



**Comfort  
Keepers®**

a *sodexo* brand

# Client Handbook

Comfort Keepers®  
160 Main St.  
Bldg. B, Suite 7  
Flemington, New Jersey 08822

(908) 806-2220  
Toll Free: (877) 806-2220

Fax: (908) 806-8373

E-mail: [FlemingtonNJ@ComfortKeepers.com](mailto:FlemingtonNJ@ComfortKeepers.com)

*[www.Flemington-657.ComfortKeepers.com](http://www.Flemington-657.ComfortKeepers.com)*

## Table of Contents

|   |    |
|---|----|
| Welcome to Comfort Keepers®                             | 2  |
| Philosophy / Mission Statement / Vision / Accreditation | 3  |
| Emergency Numbers / Comfort Keepers® Numbers            | 4  |
| Community Recourses                                     | 5  |
| Services We Provide                                     | 6  |
| General Information                                     | 7  |
| Client Consent, Conduct, Rights & Responsibilities      | 12 |
| Informed Consent  | 13 |
| Notice of Privacy Practices                             | 15 |
| Authorization to Disclose Personal Health Information   | 17 |
| Electronic Signature                                    | 19 |
| Program & Service Eligibility                           | 20 |
| Informed Consent / Fraud / Ethics / Compliance          | 21 |
| Medication Policy                                       | 22 |
| Advanced Directives                                     | 23 |
| Danielle's Law  | 24 |
| Safety In Your Home                                     | 25 |
| Preventing Falls  | 26 |
| Slips and Falls   | 27 |
| Reducing Your Risk of Falling                           | 27 |
| Home Safety Tips  | 29 |
| Personal Safety   | 30 |
| Hand Washing  | 31 |
| Medication Safety                                       | 31 |
| Poisonings  | 33 |
| Fire and Burns  | 33 |
| Emergency Preparedness                                  | 34 |
| End of Services   | 36 |



## WELCOME TO COMFORT KEEPERS®

All of us at Comfort Keepers® of Flemington, New Jersey are pleased to welcome you to our friendly family. Your specific in-home care needs, safety and satisfaction are very important to us. We will do our best to answer any questions you may have concerning your in-home services.

Comfort Keepers® is dedicated to providing compassionate in-home care services and solutions that enriches our clients' lives and help them maintain the highest possible level of independent living. We treat each of our clients with respect and dignity, as if they were a member of our own family. We are dedicated to promoting the physical and emotional well-being of our clients.

***We Specialize in Companionship Care, Personal Care, Alzheimer's Care, Dementia Care, Interactive Caregiving, Live-In Care and 24-Hour Care.***

Many aspects of in-home care services may be new to you. We have prepared this booklet to assist you in becoming better acquainted with us, to help you understand the in-home care process and explain your rights as a client. If you have any additional questions, please do not hesitate to ask us. We look forward to working together with you. Thank you.

Sincerely,

The Staff of **COMFORT KEEPERS® of Flemington, New Jersey**

## **Corporate Philosophy:**

It has long been recognized that individual and corporate real performance originates with a commitment to a mission. Genuine, sustainable, high performance begins with an internal decision to excel.

Comfort Keepers® mission and vision statements reflect how we approach our business and how we regard our customers, communities, and employees. As we apply our vision to fulfill our corporate mission, Comfort Keepers® can ease the pressure on family and friends while providing reliable, expert in-home care.

## **Mission Statement:**

*The mission of Comfort Keepers® of Flemington, NJ is to deliver the highest quality of in-home care services and senior care assistance that enables seniors and other adults to enjoy the highest level of independence and quality of life achievable. We understand that no two clients are alike. Every client has unique requirements that need to be met in order to continue to live safely at home. Home care services provided by Comfort Keepers® are tailored to meet the specific needs of our clients. We provide our clients with the highest quality of life achievable through personalized planning and *Interactive Caregiving™*, with our caregivers striving to make a difference in our clients' lives. We treat each of our clients with respect, dignity, compassion, and care they deserve, as if they were a member of our own family.*

## **Vision Statement:**

The vision of Comfort Keepers® of Flemington, NJ The vision of Comfort Keepers® is to provide superior in-home care services and senior care assistance by continually increasing our care standards. We support this vision by retaining only highly skilled caregivers with integrity and compassion and are committed to a rigorous ongoing training program.

