



# Consumer Guide

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Informational packet for clients and consumers.

*Where loving kindness is at the heart of all we do!*

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## Introduction

Loving Kindness Healthcare Systems' (LKHS) goal is to provide quality home health care services that maintain your sense of dignity and quality of life in the familiar and comfortable environment of your own home.

LKHS is state licensed, insured, and bonded. We are proud to provide care for our clients. Our care givers and companions are licensed and certified. They work with physicians and nurses to provide the highest level of care possible.

Regardless of the circumstances, LKHS offers a broad range of home health care services, both long and short term, designed to improve the lives of the elderly or adults with special needs.

Our nursing staff, service coordinators and care givers develop a personalized plan according to doctor's orders in order to provide the optimal home care plan. With LKHS, clients have the right to participate in the planning of their care and we welcome them to do so.

## General Corporate Information

Loving Kindness Healthcare Systems (LKHS)  
155 North Craig Street  
Suite 160  
Pittsburgh, PA 15213

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Local Phone: 412-578-9890  
Fax: 412-578-9893  
www.lkhscorp.com  
info@lkhscorp.com

## Equal Opportunity

Loving Kindness Healthcare Systems, LLC is an Equal Opportunity organization.

In keeping with its anti-discrimination policy, LKHS shall refuse neither service nor employment nor against any person because of age, race, color, creed, religion, sex, sexual orientation, national origin, marital status, military or political affiliation or disability/handicap(s), and shall comply with Title VI and Title VII of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Equal Pay Act, the Age Discrimination in Employment Act, and the Americans with Disabilities Act.

This policy applies to all employment practices and personnel actions including advertising, recruitment, testing, screening, hiring, selection for training, upgrading, transfer, demotion, layoff, termination, rates of pay and other forms of compensation or overtime.

LKHS will make necessary accommodations to meet the needs of both handicapped employees as well as patients/consumers.

## Purpose of the Guide

- To provide all of our current and potential clients with comprehensive information about our services
- To set our Aims, our Objectives and our Philosophy of Care to enable you to make an informed choice while we meet your specific care needs.

## Summary of Care Services Provided

LKHS provides services to the disabled, autistic adults, or any one that may have struggles with their everyday living activities. We specialize in providing services to you in the comfort of your own home. We offer our clients the highest level of quality care possible, going beyond the basic essentials, nurturing the whole person mind, body, and soul.

Your care giver is there to help you live as free and independent as they can. If you have specific personal goals, or some extra steps you would like to take, then your care giver is there to assist and guide you. LKHS has a team of Nurses and medical advisors ready to give your care giver the best training and advise to ensure they can encourage and help you achieve your goal.

## Philosophy of Care

We provide a service which meets the needs of our clients and individuals, regardless of their age, gender, sexuality, religion, national origin, or disability. We believe in your right for you to choose the best health care possible for you. We are offering to you all the resources and information we can obtain to help you make the proper choice in your health care decisions. We will work with you, your family, your physician, and your support coordinator to ensure that all your needs are met and you are receiving to level of care you deserve.

## Services Provided

Our care givers can provide a wide variety of services as required meeting the needs of the individual clients. The services offered fall into four main areas, as detailed below:

### Medical Care

Skilled Nursing  
 Range of motion exercises  
 Alzheimer, geriatric, and cardiac care  
 Terminal illness care  
 Transfers and lifts  
 Diabetes testing  
 Medication reminders  
 Hospital sitting  
 Foley catheter, ostomy and perineal care  
 Minor wound care

### Companion and Housekeeping

Shopping and errands  
 Basic housekeeping  
 Maintaining home safety  
 Socialization and friendship  
 Cooking, feeding, and laundry service

### Personal Care

Toileting  
 Bathing  
 Daily hygiene requirements  
 Dressing  
 Assistance to appointments

### Other Services

Service Coordination  
 Financial Management  
 Same Day Service  
 Long and short term care  
 Emergency and temporary services  
 Vacation relief  
 Respite care  
 Assistance with ambulating

## Specialist Care Services

There are certain aspects of the service we provide for which our care givers require more advanced training. In such instances the care giver will receive training from a specialist qualified in the area. The specialized trainer will then assess the care giver and once training is completed, we will sign them off as competent to deliver specialist care.

Tasks requiring specialist training include:

- Assistance with artificial feeding (except medication)
- Catheter care (changing bags, monitoring output)
- Assistance with eye or ear drops
- Ileostomy and colostomy care (changing of bags)

## The Assessment & Delivery of Care

### Assessing Your Needs

When you call us to make an inquiry about care, we will arrange with you a day and time for one of our nurses to visit you in your home to do an assessment and discuss how we can best meet your needs. Our nurse will discuss with you in detail your personal care plan and any particular outcomes and goals you may wish to achieve. We encourage you to include both your family and your primary care physician in the development of your care plan and goals.

Your care plan will list all the tasks that you would like your care giver to assist you with and the days and the times they need to be accomplished. This plan is customized for your individual needs and will take into consideration not just your physical and dietary, but also your cultural and religious needs.

### Establishing & Implementing Your Care Plan and Start of Care

Before we begin care our staff will discuss in detail our care plan with you. You will have the opportunity to meet in person the care giver being assigned to your case. This way if you have any questions or would like to interview them for yourself you can. Once everything meets your approval, we will discuss every detail of your service agreement, and cost, fees, or taxes you will be responsible for paying, this very consumer guide, the LKHs emergency hot line, advocacy agencies and government agencies you can call to file complaints or request more information on the legitimacy of LKHS, as well as other resources and information directed to helping you understand the available care you should be receiving.

We will provide you with all the information above in a folder or binder that will be left in your home for you to refer to whenever necessary. Some of this information is updated regularly, so it is our policy that whenever this happens we will first call and inform you and then arrange a date and time to update you information.

