someone is defrauding the Medicare or Medicaid program please report to the appropriate agency listed below.

Medicare/Medicaid:  
 By Telephone: 1-800-HHS-TIPS (1-800-447-8477)  
 TIY Toll-Free 1-877-486-2048  
 By Fax: 1-800-223-2164

Office of Inspector General Hotline:  
 By US Mail: Office of the Inspector General  
 HHS TIPS Hotline PO Box 23489  
 Washington, DC 20026  
 By Email: HHSTips@oig.hhs.gov

## ABOUT ADVANCE DIRECTIVES

Every adult has the right to direct his or her own medical care. Having an advance directive on file helps to ensure that you receive the care you want if a medical condition or injury renders you unable to make decisions or communicate. It is recommended that every person age 18 and older have an advance directive document recorded in their electronic medical record. This gives you the opportunity to discuss and/or plan your healthcare preferences with your loved ones. Advance directives are legal documents that provide written instructions about who can make medical decisions on your behalf and what your end-of-life wishes are.

### Your rights and choices

You have the right to choose your own medical care based on your values, beliefs and personal choices. You have the right to complete advance directive documents at no charge, as long as you understand your options and can communicate your wishes. You have the right to NOT complete advance directive documents too. Advance directives are always optional.

An advance directive is especially important if:

- Your caregiver or healthcare representative is not your legal next of kin;
- You have multiple next of kin; OR
- You have specific medical wishes due to a medical condition, religious belief or family situation.

The Health Care Power of Attorney also allows you to identify an alternate agent (decision maker), in case your primary agent (decision maker) cannot be reached. Without a Health Care Power of Attorney, Ohio law recognizes an Order of Decision Makers if you are unable to make healthcare decisions for yourself. If the state has appointed a guardian, this person is the first decision maker. If not, the Order of Decision Makers for Ohio, according to the law, are:

1. Spouse
2. Majority of adult children
3. Parents
4. Majority of adult siblings
5. Other nearest relative

### Completing advance directive documents

You do not need a lawyer to complete advance directive documents. In order to be valid, the documents simply need to be signed by two witnesses or a notary. The witnesses may include anyone except the following: your designated decision maker(s); anyone related by blood, marriage or adoption; your attending physician; or the administrator of the nursing home/ residence where you are receiving care.

### Making changes to the documents

To ensure that your advance directive continues to reflect your preferences, it is recommended that you review your forms at least every five years, or at significant life events such as marriage, divorce, new medical diagnosis or the death of a loved one. ***You may make changes to the forms at any point by completing new documents, having them signed and making sure the most recent version is included in your electronic medical record. You may also revoke a previous advance directive document.***

### Talk with your loved ones about your wishes

Talking about end-of-life issues is difficult, but it truly is a gift to your loved ones. If your family members are aware of your healthcare preferences in advance, it will alleviate uncertainties and disagreements when and if the time comes. We suggest using The Conversation Project ([theconversationproject.org](http://theconversationproject.org)) to help guide you through discussing and thinking about your wishes/preferences, goals and values and completing your advance directive.



## Types of Advance Directives

**Health Care Power of Attorney (HCPOA):** A legal document used to identify who is going to make healthcare decisions for you if you are unable to make decisions yourself. This person is called your “agent.” A Health Care Power of Attorney is not the same as a Financial Power of Attorney.

*When it’s used:* This document takes effect when you are unable to make your own healthcare decisions. (For example: under general anesthesia, under sedation, unconsciousness, coma, etc.)

**Living Will:** A legal document used to convey your wishes that life-sustaining treatment, including artificially or technologically supplied nutrition and hydration, be withheld or withdrawn. You wish to “allow a natural death.” If you meet criteria for the Living Will to be in effect, it supersedes the HCPOA. The Living Will allows you to also document your wishes regarding organ donation. A Living Will is not the same as your last will and testament.

*When it’s used:* The Living Will takes effect only when two physicians agree that you are terminally ill and unable to make your own healthcare decisions, OR that you are in a permanently unconscious state.

### Do Not Resuscitate (DNR) Order

A Do Not Resuscitate (DNR) Order is not an advance directive document. It is a physician’s medical order to allow natural death rather than performing cardiopulmonary resuscitation (CPR). It is for patients with a terminal condition or those with a serious illness who wish to allow a natural death. A DNR order alerts emergency personnel to not provide CPR in the event that the heart or breathing stops, but instead to provide comfort care. DNR orders agreed upon by the patient cannot be canceled by a family member without the patient’s consent. Do Not Resuscitate orders are not substitutes for Advance Directives. Do Not Resuscitate orders may be rescinded at any time when requested verbally or in writing by the patient or his/her legal representative. This request immediately overrides the physician's order.

There are two types of DNR orders available in Ohio:

- DNR Comfort Care (DNRCC) –the patient will receive any care that eases pain and suffering, but no resuscitative measures to save or sustain life. This protocol is activated immediately when a valid DNR order is issued or when a living will requesting no CPR becomes effective. "DNR Comfort Care" protocol requires that professionals:
  - WILL suction the airway, administer oxygen, position for comfort, splint or immobilize, control bleeding, provide pain medication, provide emotional support, and contact other appropriate providers; and
  - WILL NOT administer chest compressions, insert an artificial airway, administer resuscitative drugs, defibrillate or cardiovert, provide respiratory assistance (other than suctioning the airway and administering oxygen, initiate resuscitative IV, or initiate cardiac monitoring.
- DNR Comfort Care –Arrest (DNRCC-Arrest) –the patient will receive standard medical care until the time he or she experiences a cardiac or respiratory arrest. Standard medical care may include cardiac monitoring or intubation prior to the occurrence of cardiac or respiratory arrest. This protocol is activated when the patient has a cardiac or respiratory arrest.

### What do I do with my forms after I complete them?

After you complete the advance directive document, talk to those people who may be involved with your healthcare decision making, and give them a copy of your forms to make sure your wishes are followed. We encourage you to have a copy of your advance directive document placed in your medical record.

## AGENCY POLICY ON ADVANCE DIRECTIVE

- The agency recognizes that all persons have a fundamental right to make decisions relating to their own medical treatment, including the right to accept, or refuse, medical care.
- The agency will encourage individuals, and their families, to participate in decisions regarding health care and treatment.
- Advance Directives, such as Living Wills, Durable Powers of Attorney, and DNR (Do Not Resuscitate) Orders will be followed to the extent permitted, and required, by law.
- In the absence of Advance Directives, the agency will provide appropriate care, according to the plan of treatment authorized by the attending physician; or (PA, ARNP, CNS as state allows)
- Additionally, the agency will not condition the provision of care, or otherwise discriminate, against an individual based on whether, or not, the individual has executed an advance directive.
- If the agency is unable to implement the patient/client's Advance Directives, every effort will be made to facilitate the patient/client's transfer to an alternate agency that has the capability to facilitate the patient/client's Advance Directives.
- The agency will honor the clients' advance directives, and is willing and able to provide all care, in accordance with the client's advance directives within the law.

## PATIENT GRIEVANCES OR COMPLAINTS

Your complaints or problems are important to the Agency. We will consider a problem, or complaint, and try to resolve the issue, in an agreeable manner. We assure you that you will have the opportunity to voice grievances, and recommend changes in services and/or policies, without discrimination, coercion, reprisal, or unreasonable interruption of services or in any manner, from the Agency.

If you have a complaint, please:

- Submit the complaint either verbally, or in writing, to the Administrator or supervising nurse. If you call after normal business hours, you will be contacted, by the Administrator, on the next business day.  
 Contact information for the HHA administrator, in order to receive complaints:  
**Tabitha Mixon Ballard, Administrator**  
 From the Heart Home Health Care II LLC  
 Address: 3601 W. Alexis Road, Suite 104, Toledo, OH 43623  
 Phone: 419-724-9512
- The Administrator, or supervising nurse, will contact you, or your representative, and will make every effort to resolve the complaint to your satisfaction. They will document all activities involved with the grievance/complaint/concern, investigation, analysis, and resolution. Each written, or verbal grievance, received is to be responded to, in writing, by the Administrator, within ten (10) days. You will be notified of the Administrator's decision, within thirty (30) days.
- If the complaint cannot be resolved to your satisfaction, you may request that the Administrator submit your complaint to the Agency's Governing Body.

Please be advised that you may lodge complaints with the Ohio hotline number, **1-800-342-0553**, during regular business hours. Leave a message after regular business hours.

You may also lodge complaints with **Accreditation Commission for Healthcare (ACHC)**

Phone number (855) 937-2242, ext. 308

By Fax: (919) 785-3011

By E-mail: [achc.org/contract/complaint](http://achc.org/contract/complaint)

By Mail: 139 Weston Oaks Court, Cary, NC 27513

THANK YOU FOR SHARING YOUR CONCERNS WITH US.

In case of questions concerning Nondiscrimination policy, or in the event of a desire to file a complaint alleging violations of the Agency's Nondiscrimination policy, please contact Tabitha Mixon Ballard, Administrator 3601 W. Alexis Road, Suite 104, Toledo, OH 43623, phone number: 419-724-9512.

The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability by calling or writing to the regional office of the U. S. Department of Health and Human Services, Office for Civil Rights at:

Centralized Case Management Operations-Office for Civil Rights  
 U.S. Department of Health and Human Services  
 200 Independence Avenue, S.W. Room 509F HHH Bldg. Washington, D.C. 20201  
 Toll-free: (800) 368-1019  
 TDD toll-free: (800) 537-7697

## **ABUSE, NEGLECT, AND EXPLOITATION**

If the Agency has reason to believe that a consumer has been abused, neglected and/or exploited by an Agency employee, the Agency must report the information to:

Elder Abuse Hotline for Lucas County, OH is 419-213-8663.  
 Child Abuse Hotline for Lucas County, OH is 419-213-2273.  
 National Domestic Abuse/Violence: Hotline 1- 800-799-7233

### **Definitions:**

- **Violence:** Implies use of great force, intense vehemence, and physical force exerted for the purpose of violating, damaging, or abusing people or things.
- **Abuse:** Generally, carries with it a sense of harm and takes the form of physical, verbal, sexual, psychological, and emotional injury; it is generally repetitive and escalating.
- **Neglect:** Failure to care for or, to disregard or pay no attention to. Neglect can be passive (unintentional), or active (intentional failure to fulfill a caretaking obligation to inflict physical or emotional stress or injury).
- **Child Neglect:** Leaving a child in a situation where the child would be exposed to a substantial risk of physical or mental harm; failure to arrange for necessary care for the child and demonstration of intent not to return by a parent, guardian, or managing/ possessory conservator of the child.
- **Exploitation:** The illegal or improper act or process of a caregiver, family member, or other individual who has an ongoing relationship with a person using the resources of such person for monetary or personal benefit, profit, or gain without the informed consent of such person.

