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UMMAH CARE LLC

Our Family Caring For Your Family

Admissions Policy

All services are available without distinction to all program participants regardless of race, color, national origin, handicap, or age.

No person shall, on the grounds of race, color creed, national origin, or handicap, be excluded from participation in, be denied the benefits, of the services of, or be otherwise subjected to discrimination, under any program or activity of the agency.

Services will be provided to all patients without regard to race, color, national origin, handicap, or age with the same requirements that are required by all.

The agency will comply with Title IV of the Civil Rights Act of 1964, the Rehabilitation Act of 1973 and the Age Discrimination Act and all requirements pursuant to the regulations.

No patient shall be denied admission to the agency based on membership in or affiliation with any organization such as a fraternal or religious group.

No patient shall be denied admission to the agency based on the physical or mental impairment, medical diagnosis including patient with contagious diseases including, but not limited to HIV, MRSA, and hepatitis.

The Home Care Experience

We realize that the home care experience might often feel intrusive or disruptive to you and your family, especially when we first begin providing services. Please realize that it will take a while for our employees to "fit" properly into your home and for you to feel comfortable with them. The more hours of service that we provide, the longer this period of adjustment will probably take.

As guests in your home, we never wish to invade your privacy in any way. Our employees are also instructed to always observe your "house rules." One of the keys to achieving these goals is honest, two-way communication. Therefore, we always encourage you to voice your concerns, suggestions, and complaints. Also know that our staff will do everything in their power to ease this period of transition and to ensure that your home care experience is a positive one.

Your Care Plan

At the beginning of our service, a nurse will assess your needs and, together with you, your family, and, if appropriate, your physician, develop a care plan to guide the staff serving you. Throughout our service, we will provide ongoing professional care management and supervision. Quarterly reviews are implemented to ensure that the best quality of care is obtained. We will also coordinate our care with all involved parties-you, your family, your physician, and your hospital.

The office staff is always ready to assist you and answer questions. Nursing Supervisors manage your care plan. Staff Supervisors are responsible for scheduling your care, and the Director is available to answer questions.

Cultural Diversity and Sensitivity

Ummah Care, LLC values individual differences and demographic variables. We maintain an environment that is open and accepting of all people, regardless of their race, religion, gender, national or geographic origin, disability, sexual orientation, or age.

Ummah Care, LLC shows sensitivity to the cultural beliefs of our clients, fellow employees, and the community. We respect the customs of all people and ensure that every effort is made to adhere to clients' guidance and direction when providing care in their homes.

Ummah Care, LLC committed to compliance with all applicable federal, state, and local laws, as well as any rules, regulations, or accepted practices that ensure equal treatment to all with whom we come in contact.

Medication/Pain Management

At no time are our home health aides able to administer medication. However, they are there to assist you with this process. If medications are needed, the nurse will address this issue during her initial assessment. If your medical condition causes you to experience pain, please let us know. We consider the management of pain an important part of your care. We will work with you, your family, and your doctor to assess and manage your pain.

Emergencies

If there is an environmental disaster or emergency (such as a severe storm or power failure), we have an emergency plan that will be implemented. When you are admitted to our care, we evaluate your situation and assign a risk priority level for services during an emergency. All reasonable efforts will be made to ensure that your home care needs are met.

Emergency and On-call Services

If you have an after office hours emergency, our on-call staff may be contacted by calling our Office number. We have staff available 24/7 to meet your home care needs. In the event of a major emergency please contact 911 or other local emergency personnel.

Staff Information

Our employees are carefully screened, and we base our placements in your home on the qualifications of the employee. We thought it might be helpful to share some of our rules and regulations with you. This will give you some guidance as you welcome one of our employees into your home.

- Our employees are not permitted to accept money or tips. They are paid weekly by the agency. Therefore, you should never pay an employee directly. If an employee asks you for payment of money for any reason, please notify the Office immediately.
- Our employees are instructed not to do banking for their clients, so please try to make other arrangements.
- We suggest that you do not leave loose cash or valuables around your home. Our reputation supports the integrity and honesty of our employees. However, we feel that money and valuables should be kept in a safe place in order to avoid any misunderstandings.
- Our employees are not permitted to make or receive personal phone calls from your home. Likewise, they are not to have any visitors or bring anyone with them when they report to work.
- Our employees are not permitted to give out their personal telephone number or address. If it is necessary for you to reach an employee when off-duty, please call the Office.
- According to state regulations, Home Health Aides, Homemakers, and Companions are not permitted to provide and skilled nursing services (such as medication administration). Please respect the fact that our employees are instructed to carefully follow the care plan that has been left in your home. If you have a question about an employee's task, please contact the Office.

Ummah Care, LLC and its staff have set in place a quality improvement committee in order to guarantee that each client receives the best quality of care our office and staff can provide. This committee consists of nurses, home care aides, etc. and you, the client.