### Finding the Right Care for You

We do our best to make the most pleasant and appropriate matches when assigning a caregiver to our case. We examine not only their personality, hobbies, and personal interest, but the Education, Experience, and Credentials as well. Professional references that attest to character and work ethic are required from all care givers. We ensure all of care givers have been properly trained before being assigned a case. It is also mandatory that care givers participate in constant and ongoing monthly trainings and competency reviews to enhance their understanding and skill.

All of our care givers have undergone a through criminal background and child abuse clearance. We ensure that our care givers are free from communicable diseases such as Tuberculosis and are healthy enough to fulfill the requirements of your individual care plan.

### **How Do We Supervise Your Care**

Our care givers are required to attend monthly trainings and competency test to ensure their skills and understand is up to the highest standard. New care givers are required to complete our competency training that covers:

- Confidentiality.
- Consumer Control and the Independent Living Philosophy.
- Instrumental Activities of Daily Living.
- Recognizing changes in the consumer that need to be addressed.
- Basic Infection Control.
- Universal Precautions.
- Handling of Emergencies.
- Documentation of Services.
- Recognizing and Reporting Abuse or Neglect.
- Dealing with Difficult Behaviors.
- Bathing, Shaving, Grooming and Dressing.
- Hair, Skin and Mouth Care.
- Assistance with Ambulation and Transferring.
- Meal Preparation and Feeding.
- Toileting.
- Assistance with self-administered medications.
- First Aid and CPR
- Communication Skills
- Consumer Rights
- Death and Dying

Our supervisors make regular visits both announced and unannounced to your home in order to effectively supervise and monitor the care you are receiving. These visits will assess the level of care, the competency of the care giver, insure paper work and documentation is correct, and that task outlined in you care plan are being fulfilled as required.

In addition you will be reassessed at least 4 times a year to ensure the care plan is up to date and still meets your needs. We will work with you to measure outcome of the care plan and make determinations if the goals desired are being accomplished and make whatever adjustments are necessary.

### **What Happens When Your Needs Change**

We recognize that your needs may change from time to time. If this ever occurs in between your reassessments you can contact our agency and we will schedule an immediate reassessment to accommodate your changes. We will make every effort to keep communications with you regarding needs by:

- Calling you on a regular basis
- Visiting you at least 4 times a year (every 3 months)
- Updating your risk assessment every six months



- Review your care plan if you have been hospitalized or if your needs and goals change

### **Maintaining a Record of Care Provided**

It is necessary for your care giver to make daily records of the daily care that you are receiving. In addition to your care notes care givers will make note of every significant event during their time caring for you.

These notes will be kept in the same folder/binder that contains your care plan. This information should be kept in a place where your care giver, family, or nurse can easily find. Our nurses and supervisors will make notes when visiting to as well. You and your family are also welcomed to make notes as well.

Your medical record is maintained by our staff to document physician orders, assessments, progress notes and treatments. Your records are kept strictly confidential by our staff and are protected against loss, destruction, tampering or unauthorized use. Our Notice of Privacy Practices, which complies with all mandated requirements, describes how your protected health information may be used by us or disclosed to others, as well as how you may have access to this information.

### **Confidentiality**

Every care giver we employ has signed an agreement form that outlines your right to privacy. Care givers are NOT permitted to discuss your health condition, personal information, or the care they give you with anyone not directly related or involved in your health care decisions. This includes other employees of LKHS.

If you suspect that you care giver has been discussing your personal details without your consent please contact our office immediately.

### **Referrals, Transfers and Discharges**

Discharge, transfer or referral from this agency may result from several types of situations. Consumers will be given 10 calendar days advance written notice of termination of services or transfer to another agency, or 14 days notice of termination for lack of payment, except in case of emergency. If you should be transferred or discharged to another organization, we will provide the information necessary for your continued care, including pain management. All transfers or discharges will be documented in the patient chart. When a discharge occurs, an assessment will be done and instructions provided for any needed ongoing care or treatment. We will coordinate your referral to available community resources as needed. Less than 10 days advance written notice may be provided in the event the consumer has failed to pay for services, despite notice, and the consumer is more than 14 days in arrears, or if the health and welfare of the direct care worker is at risk.

If you elected to transfer to another agency and were under an established plan of care, Medicare requires us to coordinate the transfer. The initial Home Care agency will no longer receive Medicare payment on your behalf and will no longer provide you with Medicare covered services after the date of your elected transfer to our agency.

### **Consumer Rights**

LKHS believes that as the consumer of home care services, among many others, you have the following rights:

1. To be involved in the service planning process and to receive services with reasonable accommodation of individual needs and preferences, except where the health and safety of the direct care worker is at risk.
2. To receive at least 10 calendar days advance written notice of the intent of the home care agency or home care registry to terminate services. Less than 10 days advance written notice may be provided in the event the consumer has failed to pay for services, despite notice, and the consumer is more than 14 days in arrears, or if the health and welfare of the direct care worker is at risk.

### **Your Rights & Responsibilities as a Health Care Patient**

LKHS has an obligation to protect your rights and explain these rights to you in a way you can understand before treatment begins and on an ongoing basis, as needed. Your family or your guardian may exercise these rights for you in the event that you are not competent or able to exercise them for yourself.

