

GOSHEN HEALTHCARE INC.

Dear _____

Greetings!

We would like to thank you for choosing us to be your Home Care Services provider. We guarantee you our team of experienced and qualified home service workers.

Our home care services at Goshen Healthcare, Inc. is focused on providing high-quality home care services and customer satisfaction - we will do everything we can to meet your expectations

To assure you of our best service, may we request that you review some pertinent information contained in this packet. It will explain the terms and conditions of our services, as well as your rights and responsibilities.

It is our belief that your well being does not end with the delivery of proper home care, but also requires the proper cooperation of the receiver of care, which is YOU, our client and your family

If at any instance, you wish further clarifications regarding our services, our team is always ready to accommodate.

With these, we guarantee the utmost integrity in the delivery of a highest quality home nursing services to you.

*Thank You
Management*

GOSHEN HEALTHCARE INC

Name _____

EMERGENCY PLAN

**IN ANY DEATH THREATENING SITUATION, CALL 911 FOR AMBULANCE,
POLICE OR FIRE DEPARTMENT.**

_____ **DO** _____ **DO NOT** _____ **START CPR**

**CONDITIONS TO BE REPORTED TO YOUR DOCTOR DURING OFFICE HOURS
(9:00 a.m. – 5:00 p.m.)**

1. Difficulty in breathing
2. Temperature over 101 F for more than 24 hours or a sustained time
3. Pain not relived by medications already ordered by the doctor
4. Active bleeding
5. Change in patient's behavior and/or mental status
6. Nausea and vomiting
7. Dizziness
8. New onset of pain especially chest pain, jaw pain, arm pain, or feeling of indigestion accompanied by nausea and sweating
9. Fall that may cause fracture or dislocation

**REMEMBER, IF A PROBLEM ARISES AFTER OFFICE HOURS, CALL YOUR
DOCTOR OR GO TO THE EMERGENCY ROOM OF THE HOSPITAL NEAR YOU OR
CALL 911.**

GOSHEN HEALTHCARE INC.

CLIENTS RIGHTS AND RESPONSIBILITIES

Client Name: _____

As a client of Goshen Healthcare Inc., the above-named client has rights and responsibilities including, but not limited to, those outlined below:

Client Rights

Clients have the right to:

1. be cared for by qualified, competent and trained personnel;
2. be treated with courtesy, dignity and respect;
3. be spoken to or communicated with in a manner or language they can understand;
4. receive privacy and confidentiality in regards to their health, social, and financial circumstances and what takes place in their homes, in accordance with laws and Agency policies;
5. be free from any actions that would be deemed to be abusive. e.g. intimidation, physical/sexual/verbal/mental/emotional/material or financial abuse, etc.;
6. report instances of potential abuse, neglect, exploitation, involving any employee of the Agency, to the Elder Abuse Hotline;
7. be dealt with in a manner that recognizes their individuality and is sensitive to and responds to their needs and preferences;
8. receive services and be dealt with without regard to race, color, age, sex, sexual orientation, creed, religion, linguistics, disability and/or familial/cultural factors;
9. be informed of the laws, rules and policies affecting the operation of the Agency;
10. be informed of procedures for initiating complaints about the delivery of service, without fear of reprisal or retaliation;
11. be informed of the cost of services and procedures for notifying them of any increase in the cost of services;
12. be informed of the Agency's Code of Ethics policy;
13. be informed of the Agency's policy on Unstable Health Conditions; and,
14. be informed of the Agency's policy on Withdrawal/Termination of Services.
15. have their property treated with respect;
16. participate in the development of a plan for their care;
17. provide input on which Home Care Worker they want and to be informed of who the Home Care Worker is accountable to. e.g. which Home Care Agency oversees their work;
18. be briefed on any procedure/treatment before it is carried out in order that they can give informed consent;
19. expect that the Agency will only release information about them if they have given authorization and/or if it is a requirement of law;
20. receive notice of any changes in their service, within an agreed upon amount of time, prior to the changes place;
21. be informed, within a reasonable amount of time, of the Agency's plans to terminate the care or service and/or their intention to transfer their care to another agency.