## **Accreditation:**

New Jersey legislation P.L. 2014, c.029 requires all New Jersey Health Care Service Firms to be registered with the Division of Consumer Affairs. As a condition of that registration, each firm must obtain accreditation from an accrediting body recognized by the Commissioner of Human Services. Comfort Keepers® of Flemington is accredited by the National Institute for Home Care Accreditation (NIHCA) and adheres to their stringent standards of care designed with consumer protection as a central purpose.



## EMERGENCY NUMBERS

| Contact:  | Name: | Phone: |
|-----------|-------|--------|
| Physician |       |        |
| Pharmacy  |       |        |
| Equipment |       |        |
| Other     |       |        |

**FOR ALL LIFE THREATENING EMERGENCIES CALL 911**  
(Except if Hospice is involved)

**To Contact the Comfort Keepers® of Flemington, NJ Office:**

**(908) 806-2220 / Toll Free: (877) 806-2220**

Fax: (908) 806-8373

E-mail: [FlemingtonNJ@ComfortKeepers.com](mailto:FlemingtonNJ@ComfortKeepers.com)

[www.Flemington-657.ComfortKeepers.com](http://www.Flemington-657.ComfortKeepers.com)

Comfort Keepers®  
160 Main St.  
Bldg. B, Suite 7  
Flemington, New Jersey 08822

***New Jersey Division of Consumer Affairs Health Care Service Firm License Number HP0081000***

A Comfort Keepers® staff member is available 24 hours a day, 7 days a week, and 365 days a year. You will always hear a friendly voice no matter when you call.

Comfort Keepers® standard business hours are 8:30 AM to 5:00 PM, Monday through Friday.

After standard business hours, weekends and on legal holidays, the Comfort Keepers® National Call Center will transfer/relay all calls to the on-call coordinator.

Services are available 24 hours a day, 7 days a week.

**\*\*\*PLEASE DO NOT CONTACT YOUR CAREGIVER DIRECTLY\*\*\***

**To Report ABUSE, NEGLECT or EXPLOITATION of the ELDERLY:**

**Adult Protective Services (APS)**

Hunterdon County: (908) 788-1300

Warren County: (908) 475-6591

Sussex County: (973) 383-3600

Somerset County: (908) 526-8800

Morris County: (973) 326-7282

Mercer County: (609) 989-4320

After Hours Call: 911

**State of New Jersey, Department of Human Services, Division of Aging Services:**

**Contact the Division of Aging Services**

PO Box 715

Trenton, NJ 08625-0715

For Medicare counseling and general aging services questions: 1-800-792-8820

For access to aging services in your county: 1-877-222-3737

**If anyone has INGESTED or Been EXPOSED to MEDICATIONS or any SUBSTANCE / CHEMICALS that may be HARMFUL, CALL:**

**New Jersey Poison Control**

TOLL FREE 1-800-222-1222

Available 24 hours a day, 7 days a week, 365 days a year.

## **Services We Provide:**

Comfort Keepers® provides a wide range of in-home care services, which are tailored to meet your needs. The following is a partial list of our services:

### **Companionship and Homemaking Services:**

- Companionship & Conversation
- Meal Planning & Meal Preparation
- Medication Reminders
- Grooming & Dressing Guidance
- Light Housekeeping
- Laundry & Linens
- Exercise Reminders
- Incidental Transportation: *(Grocery Shopping, Physician Appointments, Errands, etc.)*
- Recreational Activities and Outings