### **Patient Rights**

As an individual receiving services from our agency you, your family or your representative have the following rights:

1. The right to be treated with dignity and respect by all who provide care.
2. The right to know what services/products and equipment are available directly or by contract.
3. The right to be notified of any changes in the charges for services within 30 calendar days from the date that the agency is made aware of the changes.
4. The right to participate in the plan of care and any plan changes before it is made.
5. The right to expect proper identification from staff that cares for the patient in the home and the professional qualifications of the disciplines that provide care.
6. The right to receive service without regard to race, creed, gender, age, handicap, sexual orientation, veteran status or lifestyle.
7. The right to receive service without regard to whether or not any advance directive has been executed.
8. The right to make informed decisions about care and treatment plans and to receiving information in a way that is understandable.
9. The right to be notified in advance of treatment options, transfers, when and why care will be discontinued.
10. The right to receive and access services consistently and in a timely manner in accordance with organizations stated operational policy.
11. The right to education, instructions and requirements for continuing care when the services of the agency are discontinued.
12. The right to participate in the selection of options for alternative levels of care or referral to other organizations, as indicated by the patient's continuing care needs.
13. The right to receive disclosure information regarding any beneficial relationships the organization has that may result in profit for the referring organization.
14. The right to be referred to another provider organization if the organization is unable to meet the patient's needs or if the patient is not satisfied with the care they are receiving.
15. The right to voice grievances without reprisal regarding treatment, care or respect for property that is or fails to be furnished by anyone providing agency services.

16. The right to receive information on grievance procedures which includes contact name, phone numbers, hours of operation, how to communicate problems and document a response from the agency regarding investigation and resolution of the grievance.
17. The right to be advised of the availability, purpose and appropriate use of State, Medicare and Hotline numbers.
18. The right to refuse treatment and be informed of potential results and/or risks.
19. The right to not receive any experimental treatment without the patient's specific agreement and full understanding of information explained.
20. The right to be free from any mental, physical abuse, neglect or exploitation of any kind by agency staff.
21. The right to have patient property treated with respect.
22. The right to confidentiality of personnel health information and the organization's policy for accessing and disclosure of clinical records that comply with HIPAA and state regulations.
23. The right to receive information regarding the agency's liability insurance upon request.

### **Patient Responsibilities**

As an individual receiving services from our agency you, your family or your representative have the following responsibility:

1. To provide the agency with accurate and complete information regarding current medications and treatments, and any changes herein.
2. To provide the agency with information regarding unexpected changes of the clinical or medical condition of the patient.
3. To notify the agency regarding a change in address and/or phone number.
4. To notify the agency regarding any change in insurance coverage.
5. To notify the agency regarding any change in the attending or primary physician.
6. To notify the agency regarding admission to the hospital, nursing or other facility.
7. To notify the agency of any problems or dissatisfaction with care.
8. To notify the agency of any Advance Directives such as a living will or Durable Power of Attorney for Health Care.
9. To keep physician appointments and be present for appointments established by nursing supervisor, clinicians, therapists, or delivery personnel.
10. To follow the treatment plan established by the primary physician.
11. For his/her own actions if treatment is refused, or instructions are not followed as set forth by the primary physician.
12. To notify the agency regarding changes in scheduling and/or hours of coverage.
13. To notify the agency regarding concerns/problems experienced by agency staff.
14. To care for equipment as instructed and return equipment in good condition.

### **Quality Assurance**

LKHS aims to provide a high quality standard of care at all times and this process starts from the moment we receive a new referral and enquiry from a potential client.

We are willing to reassess our clients as often as necessary to ensure that all their needs are identified. We work with our clients, their family, and their physician keeping constant communication with these key role players. We feel this is the only way to provide quality services.

We make every effort to recruit and hire only the best care givers. We match care givers to clients based on personality, personal interest, education, experience, and credentials. All of our staff have undergone through background checks, and confirm every professional reference.

We believe a name alone is not enough so we will personally introduce the client to the caregiver to ensure that both individuals are comfortable with each other before we begin care.

LKHS supervisors and nurses make regular phone calls and visits to the client's home to ensure that the quality of service is meeting the expectations of the client. We include the client as a major component to our performance reviews. Based off these surveys, visits, and reviews we offer monthly continual training to our care givers, to further enhance the quality of care.

## Compliments and Complaints Procedure

Despite our efforts to ensure quality care there may be the rare occurrence that you may need to file a complaint. Should the need arise we have instituted a formal complaints procedure which we want clients and their families to be aware of.

### What is a Complaint?

A complaint is and verbal or written communication that expresses dissatisfaction with any of the services provided by or through Loving Kindness Healthcare Systems and any of LKHS' employees and/or subcontractors.

### How to Make A Complaint?

All complaints can be reported to Copa Davis at our main office, 412 578-9890.

### Complaint Procedure

All complaints will be addressed within 24 hours and the investigation will include all parties involved. The complainant will be contacted within 7 days of the receipt and a formal response will be provided within 28 days.

If a complaint is not resolved to your satisfaction you are free to contact the Pennsylvania Department of Health Division of Home Health or your local AAA Ombudsman.

## Sources of Advisory Assistance

If you ever need advice, assistance, or wish to file a complaint in any as aspect of your care, we suggest you contact any of the organizations below:

### Area Agency on Aging (AAA)

Pennsylvania's 52 Area Agencies on Aging (AAA) are your source of information for the issues and concerns affecting older people and their caregivers. Specific services at each agency vary throughout the state, but each agency offers a wide array of programs to help older Pennsylvanians and their families get the help and information they need.

<b>Allegheny County</b>	1-800-344-4319
<b>Armstrong County</b>	1-800-368-1066
<b>Butler County</b>	1-888-367-2434

**Westmoreland County**

1-800-442-8000

**PA Dept. of Health, Home Health Division**

1-866-826-3644

If you have any questions concerning the legitimacy or status of LKHS' Home Health Care Agency License you may call the PA Dept. of Health at 1-717-783-1379

**Ombudsman Program**

The Ombudsman program responds to complaints from older consumers of any long-term living service, which may include a certified or licensed facility, in a community setting or in a private home.

<b>Allegheny County</b>	1-412-350-5460
<b>Armstrong County</b>	1-724-548-3290
<b>Butler County</b>	1-724-282-3008
<b>Westmoreland County</b>	1-724-830-4444

**Protective Services**

The Department of Aging works closely with the 52 Area Agencies on Aging in Pennsylvania to protect older adults from abuse, neglect, exploitation, or abandonment. Abuse reports can be made on behalf of an adult whether the person lives in the community or in a care facility such as a nursing home, personal care home, or hospital. Reporter may remain anonymous, and have legal protection from retaliation, discrimination and civil or criminal prosecution.