Payment Information

During admission, we will ask you about your insurance coverage and other possible sources of payment for your care. Please note that coverage's, co-payments, and deductibles are determined by your Insurer are subject to change. If you have any questions, please check with your insurer. If your insurance plan or source of payment changes for any reason, please tell us immediately so that we can take the proper steps make any corrections.

We will contact your insurance company or payment source to determine if you have a home health benefit and if we are authorized to provide the services requested. After we have confirmed this

information with your insurance company or payment source, we will notify you about your financial responsibility for any applicable co-payments or deductibles. When possible we will bill the insurance company or payment source directly on your behalf.

We will not bill you for co-payments or deductibles until we have billed your insurer.

After we receive their portion of the payment, we will send you a letter confirming the amount owed. Payment is expected within 14 days of receiving this letter.

If you choose to pay for our services personally, we will bill you on a weekly basis. Payment is expected within 10 days of receiving the invoice. Please send remittances to the payment address indicated on the invoice.

Clients will be notified within 15 days of any changes in fees or charges. In the event of a billing error, refunds will be given accordingly. If for some reason your account becomes delinquent, services will be terminated unless arrangements are made with the administrator. Failure to pay a delinquent account in a timely manner will become a legal matter.

If you have any questions about your bill, please feel free to contact the Office.

Medicaid

Medicaid is a health insurance program that is administered by each state. Eligibility and coverage vary greatly from state to state. Please check with the Office if you believe that you may qualify for Medicaid.

Your Rights and Responsibilities

We honor and protect your rights as a client. All clients and their formal caregivers have a right to mutual respect and dignity. Clients also have the right to have a relationship with their home care provider that is based on honest and ethical standards of conduct. Your rights and responsibilities as a client are outlined in this section.

Your Rights Regarding Decision-Making

- To jointly participate with the agency in the initial planning of care (including the care to be provided and the schedule) and in any change in the care plan before the change is made.
- To be notified in writing of the care to be furnished the type of caregivers who will provide this care, and the frequency and duration of the visits.
- To refuse services or request a change in caregivers without the fear of reprisal or discrimination.
- To be informed of the consequences of refusing all or part of the planned care. If you do not follow the care plan and if this threatens to compromise our commitment to quality care, we or your physician may need to refer you to another source of care.

- To participate in the selection of caregivers to provide the care.
- To be informed of the right to formulate an Advance Directive (also known as a Living Will) and our policies regarding such rights; to have Advance Directives respected to the extent provided by law; and to receive service whether or not an Advance Directive has been executed.
- To be informed about the outcomes of care, including unanticipated outcomes.
- To participate in experimental treatments or research, only after voluntary and informed consent is obtained.
- To have a health care representative, appointed by you or designated in your Medical Power of Attorney, make health care decisions for you.
- To have your appointed family member or guardian exercise your rights in the event that you have been judged incompetent.

Your Rights Regarding Complaints

- To be informed of the procedure to follow to register complaints about Ummah Care, LLC, the care provided, or any lack of respect for your property, including theavailability, purpose, and appropriate use of hot line numbers.
- To know that appropriate action has been taken in response to your complaint.
- To voice your concerns without fear of discrimination or reprisal for having done so.

The telephone number for the state's home health "hotline" is **1-800-624-3004.** It receives complaints or questions about local home care agencies and those concerning Advance Directives at the following days and times: **Mon-Fri 8am-5pm.**

Your Rights Regarding Quality of Care

- To receive care of the highest quality without regard to race, creed, gender, age, disability, sexual orientation, veteran status, or lifestyle.
- To be admitted for care only if we have the capability to provide the care safely, at the required level of intensity, and in a timely manner, as determined by a professional assessment and our policy.
- To be told what to do in case of an emergency.
- To have all skilled services provided in accordance with a physician's orders.
- To be assured that all services *are* provided under the supervision of qualified home care professionals.
- To be informed of discharge procedures, including treatment options, transfers, changes in service, when and why care will be stopped, and instructions for continuing care.
- To receive an assessment and appropriate management of pain.
- To be referred to another provider if Ummah Care, LLC is unable to meet your needs if you are dissatisfied with the care you are receiving.
- To have your property treated with respect.

- To be free of any mental, physical, sexual and verbal abuse, neglect and exploitation.

Your Rights Regarding Confidentiality

- To expect confidentiality with regard to information about your health, social, and financial circumstances and what takes place in your home.
- To expect Ummah Care, LLC to release information only as required by law or authorized by you.
- To access and receive your clinical records and reports on the care provided.

Your Rights Regarding Financial Information

- To be informed, orally and in writing, of all personal liability for services and any changes in such within 15 days of when Ummah Care, LLC was made aware of the change.
- To be informed of payment sources for services
- To be informed of Ummah Care, LLC liability insurance upon request.
- To be informed of Ummah Care, LLC ownership and control upon admission and to be informed of any beneficial relationships that may bring profit to Ummah Care, LLC when making referrals to another organization.