The Agency must comply with the patient notice requirements.

- If any Agency employee, or contractor, is suspected of abuse, neglect, or exploitation, the employee, or contractor, will be immediately suspended, and an investigation will be conducted by the Agency, and the appropriate agency. If the Agency finds that kind of abuse, neglect, or exploitation occurred, the employee, or contractor, will be terminated, and the incident(s) will be reported to the appropriate state department, licensing board, or law enforcement official.
- The Agency's director, and physician, shall be notified of the Agency's intent to report.
- Any Agency staff (whether employed directly, or under arrangements) in the normal course of providing services to patients, who identifies, notices, or recognizes incidences or circumstances of mistreatment, neglect, verbal, mental, sexual, and/or physical abuse, or exploitation, including injuries of unknown source, or misappropriation of patient property, have the legal obligation to immediately report these

findings, to the Agency, and the National Domestic Violence Hotline at 1-800-799-7233, in accordance with federal law.

- All Agency employees, and contractors, are required to report any unprofessional conduct, by a licensed healthcare professional, to the professional's licensing board, and to his/her supervisor, if any.
- All Agency employees, and contractors, will immediately report any suspected abuse, neglect, and exploitation to their Agency supervisors, and to the Department of Protective Services (DPRS), or other state agency, as required by law.
- Notwithstanding any other provision of this policy to the contrary, reports of child abuse, or child neglect, will be filed with the DPRS, or other state agency, as required by law.
- Any nurse, or other professional, who suspects that a patient is a victim of family violence, has the legal obligation to provide information in the form of a written notice. The provision of the completed notice, plus documentation of reasons(s) why abuse is suspected, shall be documented by the Agency.
- All reports of suspected abuse, neglect, or exploitation shall be documented by the Agency and such documentation will be kept confidential by the Agency to the extent required by law. Documentation shall report only observations, and statements, by the persons involved. The report shall not document conclusions or opinions. Copies of reports filed with the DPRS, or local law enforcement, will be tracked, and kept, by the Agency.
- Incidents of family violence shall be reported to a local law enforcement agency.
- The Agency ensures that verified violations are reported to ACHC, as well as state and local bodies having jurisdiction (including to the state survey and certification agency), within five working days of becoming aware of the verified violation, unless state regulations are more stringent.

# 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:**

**1. 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:

- a. You get quality healthcare, and
- b. Payment for Medicare and Medicaid patients is correct.

**2. 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.

**3. 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.

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

- a. 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.
- b. 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 the 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 PRIVACY ACT STATEMENT - HEALTH CARE RECORDS.

**This is a Medicare & Medicaid Approved Notice**



## 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 Centers of Medicare & Medicaid Services (CMS, 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 the 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:

- support litigation involving the Centers for Medicare & Medicaid Services;
- support regulatory, reimbursement, and policy functions performed within the Centers for Medicare & Medicaid Services or by a contractor or consultant;
- study the effectiveness and quality of care provided by those home health agencies;
- survey and certification of Medicare and Medicaid home health agencies;
- provide for development, validation, and refinement of a Medicare prospective payment system;
- enable regulators to provide home health agencies with data for their internal quality improvement activities;
- 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
- support constituent requests made to a Congressional representative.

### **III. ROUTINE USES**

These "routine uses" specify the circumstances when the Centers for Medicare & Medicaid Services 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 Centers for Medicare and Medicaid Services;
2. contractors or consultants working for the Centers for Medicare & Medicaid Services 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 Centers for Medicare & Medicaid Services' health insurance operations (payment, treatment and coverage) and/or to support State agencies in the evaluations and monitoring of care provided by HHAs;
5. Quality Improvement Organizations, to perform Title X1 or Title XVIII foundation 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.

### **V. 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 signs 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 Centers for Medicare & Medicaid Services 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.

## NOTICE OF PRIVACY PRACTICES

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we call that protected health information, “health care information”. This notice will also tell you about your rights and our duties with respect to medical information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy right.

### WHO WILL FOLLOW THIS NOTICE:

This notice describes the privacy practices of the Agency and its personnel including:

- All permanent and temporary employees, and hired contractors.
- All management and professional staff authorized to enter information in your medical record.
- All volunteers.
- All students affiliated with the Agency for the purposes of academic training and/or academic or clinical research.

### OUR PLEDGE REGARDING HEALTH CARE INFORMATION:

We understand that your health care information is personal and confidential. We are committed to protecting this information. We create a medical record of services that we provide to you. We use this record in order to provide you with quality care and to comply with certain legal requirements. This notice applies to all the records of your care that we create. Your primary care physician may have different policies or notices regarding his/her use of and disclosure of your health care information.

This notice will tell you about the ways in which we may use and disclose health care information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health care information.

We are required by law to:

- Make sure that health care information that identifies you is kept private.
- Give you this Notice of Privacy Practices that contains our legal duties and privacy practices with respect to your health care information; and
- Follow the terms of our Notice of Privacy Practices that is currently in effect.

### HOW WE MAY USE AND DISCLOSE HEALTH CARE INFORMATION ABOUT YOU:

The following categories describe different ways that we use and disclose health care information. For each category of uses and disclosures we explain and provide examples of use and/or disclosure. Not every use or disclosure is listed in these categories and examples. However, all the ways we are permitted to use or disclose information will fall into one of these categories:

FOR TREATMENT: We may use health care information about you to provide you with medical treatment or services. We may disclose medical information about you to physicians, nurses, therapists, social workers, technicians, home health aides, students or other Agency personnel who are involved in your care. For example, a physician treating you may need updated information about your condition from your nurse. In addition, a physician may tell a dietician if you have diabetes so that an appropriate diet plan can be developed for you. Different health care professionals may exchange health care information pertinent to your treatment or services that are provided to you including, but not limited to, information about medications, laboratory tests, and treatment orders from your physician. We may also disclose health care information about you to people outside the Agency who may be involved in your continuing care after we are no longer providing you treatment or services.

FOR PAYMENT: We may use and disclose health care information about you so that the Agency may bill and receive payment from you, an insurance company, or a third party. For example we may need to give your health plan information about the treatments you are receiving or are about to receive from us so that they your health plan can provide prior approval for treatment (when required), or pay us for treatments provided, or reimburse you for your payment for those treatments.

FOR HEALTH CARE OPERATIONS: We may use and disclose health care information about you for agency operations. These uses and disclosures are necessary to run the Agency and to make sure that patients receive quality care. For example, we may use your health care information to evaluate the performance of our staff. We may also disclose information to physicians, nurses and other personnel for review and for learning purposes. We may also combine health care information that we have with that of other

agencies for the purpose of improving the care and services we offer to our patients. We may remove information that identifies you from sets of health care information others may use to study health care, and health care delivery methods and systems.

FOR APPOINTMENTS AND CONTACTS: We may use and disclose health care information in order to contact you about your care, or to inquire to remind you about appointments for your care.

FOR TREATMENT ALTERNATIVES: We may use and disclose health care information to tell you about, or recommend, possible treatment options that may be beneficial or of interest to you

FOR HEALTH RELATED BENEFITS AND SERVICES: We may use and disclose health care information to tell you about health related benefits and services that may be beneficial or of interest to you.

INDIVIDUALS INVOLVED IN YOUR CARE OR PAYMENT FOR YOUR CARE: We may release health care information to a family member or others you designate to be involved in your care. We may also give information to someone who helps pay for your care. We may also disclose health care information about you to entities assisting in disaster relief efforts so that they can find you and so that your family members can be notified about your condition, status and location.

FOR RESEARCH: Under certain circumstances we may use and disclose health care information about you for research purposes. For example, a research project may involve comparing the data on health and recovery of patients receiving one form of treatment with that of others receiving a different form of treatment. All research projects, however, are subject to a special approval process. This process evaluates the project, and its use of health care information to balance the research needs with the privacy rights of patients. Before we use or disclose health care information for medical research purposes, the projects will have been approved through the research approval process. However, we may disclose health care information about you (without identifying you) to people preparing to conduct a research project; for example, to help them identify patients with certain conditions. We will always ask for specific permission if any researcher will have access to your name, address, or other information that reveals who you are to anyone outside our agency.

AS REQUIRED BY LAW: We will disclose health care information about you when required to do so by Federal, State or local laws.

TO AVERT A SERIOUS THREAT TO HEALTH OR SAFETY: We may disclose your health care information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. However, the disclosure would only be made to someone able to help prevent the threat.

FOR WORKER'S COMPENSATION: We may release health care information about you for worker's compensation or similar programs. These programs provide benefits for work-related injuries or illness.

FOR PUBLIC HEALTH RISK: We may disclose health care information about you for public health activities. These activities include, but may not be necessarily be limited to, the following:

- to prevent or control disease, injury or disability;
- to report deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe a patient has been a victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required by law to do so.

FOR HEALTH OVERSIGHT ACTIVITIES: We may disclose health care information to a health oversight agency for activities authorized by law. These oversight activities include, but are not necessarily limited to, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

FOR LAWSUITS AND DISPUTES: If you are involved in a lawsuit or dispute, we may disclose your health care information in order to defend the Agency or to respond to a court or administrative order.