Any person who believes an older adult is being abused, neglected, exploited or abandoned may file a report 24 hours a day 7 days a week with any Area Agency on Aging or call the State-Wide-Elder Abuse Hotline at 1-800-490-8505.

**APPRISE Program**

The APPRISE Program assists consumers with Medicare related questions. Consumers may contact the local Area Agency on Aging for a face-to-face meeting with a counselor to discuss such things as Medicare Advantage Programs, drug coverage, or other Medicare Benefits.

**Range of Qualifications of Care Givers**

Our care givers are required to attend monthly trainings and competency test to ensure their skills and understand is up to the highest standard. These trainings include:

- Confidentiality.
- Consumer Control and the Independent Living Philosophy.
- Instrumental Activities of Daily Living.
- Recognizing changes in the consumer that need to be addressed.
- Basic Infection Control.
- Universal Precautions.
- Handling of Emergencies.
- Documentation of Services.
- Recognizing and Reporting Abuse or Neglect.
- Dealing with Difficult Behaviors.
- Bathing, Shaving, Grooming and Dressing.
- Hair, Skin and Mouth Care.
- Assistance with Ambulation and Transferring.

- Meal Preparation and Feeding.
- Toileting.
- Assistance with self-administered medications.
- First Aid and CPR
- Communication Skills
- Consumer Rights
- Death and Dying

## Patient/Caregiver Safety

All patients and their family members and caregivers need to take special precautions to ensure a safe living environment. Most accidents in the home can be prevented by elimination of hazards.

**You and/or your caregiver should use the attached checklists to determine the safety level of your home.** Check each statement that applies to your home or to your habits in your home. Then review the unchecked boxes to determine what else you can do to make your home a safer place to live.

### Fire Prevention Tips

According to the Home Safety Council's State of Home Safety in America™ Report, fires and burns are the third leading cause of unintentional home injury and related deaths. Fire safety and survival begin with everyone in your household being prepared. Follow the safety advice below from the Home Safety Council to reduce the chance of fire in your home:

Prevent Fires Caused by Cooking:

- Always stay in the kitchen while cooking.
- Keep things that can burn, such as dishtowels, paper or plastic bags, and curtains at least three feet away from the range top.
- Before cooking, roll up sleeves and use oven mitts. Loose-fitting clothes can touch a hot burner and catch on fire.
- Always stay by the grill when cooking. Your grill may stay hot for a long time. Keep children and pets away.
- Keep grills at least ten feet away from other objects, including the house and any shrubs or bushes.

Prevent Fires Caused by Matches & Lighters:

- Many young children are badly burned or die playing with matches and lighters.
- Store matches and lighters in a locked cabinet.
- If you must keep matches or lighters in your jacket or purse, put them in a place where children cannot see or touch them.

Prevent Fires Caused by Heating:

Space Heaters

- Space heaters need space. Keep them at least three feet away from things that can burn, such as curtains or stacks of newspaper. Always turn off heaters when leaving the room or going to bed.

Furnaces

- Have a service person inspect chimneys, fireplaces, wood and coal stoves and central furnaces once a year. Have them cleaned when necessary.

Fireplaces and Wood Stoves

- Keep things that can burn away from your fireplace and keep a glass or metal screen in front of your fireplace.

Prevent Fires Caused by Smoking:

- Use “fire-safe” cigarettes and smoke outside.
- Use large, deep ashtrays on sturdy surfaces like a table.
- Douse cigarette and cigar butts with water before dumping them in the trash.

#### Prevent Fires Caused by Candles:

- Only light candles when an adult is in the room. Do not allow children to keep candles or incense in their rooms.
- Always use stable, candle holders made of material that won't catch fire, such as metal, glass, etc.
- Blow out candles when adults leave the room.

#### Prevent Fires Caused by Gasoline and Other Products:

##### Gasoline

- Gasoline is very dangerous. Inside a garage or home, gasoline vapors can explode with just a tiny spark.
- It is best not to keep any gasoline at home. If you must keep some, use a special safety container.
- If you can, keep the container in an outdoor shed away from your home. Close all the openings.
- Never bring or use gasoline indoors. Use it as a motor fuel only.

##### Other Products

- Read the label of everything you buy. If you see the words “Caution,” “Warning,” “Danger,” or “Flammable,” be very careful.
- Close the lid on all dangerous products and put them away after using them.
- Store them away in a safe place with a lock.

#### Keep Your Family Safe At Home

- Make a fire escape plan for your family. Find two exits out of every room. Pick a meeting place outside. Practice makes perfect – hold a family fire drill at least twice each year.
- Install smoke alarms on every level of your home. There are two kinds of smoke alarms – photoelectric and ionization. If possible, get some of each kind or buy “combination” smoke alarms that have both types of sensors.
- Put them inside or near every bedroom. Test them monthly to make sure they work. Put in new batteries once a year.
- Know how to put out a small pan fire by sliding a lid over the flames.
- Teach every family member to “Stop, Drop, Roll and Cool” if clothes catch fire by dropping immediately to the ground, crossing hands over your chest and rolling over and over or back and forth to put out the flames. Cool the burned area with cool water and seek medical attention for serious burns.
- Consider having a home fire sprinkler system installed in your new home, or when you remodel.
- Learn how and when to use a fire extinguisher.

### **Bathroom Safety Tips**

The smallest room in your home can have many dangers. Drowning, burns, falls, poisoning, electrical shock – all these things can happen in your bathroom. Keep young children out of the bathroom unless you are watching them carefully. Here are some other ways to keep your family safe in the bathroom.

#### Prevent Falls

- Have a grab bar by the bathtub and shower.
- Have a grab bar by the toilet.