Your Responsibilities

- To inform Ummah Care, LLC of any treatment changes prescribed by your doctor.
- To cooperate with Ummah Care, LLC staff in carrying out your care plan.
- To provide a safe environment for the delivery of care.
- To call the office if you will not be home when service is scheduled.
- To provide accurate information about all insurance coverage or payment sources.
- To inform Ummah Care, LLC of any changes in insurance or payment sources.
- To inform Ummah Care, LLC of any Power of Attorney involved in your care or financial matters.
- To inform Ummah Care, LLC of any dissatisfaction with services.
- To provide the supplies needed for the delivery of care, as indicated in the care plan.
- To jointly supervise the caregiver with

General Information

Ummah Care, LLC respects your confidentiality. We have policies and procedures in place that protect your personal health information. In addition, federal and state governments oversee home health care to ensure that we take reasonable steps to keep anything we learn about confidential.

Clients Rights Policy

Policy

It is the policy of Ummah Care LLC to ensure that each client receive a written copy of the client's rights and responsibilities prior to receiving care or during the initial evaluation visit before the initiation of services form in their handbook. The agency will maintain a signed copy of the documentation in the client's record.

Purpose

1. To inform the client of their rights.
2. To promote client's interest and well-being.
3. To ensure that the client's civil rights and liberties are not infringed upon

Procedure

1. The Agency Director will give each client upon admission to Ummah Care LLC the client is given a client handbook that includes their rights in the language that the client can reasonably be expected to understand. It includes their rights in the language that the client can reasonably be expected to understand.
2. Each client will receive a copy of the client's rights and responsibilities prior to receiving care or during the initial evaluation visit before the initiation of services form in their client handbook.
   a. The client or responsible family member will be asked to sign a copy of the Client Rights and Responsibilities form. If the client is unable to sign or refuses to sign, it must be documented in the clients' chart.
   b. A copy of the Client Rights and Responsibilities will be left with the client.
   c. A copy of the Client Rights and Responsibilities will be kept in the client chart.

Each client of Ummah Care LLC will have the right:

1. To participate in the development and future changes in his/her plan of care.
2. To be treated with respect, consideration, dignity, and full recognition of his or her individuality and right to privacy.
3. To receive care and services that are adequate, appropriate, and in compliance with relevant federal and State laws and rules and regulations.
4. To voice grievances about his or her care and not be subjected to discrimination or reprisal for doing so.
5. To have his or her personal medical records kept confidential and not be disclosed without appropriate written consent.
6. To be free of mental and physical abuse, neglect, and exploitation.
7. To receive a written statement of services provided by the agency and the charges the client is liable for paying.
8. To be informed of the process for acceptance and continuance of service and eligibility determination.
9. To accept or refuse service.
10. To be informed of the agency's on-call service.
11. To be informed of the supervisory accessibility and availability.
12. To be advised of the agency's procedures for discharge.
13. To receive a reasonable response to his or her requests of the agency.
14. To be notified within 10 days when the agency's license has been revoked, suspended, cancelled, annulled, withdrawn, recalled, or amended.
15. To be advised of the agency's policies regarding patient responsibilities.
16. To be provided a copy of the agency's policies regarding client responsibilities as it relates to safety and plan of care compliance.

17. To be advised of the address and telephone number for information, questions, or complaints about services provided by the agency:

    Ummah Care LLC
    537 Sugar Creek, Suite 202
    Charlotte, NC 28206
    Phone: (980) 337-9104

18. Regulation complaints hotline number or the Department of Health and Human Services Careline Number.

    Complaint Intake Unit
    Division of Health Service Regulation
    2711 Mail Service Center Raleigh, NC 27699
    800-624-3004 (Toll Free) (919) 855-4500 (Out of Town)

19. To be provided a copy of the declaration of home care clients' rights in advance care being furnished.
20. To expect that the agency shall investigate, within 72 hours, complaints made to the agency by a client or the clients family.

No Smoking Policy

Policy

It is the policy of Ummah Care LLC to inform all employees and clients of the prohibition of smoking while providing services to clients while in the client's home.

Procedure

Upon hire, Ummah Care LLC will notify all employees of the prohibition of smoking while providing services to a client while in the client's home. The agency's Director will also notify the clients during the initial assessment of the employees' prohibition of smoking while in their home. Ummah Care will provide the client with a no smoking policy prohibition form during the initial assessment while in their home. Employees and clients will be required to sign a No Smoking Policy acknowledgment form.

As used in this section:

1. "Employee" includes an individual under contract with the home care agency to provide home care services.
2. "Smoking" means the use or possession of any lighted cigar, cigarette, pipe, or other lighted smoking product.

Ummah Care LLC understands that the Department of Health and Human Services may impose an administrative penalty not to exceed two hundred dollars ($200.00) for each violation on any person who owns, manages, operates, or otherwise controls the home care agency.

Collection and Use of Personal Health Information

To provide services to you, we must collect information about you and your health care needs from you and from others (e.g., hospitals, physicians, family members, other caregivers, insurance companies). We may also share information about you and your health care needs with them and the members of our health care team.