GOSHEN HEALTHCARE INC.

Client Responsibilities:

Clients are responsible for:

1. providing complete information about matters relating to their health and abilities when it could influence the care they are being given;
2. reporting any potential risks that might exist to the Home Care Worker such as the possibility that a client/family member might have a contagious illness or condition;
3. reporting unexpected changes in their condition, such as having suffered a mild stroke;
4. requesting information about anything that they do not understand
5. contacting the office with any concerns or problems regarding services;
6. following service plans and/or expressing any concerns they have about the Service Plan;
7. accepting the consequences, if the Service Plan is not followed;
8. following the terms and conditions of the Service Agreement;
9. notifying the Agency, in advance, of any changes to the work schedule;
10. notifying the Agency of any advanced directives they sign. e.g. a Do Not Resuscitate order;
11. being considerate of property/equipment belonging to the Agency and/or Home Care

GOSHEN HEALTHCARE INC.

HOME SERVICE AGENCY

STATEMENT OF CLIENT PRIVACY RIGHTS

As a home care client, you have the privacy rights listed below.

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

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

- 1) you get quality care, and
- 2) payment for service is correct.

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

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

We keep anything we learn about you confidential.

This means, only those who are legally authorized to know, or who have a medical need to know, will see your personal health information. You have the right to refuse to answer questions.

We may need your help in collecting your information: If you choose not to answer, we will fill in the information as best we can. You do not have to answer every question to get services. You have the right to look at your personal information.

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

If you are not satisfied with our response, you can ask the Illinois Department of Public Health to look into the matter by calling 800-252-4343

GOSHEN HEALTHCARE, INC

3365 North Arlington Heights Road, Suite G.
Arlington Heights, Illinois 60004,
Phone at 224 857 3583 or by Fax at 847 398 8495

Home Services Client Agreement

Goshen Healthcare, Inc. is a licensed Home Service Agency with the Illinois Department of Public Health. Goshen Healthcare, Inc. is in compliance with the requirements of the home service licensing act (Title 77: Public Health Chapter I: Department of Public Health Part 245 Home Health, Home Services, And Home Nursing Agency Code), including the Health Care Worker Background Check Act.

I hereby acknowledge understanding of the terms of agreements regarding Home Services to be provided to the client whose name appears below:

I hereby consent to receive Home Services which can be provided by an in-home service worker from Goshen Healthcare, Inc. A home maker supervisor or agency manager will make supervisory visits for home services worker at a minimum of every 90 days to assess relationships and determine whether the service plan is being met.

The agency shall not refuse anyone services because of age, race, color, sex, marital status, national origin or sexual orientation. Clients shall be accepted for treatment based on a reasonable expectation that the client's needs can be met adequately in the client's place of residence.

Notice of Responsibilities: The recipient of the home service "the client" is responsible for the payment of services provided by the agency through the homemaker or a home health aide. The agency will be responsible for the payment of the worker's employment wages and benefits, taxes, unemployment insurance, social security taxes, worker's compensation and liability. If you are receiving care through a state program, the agency will be submitting bills to the appropriate program for the services provided. The agency will inform the client of the service fees and payment source during the initial visit. The agency will also be responsible for the day to day supervision, assigned duties, hiring, firing, discipline procedures, and the provision of equipment or materials for the in-home worker's use in providing services to the client.

Modification, Amendment, Termination of the Client Service Agreement: The care recipient shall contact Goshen Healthcare, Inc. to discuss any intention to modify or terminate the executed service agreement. The agency will work with you to find a mutually beneficial resolution. The agreement may be amended by written consent of both parties and all amendments shall be attached to the original agreement and made a part thereof. Either party shall terminate the agreement at any time by giving seven (7) days advance written notice with reason for termination to the other party by certified mail. The seven-day notice requirement is not applicable in cases in which the worker's safety is at risk. In such cases, the agency may notify the client of termination of services and the reason for termination. The agency has informed the client of the policy on terminating, amending and revising the Service Agreement by a representative of Goshen Healthcare, Inc. This agreement is valid for a one-year term and will automatically renew after one year if either party did not terminate the agreement.