### **Personal Care Services:**

- Bathing, Grooming & Personal Hygiene
- Dressing
- Mobility Assistance
- Positioning & Transferring
- Toileting & Incontinence Care
- Feeding & Special Diet
- Oral Hygiene Care

### **Specialized Care Services:**

- Live-In Care
- 24-Hour Care Around-the-Clock Care
- Interactive Caregiving: *(Engagement of the Mind, an Active Body, Proper Nutrition, and Safety)*
- Alzheimer's Care
- Dementia Care
- Family Respite Care
- Hospital to Home
- Veterans Care
- Hospice Care
- Palliative Care

## General Information:

1. **Client Satisfaction:** If there is ever any issue about the quality of our caregiver's service, please do not hesitate to call the office immediately at (908) 806-2220. In the unforeseen event that the issue cannot be resolved, we will do our best to provide you with another caregiver. **Your complete and total satisfaction will always be our biggest concern.**
2. **Caregiver Assignments:** Please understand that caregiver scheduling is our most difficult task. As schedules change (yours and theirs), sometimes we must assign a different caregiver to you. Of course, the stability of the client-caregiver relationship is of great importance to us, and we will always do our best to keep the client and caregiver together. However, in the event it is not possible, we do have a good number of caregivers and ALL of them are excellent or they would not be working with us. Our office adheres to all of the federal, state, and local laws concerning equal employment opportunities and we do not discriminate on the basis of race, color, age, gender, religion, military status, and/or national origin.
3. **Your Caregiver's Phone Number:** Please do not ask your caregiver for his or her phone number. It is Comfort Keepers® policy that our caregivers do not give out their home or cell telephone numbers. Please do not put your caregiver in a compromising position by asking them for their home or cell telephone number.
4. **Schedule Changes:** Any changes in your pre-agreed schedule must be handled through our office. We ask that you do not call your caregiver directly. Please call the office to discuss any new scheduling changes, whether it is for just one visit or if it is permanent. We will contact and inform your caregiver of the changes to your schedule. Please give us as much advanced notice of any schedule changes as you can.
5. **Last Minute Cancellations:** One of the ways we attract and keep the best caregivers in the business is by treating them with respect and dignity. Comfort Keepers® will always endeavor to do whatever is necessary to assure that our caregivers are happy with us, so they can concentrate on providing excellent service to our clients. Their schedule is very important, since they count on these prearranged regular hours for their income. If you cancel a scheduled visit with Comfort Keepers® there is a good chance the caregiver will essentially lose a day's pay. Of course, we will always do our best to offer your caregiver fill-in work, however; we cannot guarantee that work will be available. Accordingly, we ask that whenever possible, you work with us to keep the caregiver's schedule on a regular basis. If it is absolutely necessary to cancel a pre-arranged visit, please give us as much notice as



possible. If you do not notify the office and your caregiver shows up at your home, you will be billed for **three hours**, as we are obligated to pay the caregiver.

6. **Caregiver Call-Outs:** Unfortunately, emergencies do arise from time to time and your caregiver will not be able to provide in-home care services on a particular day. Your caregiver knows to call the office. We will notify you immediately. We will do our best to provide a replacement caregiver; however, with the national caregiver shortage, we cannot guarantee a replacement.
7. **Requesting Caregivers to Work Late:** If you require additional hours beyond what you have scheduled through the office, we shall do everything possible to accommodate your needs. Please understand, however; if your caregiver is unable to stay over their scheduled shift it is only because he or she has other obligations. Please call the office to receive approval for your caregiver to work over their scheduled visit. In addition, if you request your caregiver to work over 40 hours per week, the overtime will be billed at rate and a half.
8. **Severe Weather:** Due to the nature of the in-home care business, it is imperative that caregivers make every reasonable effort to work their scheduled visits in the event of inclement weather. That being said, Comfort Keepers® does not expect caregivers to take unnecessary risks. When inclement weather is anticipated, the office will contact you to let you know there is the possibility of no service so alternate arrangements can be made.
9. **Giving Gifts to Caregivers:** We insist that our caregivers do not accept gifts, tips or special favors from you. If you feel compelled to do something special for the holidays or other important occasions, please limit the value of any gifts to no more than twenty-five dollars. Again, it is not expected or required.
10. **Activities With Costs Associated:** If you ask your caregiver to take you to the movies, go bowling, out to dinner, or any other place where there is a cost involved, we ask clients to pay for the caregivers as well as for yourself.
11. **Handling Checks and Money:** If requested, your caregiver may assist you in writing checks, however; the caregiver should never under any circumstances sign a check for you. We request that you never write a check made out to the caregiver. If you give your caregiver cash to purchase items, you will receive a store receipt along with your exact change back. If your caregiver ever forgets to give you a receipt, please ask for one. This is for your protection, the caregiver's, and Comfort Keepers®.
12. **What We Can and Cannot Do:** Comfort Keepers® is classified as a Homemaker and Companion service company. We are strictly regulated to performing only those tasks which the State of New Jersey permits us to do.