Here are some examples of how we may use your personal health information.

- To communicate with your physician about your care to obtain directions and orders for keeping your care plan up-to-date.
- To share information about your care with your insurer nor health plan in order to receive authorization and payment for your care.
- For review and learning purposes within our company to help ensure that we are providing quality care.

For other disclosures not related to your treatment, payment of Ummah Care, LLC , or our general health care operations, we must have your signature on a specific authorization form. For example, if you change doctors, we will need your authorization to release your records to your new doctor.

There are a few situations where we may release information about your care without seeking your permission. These are all clearly defined in laws and government regulations, which we must follow. For example:

- When law enforcement official presents us with a subpoena, warrant, or court order to see your records.
- When an accrediting body (like the Joint Commission on Accreditation of Healthcare Organizations) asks to see your records to ensure that we are providing quality health care.
- When a government regulatory agency or oversight board asks to see your records to ensure that we are conforming to laws and regulations, including the Health Insurance Portability and Accessibility Act (HIPAA).

Your Rights Regarding Personal Information

You have the right:

- To know and see information about your care in our files and to request copies of your medical chart. You must give us reasonable time to prepare for your visit to the Office to see the records or to make copies of your information. If you cannot see the records personally, you may designate someone to do so, on your behalf. We may deny your request to see your records if your physician tells us that doing so is not in your best interest.
- To request that certain people NOT have access to your personal health information. Please provide the names to our staff. We will make our best effort to comply.

- To ask us to amend information in our files that you think is incorrect or incomplete. You may use our "Request to Amend My Personal Health Information Form" for this purpose. Under some circumstances we may deny your request. This may happen if:

    - We did not create the information.
    - The medical information is not kept by us.
    - The information is accurate and complete.

- To request an accounting of any disclosures that you did not authorize. This is a list of any releases of your medical information that is not related to treatment, payment, or Ummah Care, LLC operations. To request an accounting of disclosures, please contact the Office.

Visual Images

Photographs, videotapes, and digital or other images may need to be recorded to document your care. Ummah Care, LLC retains ownership rights to these photographs, videotapes, and digital or other images. We will take reasonable steps to store them in a secure manner in order to protect your privacy. You have the right to view these images or to obtain copies.

E-mail

Ummah Care, LLC may occasionally communicate information about your care via e-mail (electronic mail). Ummah Care, LLC uses reasonable means to protect the security and confidentiality of e-mail information that is sent and received. The following precautions are taken with e-mail that contains confidential information.

- When possible, we will remove any detailed identifying information (e.g., refer to you by first name and last initial or by our internal client number instead of by your full name).
- We will print all e-mails about your health care treatment or payment and make them part of your record.

Ummah Care, LLC does not use e-mail to communicate sensitive medical information regarding sexually transmitted diseases, AIDS/HIV, mental health, developmental disabilities, or substance abuse. If there are other types of information you do not wish to be transmitted via e mail, please notify us as soon as possible.

Ummah Care, LLC employees endeavor to read and respond to e-mails promptly. However, we recommend that you avoid using e-mail for emergencies or time-sensitive matters.

Changes to This Notice

If we change the privacy or confidentiality practices described in this section, we will give you a revised copy of this notice. If you would like to receive another copy of this notice, please ask your Staff or Nursing Supervisor.

Termination of Services Policies

The agency may discharge a patient under any of the following circumstances:

- A licensed practitioner signs a discharge statement for termination of services;
- Treatment objectives are met;
- The patient's status changes, which makes treatment objectives unattainable, and new treatment objectives are not an alternative;
- The family situation changes and affects the delivery of services;
- The patient or family is uncooperative in efforts to attain treatment objectives;
- The patient moves from the geographic area served by the agency;
- The physician fails to renew orders as required by the rules for skilled nursing or therapy services, or, the patient changes physician's and the agency cannot obtain orders for continuation of services from the new physician;
- The patient's payment sources arc exhausted and the agency is fiscally unable to provide free or part-cost care;
- The agency discontinues a particular service or terminates all services;
- The agency can no longer provide quality care in the place for residence;
- The patient or family requests agency services to be discontinued;
- The patient dies;
- The patient or family is unable or unwilling to provide an environment that ensures safety for the both the patient and provider of service; or
- The patient's payor excludes the agency from participating as a covered provider or refuses to authorize services the agency determines are medically necessary.

The person who is assigned to supervise and coordinate care for a particular patient must complete a discharge summary when services to the patient are terminated.

Questions

If you feel your confidentiality rights have been violated or if you have any questions or concerns regarding possible violations of your privacy, please contact our Office.

Your Rights Regarding Advance Directives, Power of Attorney, and DNR Order

You have the right to make decisions concerning your medical care. These include:

- The right to accept or refuse medical or surgical treatment
- The right to execute an Advance Directive
- The right to execute a Medical Power of Attorney or appoint a health care representative.