Notification in Case of Emergency: The client has been informed that caregiver will contact 911 in case of life-threatening emergency and client was also informed that he/she can contact 911 for any emergency. The agency is responsible for providing the client with a copy of the Policy on emergency notification, and notification of a Relative or Other Individual in Case of Emergency. The client was informed that in the case of an emergency, the agency may disclose information about the client to a family member, other relative, close friend, or any other person identified by the client if they are involved in the client's care. The agency may also use or disclose personal information about you to notify those persons of your location, condition or death. The client shall be responsible for notifying the agency of any family member, other close relative, or friend to whom he/she does not want the agency to disclose personal information by contacting Goshen Healthcare, Inc. in writing. The agency will provide

the client with a list of types of possible emergencies on a form to help the client think about each area that may need to be covered and prepare what to do upon occurrence.

Rate to be paid by client and detailed description of services: The client shall receive service as indicated below. The fee for the following listed services provided to you by the agency is eighteen dollars (\$18.00) per hour. Live-in charges are on daily basis at the rate of \$200 a day on weekdays. Weekend charge for live-in services is \$250 a day. (See detailed description of services in the attached service plan)

Billing and Payments: The patient has been informed of and given a copy of the Procedure and Requirements on Billing and Payments by a representative of Goshen Healthcare, Inc. If you are receiving care through a state program, the agency will be submitting bills, monthly, to the appropriate program for the services provided to you. However, if you are a self-pay patient, the agency will bill biweekly for services provided to you. The agency shall collect payment at the end of each two-week period before next service period begins. Methods of payment shall include checks with proper identification, money order made payable to Goshen Healthcare, Inc. or cash for services provided.

Complaints: Attached to the consent is a copy of the agency's Policy on Complaint Resolution. If you feel that your rights as a client have not been properly addressed and/or respected, you can initiate an inquiry or complaint. Your identity will be protected if requested. Complaints can be made to the agency by calling Agency Manager at 3365 North Arlington Heights Road, Suite G. Arlington Heights, Illinois 60004, by Phone at 224 857 3583 or by Fax at 847 398 8495. Clients can also voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment of services. Once the agency receives a complaint, data regarding the aspects and details of the conflict will be collected and the agency shall review the details and every attempt will be made to resolve complaints from clients and families within 3 business days. However, expedited consideration for decisions involving emergency or urgent care will be handles promptly. Decisions resolving the conflict for non-urgent decisions will be rendered by the agency within a timeframe of no longer than 10 business days. Resolution decision will be communicated to the client which will include information on the reason for the determination and how the client can appeal that decision to the agency's Board of Directors and/or an external entity such as the State Department of Health and the Better Business Bureau or Illinois Department of Public Health Central Complaint Registry 1-800-252-4343. The State Central Complaint Registry is available 24 hours a day, seven days a week. Response to an inquiry or information will normally be responded to during regular business hours of 9 am – 5 pm.

Abuse, Neglect, or Exploitation: The client has been informed of and given a notice on how to report abuse, neglect, or financial exploitation. You have the right and duty to report abuse, neglect and/or exploitation. The client, caregiver or the agency can report suspected abuse, exploitation or neglect of an older person, calling the statewide, 24-hour Abuse Hotline: 1-866-800-1409, 1-888-206-1327 (TTY). Any suspected abuse, exploitation or neglect will be reported to the Police and will be investigated.

Term of Agreement: By agreement of the parties, this contract will be in effect for one year from the date of this contract. This agreement can be terminated by either party with a 7 days' notification and all payments due is expected to be paid upon termination of agreement.