FOR LAW ENFORCEMENT: We may release your health care information if asked to do so by law enforcement officials:

- in response to a court order, subpoena, warrant, summons or similar lawful process;



- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime;
- about a death we believe may be the result of criminal conduct;
- about criminal conduct perpetrated against our Agency or one of our employees while they are engaged in their work; and
- in emergency situations to report a crime; the location of a crime or victims; or the identity, description, or location of the person who committed the crime.

TO CORONERS, MEDICAL EXAMINERS AND FUNERAL DIRECTORS: We may release your health care information to coroners, medical examiners and funeral directors to identify a deceased person, determine the cause of death, or for funeral directors to carry out their lawful activities.

FOR NATIONAL SECURITY AND INTELLIGENCE ACTIVITIES: We may release your health care information to authorized federal officials for intelligence, counterintelligence, and other national security activities (such as protection of the President), or to correctional institutions.

DATA BREACH NOTIFICATION PURPOSES: We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.

INMATES OR INDIVIDUALS IN CUSTODY: If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release Health Information to the correctional institution or law enforcement official. This release would be necessary: For the institution to provide you with health care; To protect your health and safety or the health and safety of others; or The safety and security of the correctional institution.

USES AND DISCLOSURES THAT REQUIRE US TO GIVE YOU AN OPPORTUNITY TO OBJECT AND OPT: Individuals Involved in Your Care or Payment for Your Care: Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your Protected Health Information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. Disaster Relief: We may disclose your PHI to disaster relief organizations that seek your Protected Health Information to coordinate your care or notify family and friends of your location or condition in a disaster. We will provide you with an opportunity to agree or object to such a disclosure whenever we practically can do so.

#### **YOUR RIGHTS REGARDING HEALTH CARE INFORMATION ABOUT YOU:**

You have the following rights regarding the health care information we maintain about you.

RIGHT TO INSPECT AND COPY: You have the right to inspect and copy health care information that may be used to make decisions about your care. Usually this includes medical and billing information, but does not include psychotherapy notes.

To inspect and copy your health care information, you must submit a request in writing to the Agency to the Contact listed below. All third parties may be charged a reasonable fee set by the Agency.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access, you may request the Contact listed below to review the denial.

RIGHT TO AMMEND: If you think that health care information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as we maintain the information.

To request an amendment you must submit a request in writing to the Agency that includes the reason(s) for your request.

We may deny your request for an amendment if it is not in writing or does not include a reason for the request. We may also deny your request if you ask us to amend information that:

- was not created by our Agency;
- is not part of the health care information maintained by the Agency;
- is not part of the information you would be permitted to inspect and copy (e.g., psychotherapy notes); or
- is accurate and/or complete.

You will be notified if we accept or reject your request for Amendment. If you disagree with a denial, you may submit a written statement of disagreement, which will be kept on file and distributed with all future disclosures.

RIGHT TO AN ACCOUNTING DISCLOSURES: You have the right to obtain an accounting of any disclosures of your health information made during the preceding 6 years. However, some disclosures are exempted by law, and will not be accounted for, including: (a) disclosures made for purposes of treatment, payment, operations, notification; (b) disclosures made to you; (c) disclosures to law enforcement or for national security or intelligence purposes; (d) disclosures that occurred prior to April 14, 2003; (e) disclosures made pursuant to an authorization signed by you. This accounting will include the date of disclosure, the name of the entity to whom disclosure was made, and a description of the information disclosed. We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months. To request an accounting of disclosures, you must submit a written request to the Contact listed below.

RIGHT TO NOTICE IN THE EVENT OF A BREACH: You have the right to be notified of a breach of unsecured protected health information by our Agency employees or business associates.

RIGHT TO REQUEST RESTRICTIONS AND LIMIT COMMUNICATION: You have the right to request a restriction or limitation on the information we use or disclose about you for treatment, operations or payment, however, we are not required to agree to your request. You also have the right to request a restriction or limitation on the information we use or disclose about you to someone who is involved in your care, or payment for your care, like a friend or family member. For example, you may request that we do not disclose information about the results of certain diagnostic tests. We may not refuse your request to withhold information from your health plan if the disclosure is for payment or health care operations and pertains to a health care item or service for which you have paid out of pocket in full. If we do agree to a requested restriction, we will abide by that description unless you are in need of emergency treatment.

Please note that a written authorization is required for most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes, as well as disclosures that constitute the sale of the protected health information. We may use and/or disclose your information to contact you for fundraising efforts, at which time you will be given the opportunity to opt out of future communications.

Uses and disclosures not described in this notice will be made only with your authorization or that of your legal representative. In addition, you may also revoke your authorization, in writing, at any time.

To request a restriction, please submit a written request to the Contact listed below. The request should identify: the information to be restricted, the type of restriction being requested (i.e. on the use of information, the disclosure of information, or both), and to whom the limits should apply. If such a request is made, we will accommodate your request, except where we are required by law to make a disclosure or when you are in need of emergency treatment.

Note: **\*\*\*IMPORTANT PRIVACY OBLIGATION.** Home health patients should be aware that their treatment requires that a copy of their clinical record, containing protected health information, be kept in their home. It is the patient's responsibility to protect this information from unauthorized use and disclosure.

RIGHT TO FILE A COMPLAINT: If you have any questions about this notice or would like further information concerning your privacy rights, please contact the Privacy Officer at the phone number below. If you think your privacy rights have been violated, you have the right to file a complaint. You may file a complaint with us, or with the Secretary of the Department of Health and Human Services in Washington, D.C. To file a complaint with us, please contact our Privacy Officer at the Agency.

**Tabitha Mixon Ballard,**  
**Privacy Officer**  
**From the Heart Home Health Care II, LLC**  
**3601 W. Alexis Road, Suite 104, Toledo, OH 43623**  
**Phone: 419-724-9512**

All complaints must be submitted in writing. We will make every effort to resolve your complaint in a timely and accurate manner.  
**YOU WILL NOT BE PENALIZED IN ANY WAY FOR FILING A COMPLAINT.**

RIGHT FOR COPY OF THIS NOTICE: You have the right to a paper copy of this notice, if you have agreed to receive the notice electronically.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## AGENCY TRANSFER AND DISCHARGE POLICY

The patient and representative (if any), have a right to be informed of the HHA's policies for transfer and discharge. The HHA may only transfer or discharge the patient from the HHA if:

- The transfer or discharge is necessary for the patient's welfare because the HHA and the physician or allowed practitioner who is responsible for the home health plan of care agree that the HHA can no longer meet the patient's needs, based on the patient's acuity. The HHA must arrange a safe and appropriate transfer to other care entities when the needs of the patient exceed the HHA's capabilities.
- The patient moves out the Agency's geographic service.
- The patient requires care/service not provided by the Agency, or the Agency is not a preferred provider, by the patient's insurance company.
- The patient or payer will no longer pay for the services provided by the HHA.
- The transfer or discharge is appropriate because the physician or allowed practitioner who is responsible for the home health plan of care and the HHA agree that the measurable outcomes and goals set forth in the plan of care in accordance with [§484.60\(a\)\(2\)\(xiv\)](#) have been achieved, and the HHA and the physician or allowed practitioner who is responsible for the home health plan of care agree that the patient no longer needs the HHA's services;
- The patient refuses services or elects to be transferred or discharged.
- The patient is receiving the same services from another Agency. The Agency will notify the referring, or ordering, physician of the existence of the other agency providing care.
- The physician consistently fails to sign the plan of treatment in the required time period, does not renew the Plan of Care at the 60-day interval, or gives orders that are not consistent with the stated diagnosis.
- The patient is no longer homebound, by Medicare definition (when applicable).
- The HHA determines, under a policy set by the HHA for the purpose of addressing discharge for cause that meets the requirements of paragraphs (d)(5)(a) through (d)(5)(d) of this section, that the patient's (or other persons in the patient's home) behavior is disruptive, abusive, or uncooperative to the extent that delivery of care to the patient or the ability of the HHA to operate effectively is seriously impaired. The HHA must do the following before it discharges a patient for cause:
  - Advise the patient, representative (if any), the physician(s) issuing orders for the home health plan of care, and the patient's primary care practitioner or other health care professional who will be responsible for providing care and services to the patient after discharge from the HHA (if any) that a discharge for cause is being considered.
  - Make efforts to resolve the problem(s) presented by the patient's behavior, the behavior of other persons in the patient's home, or situation.
  - Provide the patient and representative (if any), with contact information for other agencies or providers who may be able to provide care; and
  - Document the problem(s) and efforts made to resolve the problem(s) and enter this documentation into its clinical records.
- The patient dies; or
- The HHA ceases to operate.

### Discharge/Transfer Procedure:

- Upon termination of services, the Agency will:
  - Identify goals achieved for patient/client.
  - Consult with the physician, prior to discharging patient/client who has not attained goals due to:
    - Non-compliance.
    - The patient being no longer eligible for treatment.
  - Discharge must be approved by the Clinical Manager.