You are not required to have an Advance Directive to receive medical treatment.

What Is An Advance Directive?

An Advance Directive (sometimes called a Living Will) is a document that specifies the treatment you would want and would not want if you were terminally ill and unable to communicate those wishes yourself. You can provide written instructions regarding care that you wish to receive and instructions regarding care that you wish to receive and instructions for withholding or withdrawing life-prolonging treatment.

What is a Medical Power of Attorney?

A Medical of Power of Attorney is a legal document that gives someone else the authority to make medical decisions for you.

Through a Medical Power of Attorney or by designating a health care representative, you can permit another person to make treatment decisions for you in the event that you are incapable of doing so.

What is a Durable DNR Order?

Durable Do Not Resuscitate (DNR) Order assists people with making health care decisions for themselves. The Durable DNR Order is a medical directive, signed by a physician and the patient, on a Virginia Department of Health Durable DNR Order form. This order indicates a person does not want to be resuscitated in the event of cardiac or respiratory arrest. By law, a person's decision not to have cardiopulmonary resuscitation must be honored by emergency medical services (EMS) personnel. It may also be used in health care facilities.

Resources and Forms

There are many resources for Advance Directive and Medical Power of Attorney forms. They are available in many doctors' offices and hospitals, as well as your local governmental office on aging or social services. Your attorney or legal advisor may also have them. Forms and legal information are also available from the Partnership for Caring-a national, nonprofit organization devoted to raising consumer awareness on end-of-life care and medical decisions. You may call them toll-free at 1-800-989-9455 or visit their website at the following address:

Please remember that requirements for Advance Directives and Medical Powers of Attorney vary from state to state. Therefore, you should look for information specific to your state.

Because an Advance Directive has important legal, physical, and emotional implications, you may wish to discuss it with your family, doctor(s), legal advisor, and spiritual counselor before signing. Be sure to carefully read all materials before you sign, and do not sign anything unless you fully understand the information. Ask questions if there is anything you do not understand.

Who Needs to Know?

It you have prepared an Advance Directive or Medical Power of Attorney (of have designated a health care representative), you should tell:

- Your doctor
- Your family
- Your health care representative or Medical Power of Attorney
- Close friends (only if they are involved in your health care).

You should also give copies of the documents to these people and tell them where the originals are kept. In addition, you should review your Advance Directive periodically and initial and date it to indicate your continuing agreement with what it contains. Properly signed and witnessed, your Advance Directive will remain in effect indefinitely unless revoked.

Ummah Care, LLC does not require that you have an Advance Directive, but, if you do, we require a copy for our records so that all of our personnel will be aware of your wishes. We also suggest that you keep a copy of your Advance Directive in an easily identifiable place in your home (e.g., the refrigerator, medicine cabinet or home care record) so that emergency personnel can locate it quickly.

What if You Change Your Mind?

You may revoke or change your Advance Directive at any time by:

- A signed, dated written statement
- Destroying all copies
- Saying that you want to change it.

Always notify your doctors and your health care providers (including Ummah Care, LLC) if you execute a new Advance Directive or change or cancel your current Advance Directive. If you complete more than one Advance Directive, make sure that your instructions in each document are consistent with the others.

If you have additional questions after you read this, please call the Office.

In the absence of an Advance Directive and a physician's order not to resuscitate, Ummah Care, LLC will take all appropriate measures in an attempt to sustain life.

Service Referrals Policy

Service referrals will make sure that the client can pass from one health or social service to another without difficulty, and the information from one service will follow the client to the next service. Examples of service referrals can be:

- From one home care agency to another if the client moves
- From one program to another if service needs change, e.g. from home care to mental health program
- Consultation with specialist's services such as those offered by a Diabetes Education Specialist.

It may be necessary to contact outside agencies/programs to inform them of new programs in your community. Communication and good rapport with other agencies/programs and an understanding between programs and agencies will improve referral and linkages. Providing program and/or cultural awareness information will also improve chances of better uninterrupted/coordinated care for clients since outside agencies need to know:

- Who to contact
- What services are available
- How to arrange implementation of care or continuation of services

Examples of referrals from outside services that may be required to support the community based activities and client needs include:

- Experts in wound care
- Rehabilitation services
- Pharmacists
- Nursing procedure experts

All referrals should be written, dated and signed. The client must be aware and consent to all referrals. The Horne Care Nurse Coordinator should ensure that the client understands and agrees to the referral.

Service Policies

SKILLED NURSING

General: Skilled nursing services shall be provided by or under the supervision of registered nurses currently licensed in this State.