Contact information: The client has been informed to contact Dr. Solomon Ajayi - the Agency Manager at 3365 North Arlington Heights Road, Suite G. Arlington Heights, Illinois 60004, by Phone at 224 857 3583 or by Fax at 847 398 8495 if the contract terms are not performed or for any questions, concerns, complaints or to terminate this contract in writing.

Client signature/Date

Agency Representative/Date

Signature of Responsible Party/Date

Relationship to client

Attachment: Complaint and Grievances Policy

Objective:

To outline the complaint/grievance process to ensure that the client/client's representative/family are able to make a complaint and that the complaint is investigated promptly; for appropriate response.

Policy

Our agency supports and encourages the clients, who use its services, to make their complaints and their views known without fear of reprisal, have an accessible, visible and direct process for filing and resolving complaints.

Procedures

1. Individuals, who are dissatisfied or who have a grievance/complaint, have the right to bring the matter to the attention of the Agency and have it resolved to their satisfaction.
2. Clients' rights to receive services from the Agency shall not be affected by raising complaints, grievances, issues or disputes.
3. Complaints may be made either verbally or in writing by telephone, in person, by letter or other means.
4. All complaints shall be responded to prior to the next scheduled service visit or 24 hours, whichever comes first.
5. All complaints/grievances shall be addressed immediately, and steps shall be taken to resolve the issue, including giving a verbal or written apology; and/or, changing a behavior, policy or practice.
6. All complaints shall be handled in the strictest of confidence.
7. A complaint log shall be kept of all complaints/grievances received in the Agency office, including details of the investigation and action(s) taken.

Grievance Process

1. Complaints/grievances, which the Agency is requested to review, shall use the following process:
 - a The Client wishing to make a complaint shall be given the Agency's Complaint Grievance form.
 - b The agency manager or designate shall review the complaint with the complainant in an attempt to resolve to issue as quickly as possible.
 - c Manager/Administrator shall attempt to find the cause of the dissatisfaction and work with the individual(s) making the complaint to resolve the issue.
 - d If the complaint/grievance continues to remain unresolved, and is of a legal nature, the Manager/Administrator shall remind the individual(s) making the complaint/grievance of their right to contact IDPH at 1-800-252-4343, Better Business Bureau or the local law enforcement, to seek advice.
2. The agency will allow and encourage the client to voice complaints and recommend changes freely without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care.
3. The client has the right to voice grievances regarding care, treatment, or services that is (or fails to be) provided, or lack of respect for property shown by anyone who is furnishing care, treatment, or services on behalf of the agency.
4. The client has the right to be advised of the availability of the toll-free home health agency hotline for the State of Illinois in which he or she is receiving care, treatment, or services
5. When the agency accepts the client for care, treatment, or services, the agency nurse will advise the client in writing of the telephone number of the toll-free home health hotline established by the State in which he or she is receiving care and its hours of operation; the agency also informs the

client that the purpose of the hotline is to receive complaints or questions about local home health agencies.

Complaint Resolution Process

1. If conflicts arise between client and staff in the decision-making process of planning for care or treatment, all attempts will be made to resolve such conflicts with the individual and/or team providing the care or services to the client.
2. If a client has attempted to discuss care planning dilemmas with his/her treatment staff and is not satisfied that the conflict is resolved, he/she may submit a formal request for a review of the conflict to the agency's Manager.
 - a. Such request must be submitted in writing and provide some detail of the conflict that cannot be resolved.
 - b. The client will be informed of his or her right to file a complaint with the state authority and he or she will be provided with the name and contact information of the State and Federal agencies to whom complaints about care and treatment planning may also be forwarded.
 - c. Clients can freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care, treatment of services.
3. Once the client submits the written complaint, data regarding the aspects and details of the conflict will be collected.
4. The agency shall review all complaints within 3 business days and every attempt is made to resolve complaints from clients and families.
5. Resolution of the complaint will occur in a timely manner with expedited consideration for decisions involving emergency or urgent care.
6. A decision resolving the conflict for non-urgent decisions will be rendered by this committee within a timeframe of no longer than 10 business days.
7. A written notice of the decision will be delivered to the client that includes information on the reason for the determination and how the client can appeal that decision to the program's Board of Directors and/or an external entity.
8. If the client is not in agreement with the decision of the agency administration, an appeal may be made to the agency's Board of Directors.
9. A final decision will be rendered, and the client will receive the written notification of the decision within a timeframe no longer than 10 business days.