- Put non-slip strips in your tub or shower.
- Have a bath mat with a non-skid bottom next to the tub and shower.
- Keep the bathroom floor clean and dry.
- Use nightlights in hallways and bathrooms.

#### Protect Young Children

- Don't let young children use the sink or tub without help. When children are in the tub, stay close enough to touch them.
- Know the things in your bathroom that are poisons.
- Look at the labels for the words "Caution," "Warning," "Danger," "Poison" or "Keep Out of Reach of Children" on the box or bottle.
- Keep all medicines and cleaning products in the containers they came in. Keep labels on them.
- All your medicines and cleaning products should have child safety caps.
- All medicines, cosmetics (make-up) and cleaning supplies should be locked in a cabinet.
- Set your water heater at 120 degrees F or just below the medium setting.

#### Prevent Fire

- Blow out candles if you leave the bathroom.
- Have a large, deep ashtray for smokers in your family.
- Put water on cigarette buttes before throwing them away.

#### Prevent Electrical Shock Injuries

- Keep hair dryers, curling irons and electric razors away from water.
- Always unplug appliances after using them.
- The electrical outlet in the bathroom should have a Ground Fault Circuit Interrupter (GFCI). This is a tool that protects you from a dangerous shock when water and electricity come together.
- If you don't already have one, an electrician can install a GFCI for you.

### **Electrical Safety Tips**

Our homes are filled with things that run on electricity. They make our lives easier, but every year, more than 50,000 home fires are started by electrical problems. Hundreds of people die in these fires. You can protect your family by taking these steps:

#### Safe Electrical Systems

- If your power goes out a lot or the lights in your home flicker, smell bad, or make noise, have an electrician come to inspect your wiring.
- The electrical outlet in the bathroom should have a Ground Fault Circuit Interrupter (GFCI). This is a tool that protects you from a dangerous shock when water and electricity come together. An electrician can install a GFCI for you.
- All electrical outlets and switches should be covered by "faceplates."
- All electrical cords should be in good condition.
- Don't tie or knot cords. Don't let furniture sit on cords.

#### Safe Lighting

- Use the right light bulbs in all lamps and light fixtures.
- Look inside the light fixture. Find a label that tells you which light bulb size (wattage) is right for the fixture.

#### Small Appliance Safety

- Look for a mark on the label such as ETL or UL when you buy electrical appliances (such as toasters, microwaves or coffee makers) and cords. This will tell you the product has been tested for safety.



- Unplug toaster ovens, coffee makers and other small appliances after using them.
- Keep appliances dry and away from water at all times.
- Don't plug in too many appliances at once.

### Fall Prevention Tips

According to The State of Home Safety in America™ (2004) conducted by the Home Safety Council, falls are by far the leading cause of unintentional home injury death. Falls account for an average of 5.1 million injuries and nearly 6,000 deaths each year. Walk through your home to identify and remedy potential fall hazards. What to look for:

- Have handrails on both sides of stairs and steps. Make sure handrails go from the top to the bottom of stairs.
- Have lots of lights at the top and bottom of the stairs.
- It is easy to trip on small rugs. Tape them to the floor or do not use them at all.
- Keep the stairs clear.
- Have nightlights in the bedroom, hall and bathroom.
- Have a mat or non-slip strips in the tub and shower.
- Have a bath mat with a non skid bottom on the bathroom floor.
- Have grab bars in the tub and shower.
- Wipe-up spills when they happen.

### Protect Young Children

- Always watch young children.
- Use safety gates at the top and bottom of stairs.
- Window guards can keep a child from falling out the window. Have window guards on upstairs windows.
- Cover the ground under playground equipment with a thick layer (9-12 inches) of mulch, wood chips or other safety material.

### Outdoors

- Put bright lights over all porches and walkways.
- Have handrails on both sides of the stairs.
- Put ladders away after using them. Store ladders on their sides, in a shed or garage.
- Keep sidewalks and paths clear, so you don't trip.
- Fix broken or chipped steps and walkways as soon as possible. Always watch young children.

### Medication Safety Tips

#### Remember These Dos and Don'ts

- **Review your medication history.** Gather all the prescription, over-the-counter (OTC), vitamin, and herbal preparations that you take, and bring them to every doctor appointment. Keep an updated printout in your wallet to use as a discussion tool in all doctor appointments.
- **Talk to your doctor or pharmacist first.** Add OTC products to your medication schedule only after talking to your doctor or pharmacist. Many OTC medications including cold remedies, pain relievers, sleep aids, antacids, and even mineral supplements can cause adverse reactions or interact negatively with prescription medications.
- **Don't wait!** Notify your doctor promptly of *any* adverse symptoms (stomach upset, diarrhea, difficulty urinating, constipation, forgetfulness, skin irritation, dizziness, etc.) that you experience, especially after starting any new medication.

- **Follow all directions.** Make sure you know each medication's: purpose; amount to take; best time to take it; whether to take it with or without food; and any storage requirements. Also know the potential side effects and what to do if they occur.
- **Use memory tips.** Reminder systems including a daily pillbox, calendar or chart will help ensure that you take medications as directed.
- **Take medications only as needed.** Some medications for short-term use treat certain symptoms that are expected to stop. If the symptoms persist, notify your doctor promptly.
- **Caution!** Read and follow all precautions on medication labels. They often are shown as illustrations on stickers. Make sure you store your medications in locations that are neither too hot nor too cold. DON'T use medication that has passed its expiration date.
- **Tell all doctors what the others have prescribed.** Make sure at least your primary doctor knows of any medications prescribed by other doctors or specialists, and vice versa.
- **Fewer pharmacies, fewer problems.** Try to fill as many prescriptions as possible at the same pharmacy or chain to better monitor any potential interactions and contraindications.

## Infection Control Guidelines

Caregivers in the home should use precautions to protect not only the patient from infections, but to protect themselves and others as well.