Duties of the Registered Nurse: The duties of the Registered Nurse shall include, but not be limited to the performance and documentation of the following:

- Evaluate and regularly reevaluate the nursing needs of the patient;
- Develop and implement the nursing component of the patient care plan;
- Provide nursing services, treatments, and diagnostic and preventive procedures requiring substantial specialized skill;
- Initiate preventive and rehabilitative nursing procedures as appropriate for the patient's care and safety;
- Observe and report to the physician or podiatrist when appropriate, signs and symptoms, reaction to treatments and changes in the patient's physical or emotional condition;
- Teach, supervise, and counsel the patient and family members regarding the nursing care needs and other related problems of the patient at home; check all medications to identify ineffective drug therapies, adverse reactions, significant side effects, drug allergies and/or contraindicated medications. Promptly report any problems to the physician or podiatrist.
- Provide supervision and training to other nursing service personnel;
- Provide direct supervision of the Licensed Practical Nurse in the home of each patient seen by the LPN at least once a month.
- Make supervisory visits to the patient's residence at least every other week with the aide alternately present and absent, to provide direct supervision and to assess relationships and determine whether goals are being met; and
- Ensures that the patient's nursing care and progress is recorded in the clinical record.

HOME HEALTH AIDE SERVICES

General: When we provide or arrange for home health aide services, the aides shall be assigned because the patient needs personal care. The services shall be given under a physician's order and shall be supervised by a registered nurse. Each aide is screened and tested for competency upon employment and must be listed on the nurse aide registry.

Responsibilities of the Home Health Aide: Responsibilities of the home health aide shall include but not be limited to the following:

- The home health aide shall perform only those personal care activities contained in written assignment by a health professional employee which include assisting the patient with personal hygiene, ambulation, eating, dressing and shaving.
- The home health aide may perform other activities as taught by a health professional employee for a specific patient. These include, but are not limited to: shampoo, reinforcement of a dressing, assisting with the use of devices for aide to daily living (walker, wheelchair), assisting with prescribed range of motion exercises which the home health aide and the patient have been taught by a health professional employee, doing simple urine tests for sugar, acetone or albumin, measuring and preparing special diets, intake an output.
- The home health aide shall not be allowed to perform the following and other procedures requiring skilled services: Change sterile dressings, irrigate body cavities such as a colostomy or wound, perform a gastric lavage or gavage, decubitus care, catheterize a patient, administer medications, apply heat by any method, care for a tracheotomy tube, or any personal health service which has not been included by the professional nurse in the aide assignment sheet.
- The home health aide shall keep records of personal health care activities.
- The home health aide shall observe appearance and behavioral changes in the patient and report to the professional nurse.
- The home health aide patient services shall be evaluated by a health professional at least every other week, with the aide alternately present and absent, in the home for those patients receiving skilled services. When only home health aide services are being furnished to a patient, a registered nurse must make a supervisory visit to the patient's residence at least once every 60 days. This supervisory visit must occur while the aide is furnishing patient care.

Service Records: Storage & Retention

General: Clinical records shall be under the direction of a designated person with adequate staff and facilities to perform required functions. The agency will maintain a medical record for each patient covering those services provided directly by the agency and those provided by another agency or individual. Clinical records shall be readily accessible at all times.

Clinical Record Content: A clinical record shall be established and maintained for every person admitted to home health services. The original or signed copy of clinical reports shall be filed in the clinical record. Clinical records shall contain at a minimum:

- Appropriate identifying information for the patient, household members and caretakers, pertinent diagnoses, medical history, and current findings;
- A plan of treatment;
- Initial and periodic patient assessments by the professional discipline responsible performed in the home;
- Patient care plan;
- Clinical notes signed and dated by all disciplines rendering service to the patient for each contact, written the day of service and incorporated into the patient's clinical record at least weekly;
- Reports of case conferences including staff contacts with physicians or podiatrists and other members of the health care pertaining to the patients. Case conferences shall be conducted and documented at least every sixty (60) days or more often as required by the patient's condition;
- Written summary reports to the physician or podiatrist every sixty (60) days;
- Progress notes written at least every sixty (60) days or more frequently as warranted by the patient's conditions;
- Documentation of supervisory visits by a registered nurse or other applicable supervisory personnel;
- A discharge summary;
- A copy of the patient transfer information sheet if patient is admitted to another health care facility;
- Horne health aide written instructions;
- Verbal orders shall be taken only by registered nurses or health care professionals, and immediately recorded in the patient's clinical record with the date. These orders shall be countersigned by the physician or podiatrist; and
- Duplicate copies of all laboratory results as reported by the referral laboratory.

The agency shall insure confidentiality of patient information. Records shall be stored in a locked area and only authorized personnel shall have access to the records. Clinical records are the property of Ummah Care, LLC and may be released only with the written consent of the patient, the legal guardian, or inaccordance with the law.

Clinical records shall be preserved for a period of not less than five (5) years following discharge. These records may be reproduced on film (microfilmed) or other form of medium acceptable to Ummah Care, LLC and, after the discharge of the patient involved, retire the original record so reproduced. If our facility ceases operation, arrangements shall be made for the preservation of records to ensure compliance with these regulations. The licensing agency shall be notified, in writing, concerning the arrangements. Ummah Care LLC, will maintain files under such conditions as are necessary to ensure the integrity and safekeeping of the file.