I have received and understood this copy of the agency's Policy on Complaint Resolution as explained by the agency staff.

Patient signature/Date

Agency Representative/Date

Signature of Responsible Party/Date

Relationship to patient

GOSHEN HEALTHCARE, INC.

BASIC HOME SAFETY INSTRUCTIONS

These Home Safety Instructions are provided to assist you in identifying safety hazards in your home to prevent accidents; you should correct any hazards you identify:

Environmental Safety

1. Walkways

- Remove throw rugs whenever possible to avoid tripping
- If you can't remove throw rugs, use rugs with non-skid backing to avoid slipping
- Repair or replace torn carpeting to avoid tripping
- Make the transition between types of flooring (such as wood floor to carpeted floor) as even as possible and secure to prevent tripping
- Avoid waxing wood or linoleum floors to prevent slipping

2. Stairs

- Rise between steps should ideally be no more than 5 inches
- Make sure handrails are well anchored (or install handrails) on both sides of the stairway
- Non-skid treads can be placed on wooden stairs to prevent slipping
- Make sure carpeting on stairs is secure

3. Furniture Layout

- Arrange furniture so that pathways are not cluttered
- Chairs and tables need to be sturdy and stable enough to support a person leaning on them
- Avoid furniture with sharp edges and corners or pad furniture that has sharp edges or corners
- Chairs with arm rests and high backs provide more support when sitting and more leverage when getting in and out of the chair

4. Lighting

- Be sure that your lighting is ample to prevent falls and to assure that you can read medication labels and instructions easily
- Light switches should be immediately accessible upon entering the room
- Good lighting in hallways, stairs, and bathrooms is especially important

5. Medicines

- Keep medicines out of the reach of children. If you keep your medicines out, be sure to put away when grandchildren or other small children visit
- Dispose of expired medicines properly - flushing down the toilet is usually best

6 Sliding Glass Doors

- Mark sliding glass doors with stickers to prevent walking through the glass door

Bathroom Safety

1. Bathtub

- Install skid-resistant strips or rubber mat
- Use a bath seat if it is difficult to stand during a shower or too difficult to get up out of the tub
- Install grab bars on the side of the tub or shower for balance
- Do not** use the soap dish or towel bars for balance - these can pull out of the wall very easily
- Adjust water temperature to 120° or less, to prevent scalding

2. Toilet

- Use an elevated toilet seat or commode if you need support getting on and off the toilet or

you are not able to bend you hip normally after surgery

- Install grab bars around the toilet if you need more leverage to get off the toilet

3. Doors

- Avoid locking bathroom doors or use only locks that can be opened from both sides when you may need assistance in the bathroom

Kitchen Safety

- Store frequently used items at waist level - use a Reacher or Grabber to avoid standing on a chair or footstool when items are not at eye level
- Mark "ON" and "OFF" positions clearly on the dials on the stove
- Use the front burners of the stove to avoid reaching over burners (unless there are small children in the home - in that case, use back burners)
- Make sure pan/pot handles are not over other burners and not over the edge of the stove
- Slide heavy pans across the stove instead of trying to lift them
- Keep baking soda near the stove to extinguish small cooking fires and keep a fire extinguisher in the kitchen if possible
- Make sure the sleeves of your clothing are not loose or dangling while cooking - they could easily catch fire
- Tables with 4 legs are more stable than pedestal-type tables