- Our caregivers cannot change bandages or dressings or administer medications. If you require these services, please let us know and we work with your healthcare providers to help you find this level of care services.
- Our caregivers can “assist” and “guide” you, if you need assistance in walking, but they are not ever permitted to lift objects weighing more than twenty-five (25) pounds. If you fall, we cannot lift you because this action could potentially contribute to yours and/or the caregivers injuries.
- Our caregivers cannot move furniture, climb on chairs, stools, ladders, or perform any type of outdoor maintenance. Although our caregivers want to be of assistance to you, please do not put your caregiver in a compromising position by asking them to do something they are not permitted to do.

13. **Billing and Payment:** Comfort Keepers® Franchising Inc. (CKFI) requires all offices to receive a two week deposit for all new clients. However, the Comfort Keepers® of Flemington office does not require a deposit. We simply ask that you pay your weekly invoice immediately upon receipt. We ask that your account remains current so we can continue to provide excellent in-home care services for you. After four weeks of non-payment, you will receive a call from an office staff member informing you that your in-home care service shall be suspended until your account is current. Comfort Keepers® accepts payment by check or credit card (Visa or Master Card). If you wish to pay by credit card, please fill out the Credit Card Authorization Form and check off the box that states, “*I wish to use the above credit card for all future invoices, until further notice.*” You will receive a copy of the invoice with the word “PAID” stamped on the top. A finance charge of 1.5% per month will be assessed on all outstanding accounts after 30 days.

14. **Holiday Rates:** Comfort Keepers® charges rate and half for services on the following holidays: New Year’s Day, Easter Sunday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. Overtime hours will be billed at rate-and-a-half the prevailing charge or at the specific rate as set by regulation.

15. **Hourly Minimums:** We have a minimum of three (3) hours of service for each visit. You will always be billed for a minimum of three hours even if you send your caregiver home early.

16. **AppointMate Scheduling & Telephony System:** Our caregivers utilize an automated system to ensure our billing is accurate. Your caregiver is required to log-in and out using the Comfort Keepers® AppointMate Telephony System from your home telephone number. The billing will start when your caregiver arrives and logs-in by calling a *toll free* number and will end when he or she logs-out. Your invoice is created based on the actual hours your caregiver worked. If your caregiver arrives and you are on the phone, your caregiver is required to call the office when the line is free so we can manually input the start time. The same applies if you are using the phone when your caregiver departs from your house.

This system ensures mistakes are not made and you receive an accurate invoice each week.