Being Safe In Your Home

Safety in the home is one of our primary concerns. This section provides practical tips on increasing your family's safety and health. By implementing these suggestions, you will have a safer and more comfortable home life.

Medication Safety

- Take medication as ordered. Understand how and when to take each medication.
- Never take more or less medication than ordered by your doctor.
- Learn the actions and possible side effects for each medication you are taking. Report any side effects or new symptoms to your doctor and to
- Store medication where children or confused adults cannot reach them.
- Discard medication your doctor no longer wants you to take.

Needle and Lancet Safety at Home

If your doctor has ordered medicines to be given by injection, it is important to handle used needles and lancets safely because they may have germs that can cause serious disease. These diseases can also infect a person who is stuck with someone else's used needle or lancet.

Handling Used Needles or Lancets

- Never hand a used needle or lancet to another person or let someone hand a used needle or lancet to you. Instead, place the needle or lancet on a flat surface for the other person to pickup.

- Never walk holding a used needle or lancet.
- Never reach into a needle disposal container.
- Dispose of the bottle when it is three-quarters full. For proper disposal, screw the lid on tightly, tape the lid, and then throw the bottle in the trash.

Storing Needles and Lancets

- Store new needles and lancets away from water, which may cause moisture and germs to soak into the package. If the package gets wet, throw it away.
- Put new needles and lancets in a safe place, away from children and others.

Infection Control at Home

Infections can be spread by people or animals. Certain medical conditions make people more susceptible to infection. Good practices can reduce the chances of infection in your home. Tips for reducing infection include the following.

- Wash your hands before and after giving care; after coughing, sneezing, or using the toilet; and after contact with blood or body fluids (even if you wear gloves). To wash hands correctly, follow these steps.
    - Wet your hands and rinse under warm, running water.
    - Using a generous amount of soap in the palm of your hands, **rub** your hands together briskly-making sure to rub and scrub each nail and finger areas.
    - Rinse thoroughly.
    - Dry with a paper towel or a clean towel.
    - Turn off the faucet with a paper towel.
- Cover coughs and sneezes with a tissue. Throw away tissues in a trashcan lined with plastic.
- Keep rooms as clean as possible. Pay special attention to the kitchen, bathrooms, counter tops, floors, and refrigerator.
- Make sure each family member has his/her own toothbrush, towel, and washcloth.
- Wash dishes and laundry used by an infected person in warm soapy water or in a dishwasher or washing machine.
- Use plastic bags in trashcans. Wash out the trashcan when you empty it. Double-bag an infected person's trash.
- Cook food thoroughly. Wash your hand thoroughly after handling raw meats and eggs. Clean cutting boards and work surfaces so that raw meat and eggs do not touch any other food.
- Do not share drinking glasses. Do not eat by dipping food out of a common dish.
- If you use well water, have the water tested each year. Your local health department can provide information on how to do this.
- Take precautions when caring for or playing with pets. Keep litter boxes, cages, and aquariums clean. Wash hands after contact with animals.

Tips for Using Gloves

- Use gloves only once.
- Wear clean, non-sterile gloves when touching a person's sore or wounds; body fluids (including mucous, urine and stool); and items covered with blood or body fluids.
- Take gloves off and discard in the trash immediately after use and thoroughly wash your hands. This is especially important after changing a diaper or emptying a urinal or bedpan.

Fall Safety

Falls are not just the result of getting older. Many falls can be prevented. Falls are usually caused by a number of things. By changing some of these things, you can lower your chances of falling.

You can reduce your chances of falling by doing these things:

1. Begin a regular exercise program

Exercise is one of the most important ways to reduce your chances of falling. It makes you stronger and helps you feel better. Exercises that improve balance and coordination (like Tai Chi) are the most helpful.

Lack of exercise leads to weakness and increases your chances of falling.

Ask your doctor or health care worker about the best type of exercise program for you.

2. Make your home safer

About half of all falls happen at home. To make your home safer:

- Remove things you can trip over (such as papers, books, clothes, and shoes) from stairs and places where you walk.
- Remove small throw rugs or use double-sided tape to keep the rugs from slipping.
- Keep items you use often in cabinets you can reach easily without using a step stool.
- Have grab bars put in next to your toilet and in the tub or shower.
- Use non-slip mats in the bathtub and on shower floors.
- Improve the lighting in your home. As you get older, you need brighter lights to see well. Lamp shades or frosted bulbs can reduce glare.
- Have handrails and lights put in on all staircases.
- Wear shoes that give good support and have thin non-slip soles. Avoid wearing slippers and athletic shoes with deep treads.

3. Have your health care provider review your medicines

Have your doctor or pharmacist to look at all the medicines you take (including ones that don't need prescriptions such as cold medicines). As you get older, the way some medicines work in your body can change. Some medicines, or combinations of medicines, can make you drowsy or light-headed which can lead to a fall.