Electrical Safety

- Keep Appliances Away from Water - Dropping water on an appliance or dropping an appliance into water (tub, sink, etc) can cause electrocution
- Use Only Appliances in Good Repair - Don't use lamps or appliances that appear to have a "short" when operated
- Inspect Cords - Don't use appliances with cords that are frayed or have wires exposed
- Grounded Plugs - Use grounded plugs or 3-prong adapters for medical equipment
- Proper Use of Extension Cords - keep cords out of pathways to avoid excessive wear and prevent tripping
- Proper Use of "Octopus" Plugs - Don't plug multiple appliances into one electrical outlet to prevent overheating the plug

Fire Prevention and Response

- Smoke Detectors are recommended in each bedroom, each hallway, and in the kitchen
- A Fire Extinguisher (ABC type) should be mounted or stored in a central and accessible area - make sure the extinguisher is functioning and that all caring for you know how to use it
- DO NOT** smoke in bed - it is a very hazardous fire danger
- DO NOT** smoke while watching TV if you are sleepy or prone to fall asleep
- Have an evacuation plan
- Someone who is bed bound will need to be placed in a wheelchair and removed or placed on a blanket and dragged away from danger
- Keep a hospital bed placed in the home (or the bedroom of someone who is ill) close to an exit
- Plan how to get someone who is ill out of an apartment that is not on the first floor - know where the stairs are
- Space Heaters - keep away from furniture, cords, curtains, or other items that could ignite
Keep away from walkways where they can be bumped and cause burns

- Fireplaces - Make sure you have a fireplace screen
- Oxygen - Keep away from heat sources and open flames (including smoking) - oxygen is highly flammable Post signs prohibiting smoking
- Fire Response - Make sure you and all caring for you know how to use 911 for emergencies

COLD WEATHER PRECAUTIONS

The following suggestions will help protect your body from excessive heat loss:

- Wear several layers of lightweight clothing rather than one or two layers of heavy garments. The air between the layers of clothing acts as insulation to keep you warmer.
- Cover your head. You lose as much as 50 percent of your body heat through your head.
- Wear mittens rather than gloves. The contact of your fingers keeps your hands warmer.
- Wear waterproof boots or sturdy shoes that give you maximum traction.
- Cover your ears, nose, chin and forehead, which are the most susceptible to frostbite. Cover your mouth with a scarf to protect the lungs from directly inhaling extremely cold air.
- Use sunglasses to protect your eyes from winter glare.

HOME SAFETY MEASURES

Here are some suggestions to help make your home a safer place to be. Not everyone will apply to your situation. Your caregiver will check those items that will be most helpful to you.

FALL PREVENTION

Proper transfer techniques. Your caregiver will teach you

Use non-skid wax

- bed to chair
- chair to bed
- Lift feet when walking
- chair to toilet
- Wear proper fitting shoes

Proper ambulation techniques. Your caregiver or therapist will teach you

Watch oxygen tubing

- safety belt
- walker use
- Do exercise to strengthen legs – your caregiver or therapist will teach you
- cane use
- crutch use

Wheel chair safety

Watch thresholds at doorways

- ramps – 12 ft. for 1 ft. rise
- furniture placement – Do not obstruct free passage
- In bathroom - sufficient light, - bathtub mats
- lock wheels - handrails by toilet and tub
- skid-proof floor covering
- stable tub seats
- Night light near bathroom

Avoid or anchor throw rugs – use double sided tape. Avoid barriers such as low-lying objects

Watch telephone cords – do not stretch clutter across room:

tape down with heavy-duty tape

Proper lighting

Avoid extension cords

Avoid slippery surfaces

Be careful if using tranquilizers (move slowly, make position Changes slowly)

—————**COLD WEATHER PRECAUTION**—————

Have warm blankets (or electric blanket) Wear warm socks. Wear warm housecoats

Cover head – can lose up to 20% body heat through scalp

Have hot food and drinks several times a day

Avoid icy sidewalks, porch steps

INFECTION CONTROL

—————**DISPOSABLE ITEMS/EQUIPMENT**—————

Double bag all paper, plastic and non-reusable. Examples: paper cups, tissues, dressings,

Items in a water-proof bag. Fasten securely and bandages, plastic equipment, urinary/

Dispose of bag in trash receptacle. Suction catheters, chemotherapy supplies

pail, mattress pad and tubing. Wash hands after handling any types of disposable Items/equipment.