- A discharge summary note is written, and a copy is sent to the physician, within 5 days. The physician is also notified of discharge by phone call to office or by fax.
- Discharge date is the date of the last chargeable visit.
- Patient/client/family must be adequately informed of discharge, as noted in the clinical narrative.
- Patient/client who is hospitalized- several factors, including where it falls in the episode, and length of hospital stay, will determine if the patient is placed on hold or discharged.
- A plan shall be developed, or a referral made, for any continuing care indicated.
- Discharge planning shall begin at the time of admission, with patient/client included in the process, and being advised as to the expected duration of treatment. Re-evaluation, by the RN, and additional planning with the patient/client, shall occur, throughout the course of care, and shall include documentation of specific plans and the expected date of discharge.
- Discharge plans will be coordinated with other care/service providers, as applicable.
- All patients/clients will receive discharge instructions, regarding their ongoing care needs, prior to the final visit.
- All discharged patients will have required documentation, to ensure appropriate communication is provided to the physician, as requested, and to the receiving Agency.
- Prior to discharging the patient, the attending physician shall be notified. A written discharge summary, which must be completed, and a copy sent to the physician, within 5 business days of discharge, will be maintained in the clinical record. The discharge summary will include:
  - Patient identifying information
  - Patient's physician and phone number
  - The reason for discharge
  - The date of discharge
  - The patient's physical and psychosocial status, at the time of discharge
  - The patient's diagnosis
  - A summary of the care and services provided
  - Patient progress toward desired goals
  - Instructions, and referrals, provided to the patient
  - Contact information for the receiving facility if the patient is to be transferred
  - Expectation that the patient will participate in their discharge planning process
- At least, 2 days before the discharge (final) visit, the patient/client will receive the notice to discharge, with instructions on the purpose of the form. The patient will be required to sign the Notice of Medicare Non-Coverage (NOMNC).
- Included on the NOMNC form will be the name and phone number of the local QIO, for the patient to contact, in the event the patient wishes to appeal the discharge. If any of the following reasons are present, the Notice of Non-Coverage form should not be used:
  - Because the Medicare benefit is exhausted.
  - For denial of Medicare admission.
  - For denial of non-Medicare covered services; or
  - Due to a reduction, or termination, of Medicare services that do not end the skilled Medicare services.
- In these cases, the patient must receive the CMS form 1003-Notice of Denial of Medical Coverage (NDMC).
- At the visit before the discharge (at least two days prior to discharge), the patient/client will be required to sign a "notice of Medicare provider non-coverage." He/she will be given instructions of Right to Appeal the decision to discharge.
- When the patient/client is transferred to another organization, or facility, the patient/client is informed, in a timely manner, of the need for transfer and/or level of care and of the alternatives. The patient/client, and family, have input into these decisions. They are notified of any financial benefit to the referring home care. Relevant information regarding the patient/client's condition, and care requirements, will be provided verbally, and in writing, to the facility, within 48 hours of the Agency becoming aware of the transfer.
- OASIS data sets are completed when a patient is transferred or discharged.

### Transfer Summary:

- A transfer summary is completed, and maintained, in the patient record, and a copy is forwarded to the receiving organization. A transfer summary includes, but is not limited to:
  - Date of transfer
  - Patient identifying information and emergency contact
  - Destination of patient transferred
  - Emergency contact
  - Destination of patient transferred
  - Date and name of person receiving report
  - Patient's physician and phone number
  - Diagnosis related to the transfer
  - Significant health history
  - Transfer orders and instructions
  - A brief description of services provided, and ongoing needs that cannot be met
  - Status of patient, at the time of transfer
- A completed transfer summary is sent, within two business days of a planned transfer, if the patient's care will be immediately continued, in a healthcare facility: or
- A completed transfer summary is sent, within two business days of becoming aware of an unplanned transfer, if the patient is still receiving care, in a healthcare facility, at the time, when the Agency becomes aware of the transfer.

### Interruption of Services:

When an interruption of services occurs, during a patient/client's certification period, a narrative to explain why visits have not occurred will be made. This will apply to instances in which the patient/client has been admitted to the hospital, or to any other situation that creates the need for a brief, temporary hold on Agency services. It does not apply to a one-time missed visit occurrence.

- When an interruption of services occurs, the following procedure should be followed:
  - Complete the 'Interruption of Services' form, which includes an explanation as to why services must be temporarily halted, and anticipated length of hold, if known.
  - The Agency will maintain a log of hospitalized patients/clients.
  - Request notification of patient/client discharge from the hospital, in order to resume home care, if appropriate.
- Once the patient/client has been released from the hospital, and Home Health services have resumed, an interim nursing assessment is performed, by an RN, to determine whether or not there has been a significant change in the patient/client's needs.
- If the patient/client is in the hospital at the time of recertification, the patient/client will be discharged from Home Health services and then readmitted to Home Health when discharged from the hospital, in order to continue home care services.
- If the patient/client expires, while in the hospital, the discharge will be completed to reflect this occurrence, and the clinical record will be closed.

### Discharge of Patients in Unsafe Situations:

The safety of field staff is of primary importance. If, in any way, this safety would be compromised, the case (after all efforts to resolve the issues have been exhausted) will be closed, and the patient, and/or responsible caregivers, will be notified.

- In any situation where a field staff person feels immediate danger, and/or a threat to safety, the home, or area, should be left, at once, and the supervisor notified.
- If there are ongoing unsafe situations in the home, or area, which the field staff observes, this should be brought to the attention of the supervisor, as soon as possible. Examples of unsafe situations include:
  - Drug dealing
  - Firearms, which are visible and available
  - Persons in the home, or proximity, who exhibit violent, agitated, or threatening behavior
  - Environmental issues, e.g., vermin, open flames near oxygen cylinders, animal droppings, etc.
  - Animals that are not locked away. If injury occurs, involving an animal attacking a patient/client, or employee, the following procedure will be implemented:
    - The employee will immediately alert his/her supervisor, regarding the injury
    - Report the incident to the county animal control office
    - Notify the patient's physician (if the patient is injured) and carry out orders if any
    - Document the incident in the patient/client's clinical record (if patient is injured)
    - Complete an Incident/Accident Report form and submit it to the Administrator
    - If the employee is injured, the employee is sent to the emergency room, or the hospital of choice, for treatment.
    - A patient care conference, with the participation of all appropriate disciplines, will be held to discuss the situation and any appropriate actions that could be taken.
- Documentation will include a description of the situation, any discussions and communications with the patient, caregiver, organizational staff, community resources, etc., and any actions to be taken.
- If the decision is made to discharge the patient/client, the following steps will be taken:
  - The patient/client will be notified, by administration, of the decision to discharge, the reason, and the date of the last visit, by certified mail. Whenever possible, the patient/client will be given time to secure other modes of care or placement.
  - The physician involved, and any appropriate referral source or community resources, will also be informed, by telephone, and certified mail.
  - A summary of the situation attempts to resolve it, and the action taken will be documented and placed in the chart.

## EMERGENCY DISASTER PLAN

- Situations that would constitute an emergency include, but are not limited to:
  - Adverse weather such as floods, tornadoes, hurricanes, blizzards, and storms, etc.
  - Natural disasters such as hurricane, tornado, flood, earthquake, etc.
  - Massive communications systems or utilities failure due to outages of telephone and/or electricity
  - Security incidents, bomb threats, or civil disturbances, terrorism
  - Chemical spills and biohazardous weapons
  - Staffing shortages
- Always be prepared for a sudden emergency. Be sure to have enough necessities on hand and ask family and/or friends for any help.
- You may be notified of a possible emergency by the National Oceanic and Atmospheric Administration (NOAA) weather radio, commercial radio and television stations and/or door-to-door warning from local emergency officials. Follow their instructions!
- Assemble a survival kit or If you choose to evacuate during an emergency, you must take provisions with you, which should include the following at a minimum:
  - Cash (including coins) on hand to help you through the emergency period. (ATM machines and banks will not be in operation without electricity and stores will not be able to accept credit cards.)
  - 3 days' worth of foods that do not need cooking and drinking water (1 gallon per person per day)
  - Special dietary food, if required
  - Identification, valuable papers, and photos, including medical information
  - Personal hygiene items, such as: soap, deodorant, shampoo, toothbrush, toothpaste, aspirin, antacid, incontinent supplies, washcloth, towels etc.
  - Utensils, such as: manual can opener, disposable plates, cups, forks, knives, spoons, napkins
  - Prescription medicines, written prescription for refills & list of medications, medical supplies and solutions
  - Books, magazines, cards, toys, and games for adults and children
  - Infant care items such as formula, food, disposable diapers, and toys
  - Battery operated radio flashlight & lantern, extra batteries, and earphones, whistle
  - First aid kit including: betadine solution, bandages, adhesive tape, Band-Aids, bandages, safety scissors, non-prescription medicines
  - Personal aids such as: eyeglasses, hearing aids, and prosthetic devices
  - Change of clothing and rainwear, Sleeping bag or blanket, sheet, and pillow
  - List of physicians and relatives/friends who should be notified should you be injured (your Individual Patient Emergency Preparedness Plan).
  - Insurance agent's name and telephone number
- If you use oxygen, arrange for a back-up unit.
- Have your supplies packed and ready in one place before an emergency/natural disaster strikes. Be sure the container that you put your emergency supplies into has an ID tag or is marked with your name.
- Label any equipment, such as wheelchairs, canes or walkers.
- Arrange for a back-up power source for any medical equipment that operates on electricity.
- Make arrangements to stay with relatives or friends in the event of an emergency.
- If necessary, make arrangements in advance for special transportation and/or to stay at a shelter.
- If you are told to stay indoors:
  - Close all windows and doors in your home.
  - Go to a room with the fewest windows and doors.
  - Stay away from all windows to avoid injury from flying glass and/or any other projectiles.

- If you are instructed to evacuate your home:
  - Call the Agency and give the address and telephone number where you can be reached.
  - Turn off electricity and water.
  - Leave immediately, even if the weather is nice.
  - Stay away from any electrical wires.
  - Remember to lock your windows and doors when you evacuate.

**Please be aware that during an emergency Agency personnel  
will not be providing service in areas that have been designated as unsafe!**

If an emergency occurs, either within the agency, causing staffing limitation (such as labor disputes, staff illnesses), or within the environment (such as floods, hurricanes, fires, or other natural disasters), the Clinical Manager or designee, will be responsible for reviewing patients and prioritizing them. When the demand for personnel exceeds available resources, the following factors should be considered, in deciding priorities, with the safety of the patient being the first priority. The Administrator will immediately arrange, with staff, police, and/or fire department, to dispatch assistance, as soon as possible, to priority patients.

**Class I Emergency:**

When the patient has a condition that is potentially life threatening, requires ongoing medical treatment, or requires assistance of a medical device to sustain life (i.e., there is a potential widespread power black-out and the patient is on ventilator), the home environment and support system will be reviewed. When appropriate arrangements for evacuation to an acute care facility will be made, these patients will be immediately seen. The agency will obtain assistance from emergency personnel, as necessary (Examples: Oxygen, Multiple Assistive Devices, Infusion).