### Infection Control

In order to prevent an infection from spreading, it is important to understand where germs live, how germs get to people and how germs enter people's bodies. There are many "sources" of germs. These are places germs live before they infect. Sources include: under the fingernails, on the skin, on an unclean surface and in water and food. There are many germs on the kitchen counter and in the bathroom. Germs can be found almost everywhere, including: in the air, on surfaces, on your hands and in your nose. Germs can enter the body through any opening such as your nose, mouth or any opening such as cuts. All blood and bodily secretions are considered to be infectious.

### Good hand hygiene is important:

Hand washing is the first line of defense when it comes to preventing the spread of germs. It may seem like such an obvious thing to do, but many people, including health care workers, forget to wash their hands as thoroughly and frequently as they should.

When to wash hands:

- Before and after wearing gloves.
- At the start of the workday and several times throughout the day.
- When your hands are visibly soiled (dirty) or contaminated with blood or body fluids.
- Before having direct contact with the resident's skin.
- After having direct contact with the resident's skin, especially when the skin has wounds or is broken.
- After assisting with toileting or changing incontinence products from the resident.
- After the direct care worker uses the restroom.
- Before eating.
- Before preparing food.
- Before serving food.
- After wiping nose, sneezing or touching the face.

- After smoking.

**How to wash hands properly:**

- Wet your hands under warm, running water.
  - Rub your hands together with soap and work up a good lather to all surfaces from 2 inches above the wrists for 20 seconds or sing the ABC's (which takes 20 seconds).
  - Wash the palms, sides and the back of your hands, in between your fingers, your thumbs and under your fingernails.
  - Rub the nails of each hand across the palm to remove dirt from under the fingernails.
- Repeat steps 3 and 4 for 20 seconds.

- Rinse your hands under warm running water. Make sure you get all the soap off.
- Dry your hands with a clean towel or paper towel. Pat your hands, and work back toward your forearms.
- Turn the faucet off with the paper towel and use the paper towel to open the door as you leave the restroom so that you do not pick up germs that may exist on the handle.

**Using gloves to reduce risk of infection:**

Gloves should be worn when there is the possibility that you will have contact with blood, other potentially infectious material or items and surfaces contaminated with these materials. Wear gloves to carry materials that are soiled or contaminated, and carry the material so it does not touch any other surface, including your clothing. It is important to dispose of soiled material as soon as possible. Soiled linens should never be left on the floor even for a short time.

**Cleaning and disinfecting – Keeping germs away:**

Another critical method for preventing the spread of germs is cleaning and disinfecting surfaces. Disinfection is especially important in the kitchen and bathroom.

General steps are involved in the proper cleaning and disinfection of surfaces:

- Carefully follow directions and precautions on all cleaning products.
- Begin by cleaning the surface thoroughly with soap and water or another cleaner.
- After cleaning, if you need to use a disinfectant, apply it to the area and let it stand for a few minutes or longer following the directions on the product.
- Wipe the surface with a paper towel that can be thrown away or a cloth that will be washed immediately afterward.
- After cleaning or disinfecting, always wash hands, even if you wore gloves.

## After Hour Guidelines

A licensed nurse is on call at our agency at all times. **However, we are available after regular office hours for urgent conditions only.** We do not carry medications with us and cannot give anything unless ordered by the physician. If you experience a change in your condition, please contact our office during regular office hours if possible, so we can determine if a visit needs to be made and contact your physician, if necessary.

The following is a list of some reasons for which you may need to contact our agency after regular office hours.

**CHEST PAIN**

Chest pain usually requires that you be seen by your physician either in the office or emergency room for diagnostic studies.

- TEMPERATURES:** Elevations in temperatures above 100° should be called in and instructions may be given over the telephone. A home visit may be necessary.
- RESPIRATORY DISTRESS:** Severe respiratory distress usually requires evaluation by your physician. You may be instructed in ways to ease shortness of breath, proper use of respiratory aids or oxygen if these are ordered by your physician.
- CATHETERS:** Catheters are not an emergency unless you are unable to urinate. Usually someone can wait 6-8 hours at night without a catheter if they are not taking in liquids. If the catheter does not drain or comes out and you are unable to urinate, you may need to call. You will be taught to either irrigate or remove the catheter if it becomes stopped up. If it is leaking or comes out, pad yourself well with absorbent cloths and call early in the morning so someone can be scheduled to visit you.
- FEEDING TUBES:** If the feeding tube comes out partially, do not attempt to reinsert or remove it. Call the on-call nurse. If it comes out completely and you had a feeding at supper time, you can usually wait until the next morning unless you are a diabetic. Call the on-call nurse for direction. Also, if you receive medication through the tube, you should call for assistance.
- SERIOUS INJURIES:** Call 911.
- After normal office hours, routine supplies or home care equipment cannot be delivered. If you have questions concerning these guidelines, please ask your nurse or call the office during our office hours at 1-888-578-9890.

## APPENDIX A – Privacy Notices

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

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

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

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

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

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

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

We keep anything we learn about you confidential.

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

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

We may need your help in collecting your health information.

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

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

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

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

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

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

This is a Medicare & Medicaid Approved Notice.



## 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 for 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 an assessment, it is protected under the federal Privacy Act of 1974 and the "Home Health Agency Outcome and Assessment Information Set" (HHA OASIS) System of Records. You have the right to see, copy, review, and request correction of your information in the HHA OASIS System of Records.

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

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

- 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 & 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 XI or Title XVIII functions relating to assessing and improving home health agency quality of care;
6. an individual or organization for a research, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or payment related projects;
7. a congressional office in response to a constituent inquiry made at the written request of the constituent about whom the record is maintained.

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

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

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

#### CONTACT INFORMATION

If you want to ask the 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.