—————**NON-DISPOSABLE ITEMS/EQUIPMENT**—————

Soiled laundry should be washed apart from other. Examples: towels, laundry, clothing household laundry in hot soapy water. Handle these items as little as possible to avoid spreading germs. Household bleach should be added if contamination is present.

Equipment utilized by the patient should be cleaned daily. Examples: Dishes, thermometers, bath seats, suction machines, commode, walkers, wheelchairs, oxygen equipment and mattress.

Small items (except thermometers) should be washed in hot, soapy water, rinsed and dried with clean towels. Thermometers should be wiped with alcohol after use

Household cleaners such as Lysol, or diluted bleach may be used to wipe off equipment. Follow equipment cleaning instructions for equipment and ask your caregiver for clarification. Liquids use for cleaning may be discarded in the toilet and the container cleaned with hot, soapy water. Rinsed with boiling water and allowed to dry.

—————**SHARP OBJECTS**—————

Place used items directly into clean, rigid containers. Examples: Needles, syringes, scissors, with resealable lids. Use coffee cans, glass jars with knives, staples, glass tubes or bottles lids or rigid plastic containers. Never overfill these

IV catheters, lancets and needles. Containers. Replace cap of needles after use. Seal containers with lids and tape securely. Discard in trash receptacle. Wash hands after disposing of container.

—————**SPILLS IN THE HOME**—————

Put on gloves. Blood/body substance spills. Wash hands thoroughly after handling.

The area should then be wiped with a cleaning solution of bleach and water (1 cup liquid bleach mixed in 10 cups water or 1 teaspoon dry bleach mixed in ½ cup water). Double bag towels and discard in trash receptacle

GOSHEN HEALTHCARE INC.

List of In Home Services

Goshen Healthcare, Inc. shall provide in home services to our clients. Home Services include non-medical services that are intended to assist clients with activities of daily living as listed below:

A. Companionship and Care:

1. Grooming and dressing guidance: dressing assistance with ordinary clothing and application of support stocking of the type that may be purchased without a physician's prescription. Grooming includes hair care such as shampooing (non-medicated /non-prescription shampoo), drying combing and styling hair. Home service worker may also assist client with shaving with an electric or safety razor.
2. Medication reminding: Home service worker may assist a client with medication reminding when medications have been pre-selected by the client, a family member, a nurse, or a pharmacist and are stored in containers other than the prescription bottles, such as medication minders. Medication reminding includes: inquiries as to whether medications were taken; verbal prompting to take medications; handing the appropriately marked medication minder container to the client; and opening the appropriately marked medication minder container for the client if the client is physically unable to open the container.
3. Housekeeping services: light cleaning including sweeping, mopping, dishwashing, making beds, taking out trash, wiping down hard surfaces and other general clean up
4. Personal laundry and linens: using washer and dryer and/or drop off and pick up from drycleaners or laundry services.
5. Cooking and Meal preparation
6. Shopping for groceries, toiletries, and other household needs
7. Errands: Personal Care Assistant may run routine errands for clients or transport clients and assist them in completing their routine errands.
8. Accompanying client to and from appointments
9. Mail and phone assistance and organization
10. Companionship and conversation: providing fellowship, care and protection.