**Class II Emergency:**

The patient has in-home support that may be mobilized, in the event of disaster. The family is responsible for evacuation and care of patient. Patients with the greatest need for care will be seen, as soon as possible, by available staff. (Examples: Patients requiring daily insulin injections, IV medications, sterile wound care of a wound with a large amount of drainage.)

**Class III Emergency:**

Services could be postponed 24-48 hours without adverse effects on the patient. (Examples: a new, insulin dependent diabetic able to self-inject, patient under cardiovascular and/or respiratory assessment, and a patient that requires sterile wound care to a wound with minimal amount, or no, drainage.)

**Class IV Emergency:**

The patient has maximum in-home support, through the family structure. The family is totally responsible for the care and transfer. Services could be postponed 72-96 hours, without adverse effect on the patient (Examples: a postoperative patient with no open wound, a patient who is anticipated to be discharged within the next 10-14 days, a patient who requires routine catheter changes).

In the event where evacuation of the patient is required, the local authority responsible for coordinating disaster preparedness and emergency response will be contacted. The agency is not responsible for evacuating patients.

If some patient visits cannot be made, and it is not a life-threatening situation, contact will be maintained, by phone, if possible. If office phone service is disrupted, phones will be turned over to the answering service, if possible. A staff member will be assigned to remain in contact with the answering service, to receive and send messages.



## **SNOWSTORMS/ BLIZZARDS/SNOW EVENTS**

### **Definitions:**

- **Winter Storm Watch:** This mean a winter storm is possible.
- **Winter Storm Warning:** This means a storm is occurring or soon will.

### **Before the Storm:**

- Know your risk.
- Make sure your disaster kit is available, including emergency phone numbers.
- Charge your cell phone.
- Get some food and water, into your home, to sustain you for a few days.
- Ensure that you have back up batteries, flashlights and, if you are using an oxygen concentrator, have your back up system accessible.
- If you have oxygen, contact your oxygen provider, and arrange for back up supplies. If you have backup tanks, check your back up tanks; make sure they are full and that you can switch over to the back up.
- Listen to a local radio and television station for official announcements issued from the Emergency Operations Center.
- If the storm is reported to be happening, obtain assistance from family and friends to stay with you and assist you or make arrangements to stay with them. If you change your location, let the Agency know the address at which you will be staying.
- Place a shovel at the door to your home and make sure you have made arrangements for someone to assist you with snow removal.

### **During the Disaster:**

- Stay calm
- Inside: Keep the home warm and avoid the use of kerosene heaters, inside the house.
- Stay indoors, and dress warmly. Dressing in layers of loose-fitting clothing is best.
- Make sure that you keep up your nutrition and hydration status.
- Outside: Winds and snow accumulation can build up on the tops/peaks of home; avoid walking under these. You can take care of issues outside after the storm.
- On the road: If you need to be removed from the home, you are encouraged to be in a vehicle that has 2-4-wheel drive and snow tires.

### **After the Disaster:**

- Call for assistance from snow removal personnel.
- If you must go out, dress warmly and be careful not to overexert, if shoveling snow.
- Turn on radio and listen for instructions on travel and safety instructions.

### **Other Important Information:**

- Plan for reuniting family.
- Contact your insurance company regarding damage.

**EARTHQUAKES/TORNADOES/OTHER DISASTERS****You may face potential threats from Earthquakes, Tornadoes or Other Disasters****Disaster Information:**

We are constantly aware of the potential of an earthquake/tornado/ other disasters creating damage and creating dangerous conditions. We need to properly prepare so that a disaster of any type will not cause greater personal damage than necessary. The items listed below may help you better survive the disaster.

**During the Disaster:**

- Stay calm
- Inside: Stand in an internal hallway or crouch under a desk or table, away from windows or glass dividers
- Outside: Stand away from buildings, trees, telephone, and electric lines
- On the road: Drive away from underpasses/overpasses; stop in a safe area; stay in vehicle. Be aware of road conditions and do not take risks.

**After the Disaster:**

- Check for injuries - provide first aid
- Check for safety - check for gas, water, sewage breaks, downed electric lines and shorts; turn off appropriate utilities; check for building damage and potential safety problems
- Aftershocks from an earthquake, or storm resurgence, can cause cracks around the chimney, foundation, stairs
- Clean up dangerous spills
- Wear shoes
- Turn on radio and listen for instructions on travel and safety instructions
- Don't use the telephone, except for emergency use

**Other Important Information:**

- How to turn off gas, water, and electricity
- Do NOT drink water. Eat only foods you are sure are safe
- Plan for reuniting family
- Contact your insurance company, regarding damage

## HOME SAFETY

You can protect yourself and/or your caregiver from injuries or accidents at home by following some basic guidelines. Please take the time to review and implement these safety measures if you haven't already done so.

### **General Safety Tips:**

- Keep all emergency numbers by your telephone.
- Keep a clear path through your home.
- Move objects that could trip you, like electrical cords or throw rugs.
- Be sure you have enough light to see where you are walking.
- Keep a night light on or keep a flashlight by your bed.
- Avoid wearing only socks, smooth-soled shoes or slippers on uncarpeted floors.
- Avoid wet floors - wipe up spills immediately.
- Lift only small amounts of supplies at a time. Remember to bend your knees and keep your back straight. If possible, ask for help from your family or neighbors.
- Bathrooms should have handrails/grab bars available, if needed. The tub should have a non-skid surface, rubber backed rugs on the floor and a tub chair or transfer bench, if needed.
- Keep walkers, crutches and canes adjusted properly for height and check the tips of the devices periodically.
- Food should not be stored in the same cupboards as cleaning supplies.
- Keep someone in the home at all times if you are not able to function independently.
- Keep all infusion supplies and soiled dressing out of the reach of children. If possible, keep supplies in a separate locked area.
- When using electric medical equipment be sure to plug the power cord into a grounded outlet (with three holes for a three-pronged plug).
- Never alter a plug or use an adapter to fit a three-pronged plug into a two-hole outlet. This can ruin your equipment, cause electrical shock or a fire.

### **Fire Safety:**

- Make sure fire exits are free of clutter so you can get out should a fire occur.
- Make sure your smoke/fire detectors are in good working order. Change batteries twice a year.
- Never smoke or let others smoke while oxygen is in use.
- Never smoke or let others smoke around oxygen containers.
- Keep a fire extinguisher handy and learn how to use it. For grease fires, use baking soda or salt.
- Don't smoke in bed or if you are feeling sleepy.
- Keep all electrical appliances in good working order.
- Avoid overloading electrical outlets, repair frayed cords and do not use appliances with wet hands or while standing in water.
- In case of a fire, vacate the fire area immediately. Call for emergency help (911) and give your name, address, and phone number. Have an exit plan. DO NOT stop for family pictures or other personal valuables.
- Call our Agency if you have any additional safety questions.

**Medication Safety:**

- It is important to know how to take your medications correctly and to understand general medication safety guidelines.
- You should know:
  - The names of all your medications.
  - Color of your medications.
  - Dosage of each medication.
  - How often to take them.
  - Why you take them.
  - Any side effects and when to call the doctor or nurse.
- Keep a written record of all medications you are taking and carry a copy with you.
- Never save old medications - destroy them.
- Do not stop, increase or decrease any of your medications without talking with your doctor.
- If you are unsure if you skipped a dose, DO NOT take another dose! Wait until the next scheduled time and take that dose.
- Have your medications refilled before you are completely out.
- Do not put medications in an unlabeled or incorrectly labeled container.
- Keep a record of all medications that have caused you any adverse or allergic reactions.
- Do not offer medication prescribed to you to anyone else.
- If you find it hard to remember when to take your medications, use a system or pillbox.
- Tell the doctor what medications, including over-the-counter drugs such as aspirin that you are taking at home and ask if you should continue taking them.
- Notify the nurse when your medications have changed.
- Write down unexpected medication reactions or responses and notify the nurse or doctor.
- Store all medications out of reach of children.
- Medic-alert bracelets can be ordered through any drug store should you require one.
- Always wash your hands before handling medications.
- Know the generic and brand names of your medications. They may look different; check with pharmacist or nurse if in doubt.
- Ask for special lids on bottles if you're having problems opening medications.

**Oxygen Safety Rules:**

Oxygen does not explode. Oxygen does not burn by itself, but it is one of the three ingredients necessary for a fire to occur. The other two ingredients are a combustible or flammable material and a source of ignition. To prevent the chance of fire, follow these rules:

- Avoid open flames, sparks or lighted cigarettes/cigars/pipes near oxygen.
- Do not place oxygen concentrators near the wall. If tanks are used, avoid extreme heat.
- There should be a back-up system such as a portable oxygen tank in case of a power outage.
- Do not allow oxygen tubing to be covered by any objects.
- Do not use aerosol sprays in the vicinity of oxygen equipment.
- Do not oil or grease oxygen equipment.
- Turn oxygen "off" when not in use.
- Oxygen tanks should not be removed from their stands.
- Handle oxygen containers with care.
- Do not attempt to fix or repair oxygen equipment yourself.
- Avoid transporting or storing oxygen containers in confined areas without proper ventilation.
- It is advisable to have "NO SMOKING" signs visible throughout the home.

## INFECTION CONTROL

Illnesses that spread from one person to another are called infectious diseases. Each one has its own way(s) of spreading. Contact with infected body fluids (such as blood, urine, feces, mucus) or with the droplets that are sprayed into the air when an infected person sneezes or coughs is a way an infectious disease can spread. Sometimes, the illness can spread through an indirect link, such as having contact with items that have been freshly soiled by drainage from infected sores or discharge from the patient's body openings (nose, mouth, eyes, rectum, etc.).

Controlling the spread of an infectious disease means interrupting the way the illness travels from an infected person to a non-infected person. For example, if you have a cold and cover your mouth when you sneeze, you are stopping the spread of infected droplets. Careful personal hygiene and household cleanliness are very effective in preventing the spread of disease. These and other helpful infection control measures are discussed below.