17. **Transportation:** Your caregiver is prepared to provide incidental transportation as needed, either in their automobile or in yours. If you request the caregiver drives your car, there is no mileage fee charge. Should you prefer to ride in the caregiver's vehicle, we must reimburse our caregivers, so we must pass that small additional cost on to you. Our current transportation rate is 75 cents per mile. Of course, Comfort Keepers® has a non-owned auto insurance policy. If you prefer the caregiver drives your car, you must demonstrate that your auto insurance is current and valid.
18. **Insurance, Bonding & Taxes:** You may rest assured that all of our caregivers are properly screened.
- All of *caregivers* and office staff members have federal, state and county background checks along with a motor vehicle check. A minimum of three professional references are required. Our Certified Home Health Aides are fingerprinted as required by New Jersey's Division of Consumer Affairs. All screenings are repeated throughout the year.
  - Comfort Keepers® maintains a comprehensive insurance portfolio including professional liability insurance, general liability insurance, including non-owned auto coverage, employment practices liability insurance and workers compensation insurance.
  - Our caregivers are bonded and insured.
  - In addition, our caregivers are insured to drive clients.
  - All our caregivers are employees of Comfort Keepers®. Comfort Keepers® is responsible for payroll taxes and all federal, state and local taxes including the required deductions such as FICA, Medicare, Social Security, and Unemployment Taxes.
19. **Caregiver Professionalism:** We ask our caregivers to never discuss religion, politics, or their own financial or personal problems with our clients. If this becomes an issue, please call the office as soon as possible.
20. **Canceling Our Agreement:** We request the courtesy of a two (2) weeks advance notice if you decide to end services.
21. **Hiring Your Caregiver Privately:** Many clients inquire about hiring their caregiver privately. Unfortunately, you cannot hire your caregiver privately even for an occasional few extra hours or days. If you did, it would be considered a violation of your Client Care Agreement. Additionally, it would be unfair to expect or to ask your

caregiver to provide services on their own time for “free”. Any time your caregiver spends with you, that time will be included in your invoice.

22. **Live-in Service:** If you are receiving live-in home care service from Comfort Keepers®, it is important to remind you we follow the strict rules and regulations of the Federal Labor Standard Act (FLSA).

- Under the FLSA, live-in caregivers work a ten (10) hour day.
- Live-in caregivers must have eight (8) hours of sleep, at least five (5) hours of which is uninterrupted sleep.
- In addition, the live-in caregiver must have three (3) hours total uninterrupted time for meals and three (3) hours total uninterrupted for breaks.
- Live-in caregivers are required to have their own bedroom and all meals are to be provided by the client.
- Remember, there is a difference between live-in care and 24-hour care. With 24-hour home care, Comfort Keepers® provides clients with full-time care - seven days a week, twenty-four hours a day.

23. **Give Us Your Feedback:** We pride ourselves on offering nothing short of excellent in-home care services. If you are ever dissatisfied with Comfort Keepers® in any way, we WANT to hear from you. Please call the office immediately. Even if your caregiver is not arriving at the scheduled time. We are very concerned about our responsibility to you. Professionalism, promptness, courtesy, neatness and efficiency are our promises to you. Of course, please feel free to call the office if your caregiver is doing an exceptional job. We LOVE those calls! Comfort Keepers® of Flemington always welcomes your comments and suggestions on how we can better serve you.

***Thank you again for your faith in Comfort Keepers®. We shall do everything reasonably possible to earn and maintain your trust in us.***

## Comfort Keepers<sup>®</sup> Client Consent, Conduct, Rights & Responsibilities

Comfort Keepers<sup>®</sup> believes and upholds a Client Bill of Rights which advocates that each client be notified in writing of their rights and obligations before services begins and how to exercise those rights. Each client and caregiver has the right to be treated with dignity and respect. They have the right to not be discriminated against based on race, color, religion, national origin, military status, age, sex, or handicap. Furthermore, clients and caregivers must have mutual respect and dignity for each other, including respect for property. Ethical standards of conduct must be maintained between clients and caregivers at all times.