4. Have your vision checked

Have your eyes checked by an eye doctor. You may be wearing the wrong glasses or have a condition such as glaucoma or cataracts that limits your vision. Poor vision can increase your chances of falling.

Developing a Fire Safety Plan

- Standard fire regulations recommend having one smoke detector on every level of a home.
- Develop an evacuation plan for use in case of fire. Note which family members will require assistance because of age, illness, or disability.
- Notify the local fire company about residents who will need assistance in the event of a fire.
- Establish clear pathways to all exits. Do not block exits with furniture or boxes.
- Have a key accessible near doors locked with deadbolts.
- Have chimneys inspected annually to avoid a dangerous build-up of creosote.
- Do not leave kerosene heaters, wood stoves, and fireplaces unattended while in use. Never use a gas stove for space heating.
- Have a fire extinguisher in an easily accessible place (e.g., the kitchen).

Protecting Cash and Valuables

- Store cash, checkbooks, valuable keepsakes, and jewelry in a secure location whenever visitors are present in your home.
- To protect your home from intrusion, keep your doors locked at all times. Ask visitors to identify themselves before allowing them in your home.
- Obtain receipts for merchandise purchased or bills paid.
- Never give your debit card PIN number to anyone other than a trusted family member or friend.

Being Prepared for a Disaster/Emergency

If there is an environmental disaster or emergency (such as a severe storm or power failure), we have an emergency plan that will be implemented. When you are admitted to our care, we evaluate your situation and assign a risk priority level for services during an emergency. All reasonable efforts will be made to ensure that your home care needs are met.

Our Vision

It is our vision at Ummah Care, LLC to build and maintain a lasting legacy as a company that is most trusted and compassionate. With a strong commitment from each of us, we can make it possible for people to lead a better quality of life in the comfort of their own home.

Our Mission

Ummah Care, LLC is dedicated to providing the highest quality of patient care with compassion, respect and trust.

If you have any questions, concerns, or suggestions please do not hesitate to contact our office.

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

Ummah Care, LLC (the "Company") is providing this Notice of Privacy Practices ("Notice") because the privacy of your Protected Health Information ("PHI") is very important to you and to us and in compliance with Federal and State regulations. By your "PHI'S" we mean the information that we maintain that specifically identifies you and your health status or services. This Notice describes how we use your PHI within the Company and disclose it outside the Company, and why This Notice covers:

To carry out your treatment, to obtain payment and to conduct health care operations. For example:

1. For treatment, we use your PHI to plan, coordinate, and provide your care. We disclose your PHI for treatment purposes to physicians and other health care professionals outside our agency who are involved in your continued care.
2. For payment, we use your PHI to prepare documentation required by your third-party payor (your insurance company).
3. For healthcare operations, we use or disclose your PHI for example, to improve the quality of our services, to plan better ways of treating patients, to evaluate staff performance and oversee the Company's operation by an accredited agency.

We may use or disclose your PHI for the following purposes, unless you ask us not to:

1. Disclosure of your PHI to family, friends, or others identified by you who are involved inyour care.
2. Assistance in disaster relief efforts.
3. Confirming our visits to your home or other appointments.
4. Informing you about treatment alternatives or other health-related benefits and services thatmay be of interest to you.

If you object to our use or disclose of your PHI for any of these purposes please do so in writing.

Where we are required or permitted to do so, we may use or disclose your **PHI** in the **following circumstances without your written authorization.**

1. Federal. State or Local law requirements.
2. Federal government investigation when required by the Secretary of Health and Human Services to investigate or determine our compliance with federal and State regulation.
3. Public health activities, for example to report communicable diseases or death; or for matters involving the Food and Drug Administration.
4. Reporting or abuse, neglect or domestic violence.
5. Health oversight activities by a health oversight agency. (A health oversight agency is an organization authorized by the government to oversee eligibility and compliance and to enforce civil rights laws.)
6. Judicial or administrative proceedings, for example responding to a court order or subpoena.
7. Law enforcement purposes, for example to report certain types of wounds or other physical injuries or to identity- or locate a suspect, fugitive, material witness, or missing person.
8. Use by coroners, medical examiners, or funeral directors.
9. Facilitating organ or tissue donation.
10. Research, provided that very strict controls are enforced.
11. Averting a serious threat to your health or safety or that of the public.
12. Workers' compensation.

Your written authorization, which you may revoke (in writing), is **required if we useor disclose your health information for Non-Treatment, Payment, or Healthcare Operations.**

Our use of psychotherapy notes beyond treatment, payment, and healthcare operations.

Marketing of goods or services to you.

To other parties and/or organizations beyond treatment, payment, and healthcare operations.

You have the right to request restriction(s) on our uses and disclosures of your PHI; we may however refuse to accept the restriction(s), if the restriction(s) arc deemed unreasonable.

Clients Welcome Pack Receipt

I have been informed and received a copy of the Clients Welcome Pack.

Client Signature: _____

Date: _____