### **Infection Control Measures:**

To reduce the risk of infection to you and/or your caregiver, please follow these steps:

1. Wash your hands frequently.  
 Wash your hands before:
  - Food preparation
  - Eating or serving food
 Wash your hands after:
  - Using the toilet
  - Contact with your own or another's body fluids
  - Outside activities
2. Wash your hands thoroughly.
  - Wet your hand with plenty of soap and warm water.
  - Work up a lather over your hands and wrists.
  - Rub the palm of one hand over the back of the other and rub them together several times. Repeat for the other hand.
  - Interlace the fingers of both of your hands and rub them back and forth.
  - Clean under your nails with a nail brush or an orange stick.
  - Rinse your hands thoroughly under warm running water.
  - Dry your hands and wrists thoroughly.
3. If you have any of the following signs of infection, call your physician right away:
  - Rise in body temperature above 100.8 ° F
  - Tenderness, pain, swelling, redness or drainage around catheter site(s), wound(s), or tube(s)
  - Rashes, spots or other skin disorders
  - Immobility
4. Cover your mouth or hand a tissue when sneezing or coughing.
5. Maintain good personal hygiene.
6. Always wear gloves when handling blood or body fluids, or when in contact with mucous membranes or open cuts.
7. No one else should use your thermometer or toothbrush.
8. Any caregiver with an open, draining cut or other skin condition should not care for the patient.
9. Avoid contact with anyone who has a cold or infectious disease. If your caregiver has cold or flu symptoms, he/she should wear a mask.
10. Keep soiled sheets, towels and clothing in a container lined with a plastic bag until laundered. Laundry should be washed separately and in hot water.
11. Limit contact with pets.
12. Wash surfaces or equipment, contaminated with blood or other body fluids, with a solution of detergent, water and diluted household bleach (1/4 cup bleach to 1-gallon water).

# HOW TO PROTECT YOURSELF AND OTHERS | COVID-19 |

## Get a COVID-19 vaccine



- COVID-19 vaccines are effective at keeping you from getting COVID-19, especially severe illness and death.
- Vaccines are safe, effective, and free!

## Wear a mask



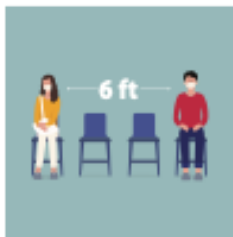
In indoor public places, people ages 2 and older should wear a mask if they are:

- Not fully vaccinated
- Fully vaccinated in an area with substantial or high transmission
- Fully vaccinated with weakened immune systems

In general, in outdoor settings, you do not need to wear a mask.

In areas with high numbers of COVID-19 cases, consider wearing a mask in crowded outdoor settings and for activities with close contact with others who are not fully vaccinated.

## Stay 6 feet from others



Stay 6 feet apart from people who don't live in your household.

Remember that some people without symptoms may be able to spread the virus.

Keeping distance from others is especially important for people are at higher risk of getting very sick.

## Avoid crowds and poorly ventilated places



Being in crowds like in restaurants, bars, fitness centers, or movie theaters puts you at higher risk for COVID-19.

Avoid indoor spaces that do not offer fresh air from the outdoors as much as possible.

If indoors, bring in fresh air by opening windows and doors, if possible.



[cdc.gov/coronavirus](https://cdc.gov/coronavirus)

## Test to prevent spread to others

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- *Over-the-counter self-tests can be used at home or anywhere, are easy to use, and produce rapid results.*
- *Consider using a self-test before joining indoor gatherings with others who are not in your household.*

## Wash your hands often

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*Wash your hands often with soap and water, especially after you have been in a public place.*

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

*Avoid touching your eyes, nose, and mouth with unwashed hands.*

## Cover coughs and sneezes

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*Always cover your mouth and nose with a tissue when you cough or sneeze or use the inside of your elbow. Do not spit.*

*Throw used tissues in the trash.*

*Immediately wash your hands with soap and water or use hand sanitizer that contains at least 60% alcohol.*

## Clean and disinfect

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*Clean high touch surfaces daily.*

*If someone is sick or has tested positive for COVID-19, disinfect frequently touched surfaces.*

*If surfaces are dirty, clean them using detergent or soap and water prior to disinfection.*

## Monitor your health daily

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*Be alert for symptoms.*

*Watch for fever, cough, shortness of breath, or other symptoms of COVID-19.*

*Take your temperature if symptoms develop.*

*If you have symptoms, especially if you've been around someone with COVID-19, get tested as soon as possible.*

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

# Symptoms of Coronavirus (COVID-19)

**Know the symptoms of COVID-19, which can include the following:**



Symptoms can range from mild to severe illness, and appear 2–14 days after you are exposed to the virus that causes COVID-19.

## Seek medical care immediately if someone has Emergency Warning Signs of COVID-19

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.



Centers for Disease  
Control and Prevention  
National Center for Emerging and  
Zoonotic Infectious Diseases

[cdc.gov/coronavirus](https://cdc.gov/coronavirus)



# 10 THINGS YOU CAN DO TO MANAGE YOUR COVID-19 SYMPTOMS AT HOME | COVID-19 |

## If you have possible or confirmed COVID-19

1. **Stay home** except to get medical care.



6. **Cover your cough and sneezes** with a tissue or use the inside of your elbow.



2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.



7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



3. **Get rest and stay hydrated.**



8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a mask.



4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.



9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.



5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.



10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

## HAZARDOUS MATERIALS AND WASTE DISPOSAL

- Proper disposal of waste in the home will insure safety and infection control for you and others, such as your family. Please follow these steps:
  - Always wear disposable gloves when handling blood, other body fluids or body wastes.
  - Wash any surfaces or equipment that have been contaminated with blood, other body fluids or body waste, with soap and water; then clean with diluted household bleach (10 parts water to 1 part bleach). Use paper towels - not reusable sponges. Put disposable items into a plastic-lined bag, then in another garbage bag. Remove gloves, making sure you do not touch the outside of the gloves with your bare hands and discard them into the second garbage bag. Be sure all bags are closed securely and finally discard them into a trash can with a tight-fitting lid.
  - Put all needles, syringes and related equipment in a puncture-resistant safety container or sharps container. Needles should not be recapped, bent, broken, removed from syringes or otherwise handled. Place the safety/sharps container in a garbage bag and then into a trash can with a tight-fitting lid. Some localities may have regulations and special sites to dispose of the safety/sharps containers. Follow local laws and regulations for disposal of safety/sharps containers.
  - Carefully pour blood and body wastes down the drain to avoid splashing, or flush down a toilet connected to a sanitary sewage system. (In rural areas, consult your County Health Department for proper disposal.)
  - Put tissues, soiled dressing, used tampons, sanitary pads and diapers into a plastic-lined bag. This bag should be placed in another garbage bag and then into a trash can with a tight-fitting lid. Follow local regulations for solid waste management.
  - Put chemotherapy waste (needles, syringes, used containers and IV tubing) in a puncture-resistant "Chemotherapy Container". Place this safety container in a garbage bag and then into a trash can with a tight-fitting lid. Dispose of chemotherapy waste according to local regulations for solid waste management.
  - Medical waste may require special pick-up in your town. Check with your local city government for further information and instructions.

## FALL TEACHING TOOL

COMMON ENVIRONMENTAL FACTORS THAT LEAD TO FALLS	PATIENT FACTORS THAT LEAD TO FALLS
<p><b>Glare or too much light</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Use lampshades or frosted bulbs to reduce glare.</li> <li><input type="checkbox"/> Pull shades/close blinds or curtains to reduce glare from windows.</li> </ul> <p><b>Not enough light.</b> Older adults sometimes need brighter lights to see well.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Improve the lighting in your home.</li> <li><input type="checkbox"/> Turn on lights when you go into the house at night.</li> <li><input type="checkbox"/> Turn on lights during the day if natural lighting is low.</li> </ul>	<p><b>Sensory changes</b> can make older adults more prone to falls. Diabetes can affect the sensation in your feet. Inner ear problems can affect balance. Vision problems make it difficult to see potential hazards.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Have your hearing and vision tested.</li> <li><input type="checkbox"/> Wear appropriate footwear.</li> <li><input type="checkbox"/> Don't walk around in stocking feet or bare feet.</li> </ul>
<p><b>Home hazards.</b> Most falls in the home occur in bathrooms, bedrooms, and on the stairs.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Do not stand on a chair to reach things.</li> <li><input type="checkbox"/> Store things that you use frequently where you can reach them easily.</li> </ul> <p><b>Bathroom</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Add grab bars in the shower, tub and toilet areas.</li> <li><input type="checkbox"/> Use bath mats with suction cups/nonslip adhesive strips in the shower or tub.</li> <li><input type="checkbox"/> Sit on a bench or stool in the shower.</li> <li><input type="checkbox"/> Have caregiver/family member in the home when bathing if possible.</li> <li><input type="checkbox"/> Use an elevated toilet seat.</li> <li><input type="checkbox"/> Use a night light in the bathroom.</li> </ul> <p><b>Bedroom</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Use a night light in the bedroom.</li> <li><input type="checkbox"/> Use a bedside commode at night. Keep it close to the bed.</li> <li><input type="checkbox"/> Keep a flashlight handy.</li> <li><input type="checkbox"/> Have a lamp or light switch that you can reach without getting out of bed.</li> </ul> <p><b>Stairs</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Have handrails on both sides of stairs.</li> <li><input type="checkbox"/> Make certain that carpets are firmly attached to stairs.</li> <li><input type="checkbox"/> Paint the edges of steps that are narrow or are higher or lower than the rest.</li> </ul>	<p><b>Normal aging.</b> As a result of normal aging, many older adults have a gradual decrease in muscle strength, endurance, and coordination. They also have less foot and toe lift during stepping. Physical activity can help.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Exercise regularly to improve muscle flexibility and strength.</li> <li><input type="checkbox"/> Review physical therapy exercise regimen.</li> <li><input type="checkbox"/> Never take chances. Use your helping devices, such as cane, walker, reacher.</li> </ul>
	<p><b>Medications</b> (more than 5). Some drugs can make you drowsy, dizzy, unsteady, <u>even over the counter medications</u>.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Review all medications with your doctor/pharmacist.</li> <li><input type="checkbox"/> Watch your alcohol intake. More than 2 drinks per day can cause unsteadiness and increase the chance of harmful drug interactions.</li> </ul>
	<p><b>Getting up quickly/Rushing (to answer phone, etc.)</b> If you feel dizzy or light-headed or you have balance problems:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sit down or stay seated until your head clears.</li> <li><input type="checkbox"/> Stand up slowly to avoid unsteadiness</li> <li><input type="checkbox"/> Take your time</li> <li><input type="checkbox"/> Use cordless phone</li> <li><input type="checkbox"/> Use Lifeline for emergencies</li> </ul>
	<p><b>Cognitive impairment/Depression/Fear of falling</b> can lead to decreased activity, flexibility, balance, and socialization. If you are reluctant to go out or are fearful of falling,</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Share your concerns with your homecare nurse, therapist, or your physician.</li> </ul>
<p><b>Obstacles in pathways</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Remove unnecessary clutter/rearrange furniture to allow clear pathways.</li> <li><input type="checkbox"/> Keep telephone, electrical cords, and oxygen tubing out of pathways.</li> </ul>	
<p><b>Uneven, turned, loose, frayed carpeting</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Tack rugs and glue vinyl flooring so they lie flat.</li> <li><input type="checkbox"/> Remove or replace rugs or runners that tend to slip.</li> <li><input type="checkbox"/> Attach Nonslip backing to loose rugs.</li> <li><input type="checkbox"/> Use double-sided tape to keep rugs from slipping.</li> </ul>	<p><b>Other:</b></p>