Please be aware that you, as the client/participant, have a right to:

1. Be informed of the services offered by Comfort Keepers<sup>®</sup> and consequently, be given an explanation, in advance, about the services that is to be provided, the types of caregivers who will provide care, and the frequency of the visits that are proposed. I agree to have services provided in my home. I understand my consent is voluntary and I have the right to accept or refuse services. I understand there are certain risks and hazards (such as falls) with home care and therefore it is beyond the control of Comfort Keepers<sup>®</sup>.
2. Be informed of the name of the person supervising the care provided and how to contact that individual, including after hours; as well as be cared for by properly trained personnel.
3. Submit complaints or grievances without fear of retaliation and have them addressed expediently.
4. Be provided with coordinated care including, initial and on-going participation in the development of the Plan of Care, a copy of the Plan of Care, any responsibilities the participant may have in the care process and be advised of any change in the Plan of Care before the change is made.
5. Have access to New Jersey's registry of licensed agencies and select any licensee to provide care as required, if applicable.
6. Courteous and respectful treatment of you and your personal property, privacy, freedom from abuse, neglect, exploitation and discrimination.
7. Access to and confidential management of your client record and Protected Health Information in compliance with State law and HIPAA Regulations. I have received a copy of Comfort Keepers<sup>®</sup> Notice of Privacy Practices form.
8. Privacy and confidentiality about your health, social and financial circumstances; what takes place in your home; and know that all communications and records will be treated confidentially in accordance with HIPAA.
9. Receive a fully itemized billing statement including the date of service and the charge.
10. Be informed of Advance Directives and Comfort Keepers<sup>®</sup> responsibility to provide them to appropriate medical personnel when available. Inform the agency of any changes made to Advance Directives.
11. Have the right to an interpreter/translator.
12. Know that Comfort Keepers<sup>®</sup> maintains liability, workers' compensation and employment practices insurance.
13. Refuse services without fear of reprisal or discrimination and be informed of the potential consequences of such action.

***Please be aware that Comfort Keepers<sup>®</sup> employees have the right to be treated with dignity and respect by the client and the client's representative and/or family members present in the location where care is given. The location for care must be a safe working environment. Sexual harassment, verbal or physical harassment, interference with care, or the creation or persistence of any unsafe conditions by the client/client's representative or by client family or any visitors is reason for immediate termination of care by Comfort Keepers<sup>®</sup>. You have the responsibility to promptly notify Comfort Keepers<sup>®</sup> if there is a change in your health or physical condition, symptoms, living arrangements, Plan of Care or hospitalization. Additionally, you must promptly notify Comfort Keepers<sup>®</sup> within 48 hours if you are not going to be at home for a scheduled visit.***

Our goal is to provide quality services that help you stay in your home. We are committed to assuring that your rights are protected. If you feel that our staff has failed to follow our policies or has in any way denied you your rights, and/or you would like to make a complaint, please follow these steps without fear of discrimination or reprisal. Please contact appropriate personnel in the order stated:

1. Comfort Keepers<sup>®</sup> Office 657 & 757 / Health Care Service Firm #HP0081000 / Telephone Number: (908) 806-2220.
2. New Jersey Office of the Attorney General, Division of Consumer Affairs: (973) 504-6301.
3. I have read a copy of "A Consumer's Guide to Homemaker Home Health Aides" published by the New Jersey Board of Nursing. It was made available by Comfort Keepers<sup>®</sup> and/or via the New Jersey Board of Nursing website.
4. I received a copy of New Jersey's Danielle's law. It was made available by Comfort Keepers<sup>®</sup> and/or via the State of New Jersey Division of Developmental Disabilities website.
5. Comfort Keepers<sup>®</sup> Fraud, Ethics and Corporate Compliance policy is available online. Please visit [www.flemington-657.comfortkeepers.com](http://www.flemington-657.comfortkeepers.com). A copy is also available in the Comfort Keepers<sup>®</sup> Client Handbook.
6. I received a copy of Comfort Keepers "Authorization to Disclose Personal Health Information Form."

**Comfort Keepers<sup>®</sup> will fully investigate any complaint received and respond to the client within 30 calendar days.** I certify that I have read, understand, and received a copy of the Client Consent, Conduct, Rights and Responsibilities form. I am agreeing to and consenting to the conditions. I am the client, or duly authorized by the client as the client's general agent to execute the above statements, and accept the terms herein.