# Home Health Agency Outcome and Assessment Information Set (OASIS)

## **NOTICE ABOUT PRIVACY** **For Patients Who Do Not Have Medicare** **or Medicaid Coverage**

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- As a home health patient, there are a few things that you need to know about our collection of your personal health care information.
  - Federal and State governments oversee home health care to be sure that we furnish quality home health care services, and that you, in particular, get quality home health care services.
  - We need to ask you questions because we are required by law to collect health information to make sure that you get quality health care services.
  - We will make your information anonymous. That way, the Centers for Medicare & Medicaid Services, the federal agency that oversees this home health agency, cannot know that the information is about you.
- We keep anything we learn about you confidential.

This is a Medicare & Medicaid Approved Notice.



## NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION

**THIS NOTICE, IN COMPLIANCE WITH FEDERAL PRIVACY REGULATIONS, DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

LKHS Health and Wellness Services is required by law to maintain the privacy of protected health information and to provide you adequate notice of your rights and our legal duties and privacy practices with respect to the uses and disclosures of protected health information (*45 CFR § 164.520*). We will use or disclose protected health information in a manner that is consistent with this notice.

The agency maintains a record (paper/electronic file) of the information we receive and collect about you and of the care we provide to you. This record includes physicians' orders, assessments, medication lists, clinical progress notes and billing information.

As required by law, the agency maintains policies and procedures about our work practices, including how we provide and coordinate care provided to our patients. These policies and procedures include how we create, maintain and protect medical records and access medical records and information about our patients; how we maintain the confidentiality of all information related to our patients, security of the building and electronic files; and how we educate staff on privacy of patient information.

As our patient, information about you must be used and disclosed to other parties for purposes of **treatment, payment and health care options**. Examples of information that must be disclosed:

- **Treatment:** Providing, coordination or managing health care and related services, consultation between health care providers relating to a patient or referral of a patient for health care from one provider to another. For example, we meet on a regular basis to discuss how to coordinate care to patients and schedule visits.
- **Payment:** Billing and collecting for services provided, determining plan eligibility and coverage, utilization review (UR), precertification, medical necessity review. For example, occasionally the insurance company requests a copy of the medical record be sent to it for review prior to paying the bill.
- **Health Care Operations:** General agency administrative and business functions, quality assurance/improvement activities; medical review; auditing functions; developing clinical guidelines; determining the competence or qualifications of health care professionals; evaluating agency performance; conducting training programs with students or new employees; licensing, survey, certification, accreditation and credentialing activities; internal auditing and certain fundraising and marketing activities. For example, our agency periodically holds clinical record review meetings where we will have staff and consulting professionals audit clinical records for meeting professional standards and utilization review.
- **Appointments:** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

**The following uses and disclosures do not require your consent**, and include, but are not limited to, a release of information contained in financial records and/or medical records, including treatment records and/or laboratory test results, medical history, treatment progress and/or any other related information to:



1. Your insurance company, self-funded or third-party health plan, Medicare, Medicaid or any other person or entity that may be responsible for paying or processing for payment any portion of your bill for services;
2. Any person or entity affiliated with or representing us for purposes of administration, billing and quality and risk management;
3. Any hospital, nursing home or other health care facility to which you may be admitted;
4. Any physician providing you care;
5. Licensing and accrediting bodies, including the information contained in the OASIS Data Set to the state agency acting as a representative of the Medicare/Medicaid program; and
6. Other health care providers to initiate treatment.

The Pennsylvania Confidentiality in HIV-Related Information Act sets forth additional limitations on the type of information which may be released and the persons or entities to whom information may be released regarding the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) without the written consent of a patient or the patient's legal representative, and we are obligated to follow those limitations. For example, we may not, without the written consent of a patient or the patient's legal representative, disclose confidential HIV-related information to an insurer, except to the extent necessary to reimburse us for services or to make any payment of a claim submitted pursuant to the patient's policy.

**We are permitted to use or disclose information about you without consent or authorization in the following circumstances:**

1. In **emergency treatment situations**, if we attempt to obtain consent as soon as practicable after treatment;
2. Where **substantial barriers to communicating with you** exist and we determine that the consent is clearly inferred from the circumstances;
3. Where we are **required by law** to provide treatment and we are unable to obtain consent;
4. Where the use or disclosure of medical information about you **is required by federal, state or local law**;
5. To provide information **to state or federal public health authorities**, as required by law to prevent or control disease, injury or disability; report births and deaths; report child abuse or neglect; report reactions to medications or problems with products; notify persons of recalls of products they may be using; notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence (if you agree or when required or authorized by law);
6. **Health care oversight activities** such as audits, investigations, inspections and licensure by a government health oversight agency as authorized by law to monitor the health care system, government programs and compliance with civil rights laws;
7. **Certain judicial administrative proceedings** if you are involved in a lawsuit or a dispute. We may disclose medical information about you in response to a court or administrative order, a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested;
8. **Certain law enforcement purposes** such as helping to identify or locate a suspect, fugitive, material witness or missing person, or to comply with a court order or subpoena and other law enforcement purposes;

9. **To coroners, medical examiners and funeral directors**, in certain circumstances, for example, to identify a deceased person, determine the cause of death or to assist in carrying out their duties;
10. **For cadaveric organ, eye or tissue donation purposes** to communicate to organizations involved in procuring, banking or transplanting organs and tissues (if you are an organ donor);
11. **For certain research purposes** under very select circumstances. We may use your health information for research. Before we disclose any of your health information for such research purposes, the project will be subject to an extensive approval process. We will usually request your written authorization before granting access to your individuality identifiable health information;
12. **To avert a serious threat to health and safety**: To prevent or lessen a serious and imminent threat to the health or safety of a particular person or the general public, such as when a person admits to participation in a violent crime or serious harm to a victim or is an escaped convict. Any disclosure, however, would only be to someone able to help prevent the threat.
13. **For specialized government functions**, including military and veterans' activities, national security and intelligence activities, protective services for the President and others, medical suitability determinations, correctional institution and custodial situations; and
14. **For Workers' Compensation purposes**: Workers' compensation or similar programs provide benefits for work-related injuries or illness.