If you have questions or concerns:  
 Call: FROM THE HEART HOME HEALTH CARE II, LLC.  
 Phone: 419-724-9512

## LIST OF CUSTOMARY CHARGES PER VISIT/ RATES AND SERVICES/SKILLED SERVICES

### General Skilled Nursing:

**\$ 200.00**

Assesses and evaluates patient's physical, mental and psychosocial status; plans and implements a comprehensive home care treatment; teaches and supervises nursing and medical treatments; coordinates multi-disciplinary services and community resources; monitors and documents patient's progress.

### Specialty Skilled Nursing:

**\$ 250.00**

Nursing care services requiring specialty nursing knowledge, experience, and/or certification, includes Hi-tech nursing, Rehabilitation nursing and Enterostomal therapy. These specialized nursing services including assessing, evaluating, planning, implementing, teaching and supervising complex medical treatment plans.

### Home Health Aide:

**\$ 150.00**

Works under the supervision and direction of the Registered Nurse or other professional staff to provide personal care, treatments and other services to assist with the activities of daily living.

### Physical Therapy:

**\$ 200.00**

Assesses physical therapy needs; prescribes and implements a plan of care, consults with nursing and other rehabilitation staff; instructs the patient, family and Agency staff in home care programs; monitors and documents patient's progress.

### Occupational Therapy:

**\$ 200.00**

Assesses occupational therapy needs; plans and implements a plan of care; provides guidance in selection, training and use of adaptive equipment; consults on adapting the environment to patient needs; prescribes and teaches home exercise and activity programs; consults with nursing and other rehabilitation staff; monitors and documents patient progress.

### Speech Therapy

**\$ 250.00**

Assesses communication needs; plans and implements treatment directed toward improvement of communication skills; consults with nursing and other rehabilitation staff; monitors and documents patient progress.

Other: \_\_\_\_\_

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The home health care services, which you receive from From The Heart Home Health Care II, LLC. are provided under the direction and supervision of your physician.

The services provided by the Agency may be covered, partially or in full, by your health insurance. The Agency will inform you, as soon as possible, of any portion of your services for which you may be financially responsible. If you do not have health insurance, the Agency will work with you to identify other potential sources for payment and determine your personal financial responsibility, if any.

**(These charges refer to Skilled Care only, contact the agency for unskilled aide rate visits)**

If you have questions or concerns regarding the services/charges provided, you may ask the nurse or therapist who comes to see you or call his or her supervisor at the Agency.

## COMMUNITY RESOURCES

### **Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Williams, and Wood Counties**

#### **Agency on Aging**

Area Office on Aging of Northwestern Ohio, Inc.  
2155 Arlington Avenue  
Toledo, OH 43609-0624  
800-472-7277

#### **Center for Independent Living**

The Ability Center of Greater Toledo  
5605 Monroe Street  
Sylvania, OH 43560  
419-885-5733

Ohio Statewide Independent Living Council  
670 Morrison Road  
Suite 200  
Gahanna, OH 43230  
614-892-0390 (v/tty)  
1-800-566-7788 (toll free)

#### **Additional Lucas County Resources**

##### **Catholic Charities Diocese of Toledo**

Disabled supportive housing; Transitional housing  
419-244-6711  
1933 Spielbusch Ave., Toledo, OH 43604

##### **Food for Thought**

Food assistance  
419-972-0022  
3350 Hill Ave., Toledo, OH 43607

##### **GLCAP Housing Department**

Water heater or furnace; Home repair; Weatherization  
419-334-8911 or 800-775-9767  
127 S. Front St., Fremont, OH 43420

##### **Lucas County Department of Job and Family Services**

Food assistance; utilities disconnect; Preschool & child care; health insurance; income enrichment; alternative educational funding; additional information & referral  
419-213-8800  
3210 Monroe St., Toledo, OH 43606

#### **Aging and Disability Resource Center**

Ohio Department of Aging:  
246 N High St 1st floor, Columbus, OH 43215  
<http://aging.ohio.gov>  
phone:1-800-266-4346

#### **Protection and Advocacy Agency**

State of Ohio  
200 Civic Center Drive, Suite 300  
Columbus, OH 43215  
614-466-7264  
Disability Network - Wayne County-Detroit  
Phone: (586) 266-4160

Advocacy and Protective Services, Inc.  
1101 S. Detroit Ave., Building 612  
Toledo, OH 43614  
1-800-282-9363

#### **Quality Improvement Organization**

Livanta  
10820 Guilford Rd #202, Annapolis Junction,  
MD 20701  
Phone: (888) 524-9900

##### **Salvation Army – Northwest Ohio**

Prescription need; clothing, furniture, & appliances  
419-241-1138  
620 N. Erie St., Toledo, OH 43604

##### **Toledo Area Regional Paratransit Service (TARPS)**

Transportation services  
419-243-7433  
P.O. Box 792, Toledo, OH 43697

##### **United Way of Greater Toledo**

Shelter; food assistance; homeless prevention; eye glass repair; home purchase planning; parenting classes; family planning services; clothing, furniture, & appliances; additional information & referral  
Dial 2-1-1 or 1-800-650-4357  
424 Jackson St., Toledo, OH 43604

##### **Salvation Army – Northwest Ohio: 419-241-1138**

Address: 620 N. Erie St., Toledo, OH 43604 Hours: 8:30 a.m.-4 p.m. M-F

**Toledo-Lucas County Health Department:** 419-213-4100  
Address: 635 N. Erie St., Toledo, OH 43604

**Toledo Area Humane Society,** 1920 Indian Wood Circle, Maumee, 419-891-0705

**Veterans' Service Commission** (emergency assistance for veterans and spouses), 1301 Monroe St, Suite 180, Toledo, 419-213-6090

**Advocates for Basic Legal Equality and Legal Aid of Western Ohio** (advice in civil matters, income limits apply), 525 Jefferson Ave, Toledo, 419-255-0814. or 877-894- 4599

**Legal Aid Line** (advice/referrals in civil matters, income limits apply), 1-888-534-1432 or 419-724-0460, [www.legalaidline.org](http://www.legalaidline.org)

**Department of Veterans Affairs** (outpatient clinic), 3333 Glendale Ave, Toledo, 419-259- 2000

### Other Helpful Senior Resource Information:

Alzheimer's Association	1-800-272-3900	Easter Seals	1-440- 324-6600
American Cancer Society	1-800-227-2345	Elder Care Locator Community Assistance	1-800-677-1116
American Council for the Blind	1-800-424-8666	Medicare/Medicaid Assistance Program	1-800-324-8680
American Heart Association	1-800-242-8721	Ohio Relay System	7-1-1
American Parkinson's Disease Association	1-800-223-2732	National Stroke Association	1-800-787-6537
American Red Cross	1-800-959-6989	Poison Control Centers	1- 800-222-1222
American With Disabilities Line	1-800-514-0301	Social Security	1-877-274-5429
Arthritis Foundation	1-800-283-7800	Statewide Shelter Hotline	1-614-274-7000

### Available Resources for Persons With Limited English Proficiency (LEP) And Disabilities:

Language Line: Translation (800) 878-8523 Email:Translation@LanguageLine.com

Tele-interpreters: 800-811-7881 info@teleinterpreters.com

National Association of the Deaf Videophone:

- 301-587-1788 (Purple/ZVRS)
- 301-328-1443 (Sorenson)
- 301-338-6380 (Convo)
- TTY: 301-810-3182

The National Court Reporters Association (NCRA) 800-272-6272

## Nine Week Planner

Patient Name: \_\_\_\_\_ SOC Date: \_\_\_\_\_ Recent Date: \_\_\_\_\_





Frequency: SN \_\_\_\_\_ PT \_\_\_\_\_ OT \_\_\_\_\_ SP \_\_\_\_\_ MSW \_\_\_\_\_ HHA \_\_\_\_\_




Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Discipline
Week 1								SN _____ PT _____ OT _____ SP _____ MSW _____ HHA _____
Week 2								SN _____ PT _____ OT _____ SP _____ MSW _____ HHA _____
Week 3								SN _____ PT _____ OT _____ SP _____ MSW _____ HHA _____
Week 4								SN _____ PT _____ OT _____ SP _____ MSW _____ HHA _____
Week 5								SN _____ PT _____ OT _____ SP _____ MSW _____ HHA _____
Week 6								SN _____ PT _____ OT _____ SP _____ MSW _____ HHA _____
Week 7								SN _____ PT _____ OT _____ SP _____ MSW _____ HHA _____
Week 8								SN _____ PT _____ OT _____ SP _____ MSW _____ HHA _____
Week 9								SN _____ PT _____ OT _____ SP _____ MSW _____ HHA _____
Week 10								SN _____ PT _____ OT _____ SP _____ MSW _____ HHA _____