**Comfort Keepers<sup>®</sup> will fully investigate any complaint received and respond to the client within 30 calendar days.**

## INFORMED CONSENT

**Client:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### • PERSONAL HEALTH INFORMATION DISCLOSURE:

I understand that by giving my consent I am permitting my personal health information to be disclosed to persons who will be involved in my treatment; it may also be used for payment and operational purposes as allowed by law. I have reviewed and received a copy of the "Notice of Privacy Practices" before signing this consent, and that AGENCY reserves the right to change the terms of the notice of privacy practices and make changes available to me.

I may request additional restrictions on access to this information for treatment, payment or health care operations purposes, and I understand that AGENCY may not be able to comply with this request if AGENCY has already acted in reliance on this consent. I request the following special restrictions:

---

I consent to the use of my identifiable client information necessary for the continuity of my care or which may be of benefit in maintaining or improving my health with the understanding that AGENCY will not provide such information to others for marketing, fundraising, or similar purpose without my specific consent.

I understand that I, or my representative, promptly upon request may inspect, request correction of and obtain information from my patient record.

I may revoke this consent in writing at any time except to the extent the AGENCY has already acted in reliance on this consent.

---

Client/Legal Representative Signature (state relationship)

Date

### • CONSENT FOR SERVICE:

I request and agree to have home care services provided in my home by AGENCY and authorize AGENCY employees to enter my place of residence to assess, supervise, and carry out the agreed upon service.

I understand that my consent is voluntary and I have the right to accept or refuse any service as I choose. I have been informed of the hazards of my choice, such as falls, and that certain other risk and hazards in home care are beyond the control of AGENCY.

### • AUTHORIZATION TO BILL INSURANCE (IF APPLICABLE)

If I am eligible and my insurance will cover my care I authorize AGENCY to bill my insurance on my behalf for services provided me. I understand that if my insurance benefits are declined or terminated for any reason, and AGENCY is denied payment for services rendered; I will be responsible for the outstanding bill.

### • CLIENT'S RIGHTS AND RESPONSIBILITIES and GRIEVANCE Statements:

I acknowledge receipt of the Client's Rights and Responsibilities statement and I understand these rights and responsibilities as they have been given to me. I have also received the Agency's Grievance Procedure and understand how to voice a complaint about care, treatment or discontinuation of service and appeal the decisions.

• **ADVANCE DIRECTIVES:**     NO     YES        A copy has been provided to the Agency

I acknowledge that Advance Directives have been explained to me and I have received informational material concerning Advance Directives and have informed AGENCY of my decision. I understand that AGENCY does not require that I develop an Advance Directive in order to receive care.

If I have formulated an Advance Directive, I have been advised to give a copy to my Physician and I understand that I can make changes, or cancel my Advance Directive at any time in writing.

## • CHOICE OF COMPANION OR PERSONAL CARE SERVICES

Based upon my (the client) requested service and an assessment of my physical and health condition:

I have refused or do NOT require nor have I requested assistance with personal care, and instead have chosen to receive companion level service. As such I was informed that the Companion employee from the organization is not permitted by law to provide me with personal care, touching assistance or any hands-on services, nor am I to ask, direct, encourage or permit the Companion to perform personal care, touching assistance or hands on services.

I do need personal care service and have selected to receive personal care services from a Certified Home Health Aide, who is permitted by law to provide this hands-on care. Personal care is defined as assistance with Activities of Daily Living where the caregiving employee must touch the person in order to provide care or assist.

I acknowledged that as the client or client's representative, I understands the difference between Personal Care Services and Companion Services, and understands the limitations imposed on me by law and the services that a Companion can provide.

## • CONSUMER'S GUIDE

I acknowledge the receipt of the New Jersey Consumer's Guide Home Health Aides.