**We are permitted to use or disclose information about you without consent or authorization provided you are informed in advance and given the opportunity to agree to or prohibit or restrict the disclosure in the following circumstances:**

1. To a family member, relative, friend, or other identified person, the information relevant to such person's involvement in your care or payment for care; to notify family member, relative friend or other identified person of the individual's location, general condition or death.

**Other uses and disclosures will be made only with your written authorization. Your authorization may be revoked, in writing, at any time, except in limited situations.**

**YOUR RIGHTS – You have the right, subject to certain conditions, to:**

- **Request restrictions on uses and disclosures of your protected health information** for treatment, payment or health care operations. However, we are not required to agree to any requested restriction. Restrictions to which we agree will be documented. Agreements for further restrictions may, however, be terminated under applicable circumstances (e.g., emergency treatment).
- **Confidential communication of protected health information.** We will arrange for you to receive protected health information by reasonable alternative means or at alternative locations. Your request must be in writing. We do not require an explanation for the request as a condition of providing communications on a confidential basis and will attempt to honor reasonable requests for confidential communications.
- **Inspect and obtain copies of protected health information** which is maintained in a designated record set, except for psychotherapy notes, information compiled in reasonable anticipation of, or for use in a civil, criminal or administrative action or proceeding, or protected health information that is subject to the Clinical Laboratory Improvements Amendments of 1988 [42 USC § 263a and 45 CFR 493 § (a) (2)]. If you request a copy of your health information, we will charge a reasonable fee for copying in accordance with fee schedules set by Pennsylvania law.

- If we deny access to protected health information, you will receive a timely, written denial in plain language that explains the basis for the denial, your review rights and an explanation of how to exercise those rights. If we do not maintain the medical record, we will tell you where to request the protected health information.
- **Request to amend protected health information** for as long as the protected health information is maintained in the designated record set. A request to amend your record must be in writing and must include a reason to support the requested amendment. We will act on your request within thirty (30) days of receipt of the request. We may extend the time for such action by up to 30 days, if we provide you with a written explanation of the reasons for the delay and the date by which we will complete action on the request.
- We may deny the request for amendment if the information contained in the record was not created by us, unless the originator of the information is no longer available to act on the requested amendment; is not part of the designated medical record set; would not be available for inspection under applicable laws and regulations; and the record is accurate and complete. If we deny your request for amendment, you will receive a timely, written denial in plain language that explains the basis for the denial, your rights to submit a statement disagreeing with the denial and an explanation of how to submit that statement.
- **Receive an accounting of disclosures of protected health information** made by our Agency for up to six (6) years prior to the date on which the accounting is requested for any reason other than for treatment, payment or health operations and other applicable exceptions. The written accounting includes the date of each disclosure, the name/address (if known) of the entity or person who received the protected health information, a brief description of the information disclosed and a brief statement of the purpose of the disclosure or a copy of your written authorization or a written request for disclosure. We will provide the accountings within 60 days of receipt of a written request. However, we may extend the time period for providing the accounting by 30 days if we provide you with a written statement of the reasons for the delay and the date by which you will receive the information. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable cost-based fee.
- **Obtain a paper copy of this notice from us upon request**, even if you had agreed to receive this notice electronically.

**COMPLAINTS** – If you believe that your privacy rights have been violated, you may complain to the Agency or to the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation against you for filing a complaint. The complaint should be filed in writing, and should state the specific incident(s) in terms of subject, date and other relevant matters. A complaint to the Secretary must be filed in writing within 180 days of when the act of omission complained of occurred, and must describe the acts or omissions believed to be in violation of applicable requirements. [45 CFR § 160.306] For further information regarding filing a complaint, contact:

**Renita Zumbo, Administrator, Loving Kindness Healthcare Systems  
1-888-578-9890•155 North Craig Street Suite 160• Pittsburgh, PA 15213**

**EFFECTIVE DATE** – This notice is effective August 1, 2009. We are required to abide by the terms of the notice currently in effect, but we reserve the right to change these terms as necessary for all protected health information that we maintain. If we change the terms of this notice (while you are receiving service) we will promptly revise and distribute a revised notice to you as soon as practicable by mail, e-mail (if you have agreed to electronic notice) or hand delivery.

**If you require further information about matters covered by this notice, please contact:**

**Renita Zumbo, Administrator, Loving Kindness Healthcare Systems  
1-888-578-9890•155 North Craig Street Suite 160• Pittsburgh, PA 15213**

## APPENDIX B -- Emergency Care Plan

Name of Consumer (Last, First, Middle)	Telephone Number	Date of Plan
Address (Street, Road, Avenue; City or Town, State)	Zip Code	County
Emergency Contact and Relationship:	Emergency Telephone Number	

Allergies:
Diagnosis:
Special Diet:
Medications: <b>See Medication Profile</b>

Emergency Contact 1: Relationship:	Telephone:
Emergency Contact 2: Relationship:	Telephone:
Physician:	Telephone:
Hospital:	Telephone:
Pharmacy:	Telephone:
Durable Medical Equipment:	Telephone:
Ambulance:	Telephone:           911
Police, Fire Department:	Telephone:           911

Date	RN Signature	Date	RN Signature
Completed:	By:	Updated:	By:
Updated:	By:	Updated:	By:
Updated:	By:	Updated:	By:
Updated:	By:	Updated:	By:
Updated:	By:	Updated:	By:

If any of the above information changes at any time, please notify LKHS, so that we may update our patient files.

### Call 911 if you experience any of the following:

- |   |  |
|---|--|
|  A fall with a broken bone or bleeding |  Unable to wake patient       |
|  Chest pain that medicine doesn't help |  Severe or prolonged bleeding |
|  Difficulty breathing                  |  Severe or prolonged pain     |

**Please keep this form available in the event of emergency.**

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*Where loving kindness is at the heart of all we do!*