B. Personal Care

1. Assist with Bathing/showers: sponge baths, tub bathing and sitting/standing showers
2. Skin Care. A home services worker may perform general skin care assistance. Preventative skin care may be performed by a home services worker only when skin is unbroken, and when any chronic skin problems are not active. This includes the application of non-medicated lotions and solutions, or of lotions and solutions not requiring a physician's prescription.
3. Ambulation. A home services worker may assist clients with ambulation when the client is comfortable with walking on his or her own with the adaptive equipment.
4. Dressing. A home services worker may assist a client with dressing. This may include assistance with ordinary clothing and application of support stockings of the type that can be purchased without a physician's prescription.
5. Feeding: assistance can be provided when the client can independently swallow, can be positioned upright, and when the client is **not** in high-risk of choking.
6. Mobility and routine exercise: Home Service Worker may provide passive assistance with exercise which includes the encouragement of normal bodily movement, as tolerated on the part of the client, and the encouragement with a prescribed exercise program. Home service worker may also assist with positioning when there are no medical issues with the client's skin. Basic positioning includes simple alignment in bed, wheelchair, or other furniture. Person Care Assistants may assist with transfers only when the client has sufficient balance and strength to reliably stand and pivot and assist with the transfer to some extent. Adaptive and safety equipment may be used in transfers when directed and the staff trained on its use, provided that the client is fully trained in the use of the equipment and can direct the transfer step by step.
7. Hair Care: A home services workers may assist clients with the maintenance and appearance of their hair. This includes shampooing with non-medicated shampoo or shampoo that does not require a physician's prescription, drying, combing and styling hair.
8. Mouth Care. A home services worker may assist in and perform mouth care. This may include denture care and basic oral hygiene, including oral suctioning for mouth care on a conscious client.
9. Nail Care. A home services worker may assist with nail care. This assistance may include soaking of nails, pushing back cuticles without utensils, and filing of nails on clients that do not have a medical condition that might involve peripheral circulatory problems or loss of sensation.

10. Positioning. A home services worker may assist a client with positioning when the client is able to identify to the personal care staff, either verbally, non-verbally or through others, when the position needs to be changed. Positioning may include simple alignment in a bed, wheelchair, or other furniture.
11. Shaving. A home services worker may assist a client with shaving only with an electric or a safety razor.
12. Assistance with restroom needs including toileting: Home service worker may assist a client to and from the bathroom; provide assistance with bed pans, urinals, and commodes; provide pericare; or change clothing and pads of any kind used for the care of incontinence.
 - A Personal care Assistant may empty or change external urine collection devices, such as catheter bags or suprapubic catheter bags.
 - Home service worker may empty ostomy bags and provide assistance with other client-directed ostomy care only when there is no need for skilled skin care or for observation or reporting to a nurse.
13. Special diets, cooking and meal preparation
14. Transfers. A home services worker may assist with transfers only when the client has sufficient balance and strength to reliably stand and pivot and assist with the transfer to some extent. Adaptive and safety equipment may be used in transfers, provided that the client is fully trained in the use of the equipment and can direct the transfer step by step. Adaptive equipment may include, but is not limited to, wheel chairs, tub seats, and grab bars. Gait belts may be used as a safety device for the home services worker as long as the worker has been properly trained in their use. In general, a home services worker may not assist with transfers when the client is unable to assist with the transfer. Home services workers may assist clients in the use of a mechanical or electrical transfer device only when the following conditions are met:
 - a The home services worker must have been trained in the use of the mechanical or electrical transfer device by the licensed agency;
 - b The client or client representative must be able to direct the transfer step by step; and
 - c The agency must have conducted a competency evaluation of the worker using the type of device that is available in the home.

GOSHEN HEALTHCARE INC.

In-Home Services

Charges for Services

<u>Companion Care Fees</u>	<u>Personal Care Fees</u>
\$18.00 per hour*	\$18.00 per hour*
Live - in worker \$200.00 per day*	Live - in worker \$250.00 per day*

****Time and a half pay may apply when care is provided for more than one person. Rates may be negotiated on a case by case basis.***

- Personal Care fees include all service provided under 'Companion Care' plus any assistance in: bathing, incontinence care/toileting, feeding, limited transferring, and ambulation assistance
- Mileage charge: .70¢ (seventy cents) per mile will be added for all transportation services if our caregiver is required to use their own vehicle.
- Holiday Rates: All rates will double for services that are needed on any major holidays.