## MY EMERGENCY PLAN

WHAT TO DO?	CALL MY HOME HEALTH AGENCY WHEN:	CALL 911 WHEN:
 <b>I hurt</b>	<ul style="list-style-type: none"> <li>• <u>New</u> pain OR pain is <u>worse</u> than usual</li> <li>• Unusual bad headache</li> <li>• Ears are ringing</li> <li>• My blood pressure is above: ____ / ____</li> <li>• Unusual low back pain</li> <li>• Chest pain or tightness of chest RELIEVED by rest or medication</li> </ul>	<ul style="list-style-type: none"> <li>• Severe or prolonged pain</li> <li>• Pain/discomfort in neck, jaw, back, one or both arms, or stomach</li> <li>• Chest discomfort with sweating/nausea</li> <li>• Sudden severe unusual headache</li> <li>• Sudden chest pain or pressure &amp; medications don't help (e.g. Nitroglycerin as ordered by physician), OR</li> <li>• Chest pain went away &amp; came back</li> </ul>
 <b>I have trouble breathing</b>	<ul style="list-style-type: none"> <li>• Cough is worse</li> <li>• Harder to breathe when I lie flat</li> <li>• Chest tightness RELIEVED by rest or medication</li> <li>• My inhalers don't work</li> <li>• Changed color, thickness, odor of sputum (spit)</li> </ul>	<ul style="list-style-type: none"> <li>• I can't breathe!</li> <li>• My skin is gray OR fingers/lips are blue</li> <li>• Fainting</li> <li>• Frothy sputum (spit)</li> </ul>
 <b>I have fever or chills</b>	<ul style="list-style-type: none"> <li>• Fever is above _____ F</li> <li>• Chills/can't get warm</li> </ul>	<ul style="list-style-type: none"> <li>• Fever is above _____ F with chills, confusion or difficulty concentrating</li> </ul>
 <b>I fell</b>	<ul style="list-style-type: none"> <li>• Dizziness or trouble with balance</li> <li>• Fell and hurt myself</li> <li>• Fell but didn't hurt myself</li> </ul>	<ul style="list-style-type: none"> <li>• Fell and have severe pain</li> </ul>

WHAT TO DO?	CALL MY HOME HEALTH AGENCY WHEN:	CALL 911 WHEN:
 <b>Trouble Moving</b>	<ul style="list-style-type: none"> <li>• One of my arms or legs is sore</li> <li>• My back is stiff / sore</li> <li>• I'm walking slower</li> </ul>	<ul style="list-style-type: none"> <li>• Suddenly my face, arm or leg is weaker / numb / won't move</li> <li>• Suddenly one hand grip is weaker or dropping things such as a spoon</li> <li>• When "sticking out" my tongue is not in the middle of mouth</li> <li>• When I smile, my mouth is uneven</li> <li>• When I raise my eyebrows, they are uneven</li> <li>• My face is numb or drooping</li> </ul>
 <b>I see blood</b>	<ul style="list-style-type: none"> <li>• Bloody, cloudy, or change in urine color or foul odor</li> <li>• Gums, nose, mouth or surgical site bleeding</li> <li>• Unusual bruising</li> </ul>	<ul style="list-style-type: none"> <li>• Bleeding that won't stop</li> <li>• Bleeding with confusion, weakness, dizziness and fainting</li> <li>• Throwing up bright red blood or it looks like coffee grounds</li> <li>• Large amount of bright red blood</li> </ul>
 <b>Trouble thinking</b>	<ul style="list-style-type: none"> <li>• Confused</li> <li>• Restless, agitated</li> <li>• Can't concentrate</li> </ul>	<ul style="list-style-type: none"> <li>• Sudden difficulty speaking</li> <li>• Unable to remember important names (my own, spouse, children)</li> <li>• Suddenly I am unable to read. I can hear others talking but can't understand what they are saying</li> </ul>

WHAT TO DO?	CALL MY HOME HEALTH AGENCY WHEN:	CALL 911 WHEN:	
	<ul style="list-style-type: none"> <li>Burning feeling while urinating</li> <li>Belly feels swollen or bloated</li> </ul>		
 <p>I am anxious or depressed</p>	<ul style="list-style-type: none"> <li>Always feeling anxious</li> <li>Loss of appetite</li> <li>Unable to concentrate</li> <li>Trouble sleeping</li> <li>Loss of hope</li> <li>Constant sadness</li> </ul>	<ul style="list-style-type: none"> <li>I have a plan of hurting myself or someone else</li> </ul>	
 <p>My wound changed</p>	<ul style="list-style-type: none"> <li>Change in drainage amount, color or odor</li> <li>Increase in pain at wound site</li> <li>Increase in redness/warmth at wound site</li> <li>New skin problem</li> <li>Fever is above _____F</li> </ul>	<ul style="list-style-type: none"> <li>Fever is above _____ F with chills, confusion or difficulty concentrating</li> <li>Bleeding that won't stop</li> </ul>	
 <p>I have Diabetes and I'm . . .</p>	<ul style="list-style-type: none"> <li>Thirsty or hungry more than usual</li> <li>Urinating a lot</li> <li>Vision is blurred</li> <li>I'm feeling weak</li> <li>My skin is dry and itchy</li> <li>Repeated blood sugars greater than _____mg/dl</li> </ul>	<ul style="list-style-type: none"> <li>Fruity breath</li> <li>Nausea/throwing up</li> <li>Difficulty breathing</li> <li>Blood sugar greater than _____mg/dl</li> </ul>	
WHAT TO DO?	CALL MY HOME HEALTH AGENCY WHEN:	CALL 911 WHEN:	
	<ul style="list-style-type: none"> <li>Shaky</li> <li>Sweating</li> <li>Extreme tiredness</li> <li>Hungry</li> <li>Have a headache</li> <li>Confusion</li> <li>Heart is beating fast</li> <li>Trouble thinking, confused or irritable</li> <li>Vision is different</li> <li>Repeated blood sugars less than _____mg/dl</li> </ul>	<p><b>Take:</b> 3 glucose tablets, OR ½ glass of juice, OR 5-6 pieces of hard candy, OR _____</p> <p><b>Wait:</b> 15 minutes &amp; re-check blood sugar</p> <p><b>IF</b> your blood sugar is still low and symptoms do not go away: Eat a light snack: ½ peanut butter OR meat sandwich, ½ glass milk</p> <p><b>Wait:</b> 15 minutes &amp; re-check blood sugar</p>	<ul style="list-style-type: none"> <li>Low blood sugar not responding to treatment</li> <li>Unable to treat low blood sugar at home</li> <li>Unconsciousness</li> <li>Seizures</li> </ul>
 <p>Other problems</p>	<ul style="list-style-type: none"> <li>Feeding Tube clogged</li> <li>Problems with my IV/site</li> </ul>	<ul style="list-style-type: none"> <li>Sudden loss of vision in one or both eyes</li> </ul>	

**This plan is a guide only and may not apply to all patients and/or situations. This plan is not intended to override patient/family decisions in seeking care/help**

**FROM THE HEART HOME HEALTH CARE II, LLC.**

3601 W. Alexis Road, Suite 104, Toledo, OH 43623

Phone: 419-724-9512; Fax: (419) 724-9513

**EMERGENCY INSTRUCTIONS IN A GLANCE**

**FIRE/ POLICE/ AMBULANCE: CALL 911**

**Call An Ambulance OR Go To An Emergency Room if (patient experiences):**

- Unconsciousness
- Severe breathing difficulty
- Chest pain that does not stop
- Any body limb that suddenly cannot be used or slurred speech occurs
- Large amount of bleeding
- Severe fall and injury is suspected
- A sudden, severe pain in the head or body occurs
- Other medical emergency symptoms

**Call Your Home Care Nurse or your Doctor if (patient experiences):**

- Change in behavior or level of consciousness
- Temperature above 100.8 or higher, by mouth
- No bowel movement for 3 days
- Inability to keep liquids down due to vomiting for more than 24 hours
- Diarrhea over 24 hours
- Urinary problems
- Severe pain that is not controlled with medication
- Problems with urinary catheters, feeding tubes, or intravenous catheters
- Problems with medical equipment or supplies
- Suspected signs/symptoms of infection
- Hospital or other in-patient facility admission- CALL Home Care Nurse
- Vital signs and other findings beyond the following parameters:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Call the Doctor for Prescription refills

**NOTIFY PHYSICIAN FOR ANY OF THE FOLLOWING (Outside the Parameters):**

- Systolic BP: less than \_\_\_\_\_ or more than \_\_\_\_\_
- Diastolic BP: less than \_\_\_\_\_ or more than \_\_\_\_\_
- Pulse rate: less than \_\_\_\_\_ or more than \_\_\_\_\_
- Respiratory rate: less than \_\_\_\_\_ or more than \_\_\_\_\_
- Temperature: less than \_\_\_\_\_ or more than \_\_\_\_\_
- Blood Sugar: less than \_\_\_\_\_ or more than \_\_\_\_\_
- Weight: less than \_\_\_\_\_ or more than \_\_\_\_\_
- Other: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

ER Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Ambulance agency \_\_\_\_\_ Phone Number \_\_\_\_\_

Address of Care's Major Cross Streets \_\_\_\_\_

Advance Directive:  Yes  No      DNR:  Yes  No      Allergies: \_\_\_\_\_

Patient Priority Code:  Classification 1     Classification 2     Classification 3     Classification 4

The office is opened Monday - Friday from 9:00 AM to 5:00 PM.

**AFTER HOURS PHONE: 19-724-9512**

We have a nurse on call 24 hours a day, 7 days a week. We can be reached everyday of the year, including holidays.