## • DANIELLE'S LAW

In accordance with Danielle's Law, employees of the Company are required to call 911 in life threatening emergencies. As defined in the law, "life-threatening emergency means a situation in which a prudent person could reasonably believe that immediate intervention is necessary to protect the life of a person receiving services or to protect the lives of other persons in the home from an immediate threat or actual occurrence of a potentially fatal injury, impairment to bodily functions or dysfunction of a bodily organ or part." In compliance with this law the AGENCY employees are instructed to call 911 if they feel there is an emergency in the home, regardless of the family's wishes. Failure to call 911 in a life-threatening emergency includes monetary fines, and a health care professional, licensed or alternately authorized to provide services, may be subject to revocation of that professional license or other authorization to practice as a health care professional.

## • BUSINESS ETHICS AND CORPORATE COMPLIANCE

Comfort Keepers, stands for the highest level of integrity and ethical standards in relation to business practices and direct service to the people and communities served by the organization. Therefore, it is the policy of Comfort keepers to deliver service and conduct its business in compliance with all applicable laws, regulations and ethical standards and have established mechanisms to ensure conformity with laws, regulations, program requirements and guidelines, and ethical business practices by its employees.

Should you at any time observe the staff of Comfort Keepers doing anything illegal or fraudulent or be asked to do something you believe to be illegal, fraudulent or unethical by a staff member, please call the agency at (908) 806-2220 and ask to speak with the company Administrator.

### CERTIFICATION

I certify that I have read and understand the above statements, I am agreeing to and consenting to the conditions, and received a copy thereof. I am the client, or duly authorized by the client as the client's general agent to execute the above statements and accept the terms herein.

\_\_\_\_\_  
Patient/Legal Representative Signature (state relationship)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Comfort Keepers Representative

\_\_\_\_\_  
Date

## Notice of Privacy Practices:

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

### OUR COMMITMENT AND LEGAL RESPONSIBILITIES TO YOUR PRIVACY

Comfort Keepers® is dedicated to maintaining the privacy of your individually identifiable Protected Health Information (PHI). We are required by applicable federal and state law to protect your privacy and to provide you with this Notice of Privacy Practices. It reviews our privacy practices, our legal responsibilities, and your rights concerning your PHI. We must follow the privacy practices that are described in the Notice of Privacy Practices while it is in effect. We reserve the right to change our privacy practices and the terms of this Notice at any time, provided such changes are permitted by applicable law. We reserve the right to make the changes in our privacy practices and the new terms of our Notice will be effective for all PHI that we maintain, including PHI we created or received prior to the changes. Before we make a significant change in our privacy practices, we will change this Notice and make the new Notice available upon written request. You may request a copy of our Notice at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

### USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION (PHI)

The following categories describe the different ways we use and disclose your PHI in connection with our health care operations:

**Treatment:** Comfort Keepers® may use and disclose your PHI to provide, coordinate or manage your in-home care and any related services. For example, we may disclose information about you to doctors, nurses, physical therapists and other health care professionals and provider's involved in your care

**Payment:** Comfort Keepers® may use and disclose your PHI to prepare documentation required by your long term care insurance company (LTC) or third-party payer. We may also need to obtain prior approval from your LTC or third-part payer and explain your need for in-home care services as well as the care or services that we will provide to you.

**Health Care Operations:** Comfort Keepers® may use and disclose your PHI for its own operations to facilitate the functioning of the company and as necessary to provide quality in-home care to all our clients. Health care operations may include such activities as: quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating provider performance, conducting training programs, accreditation, and certification or licensing activities. For example, your PHI will be used and disclosed from Comfort Keepers® to CK Franchising, Inc. (CKFI) as a course of franchising business operations.

**As Required by Law:** Comfort Keepers® will disclose your PHI when we are required to do by any Federal, State or Local laws.

**Public Health Risks:** Comfort Keepers® will use and disclose your PHI to public health authorities permitted to collect or receive the information for the purpose of controlling disease, injury, or disability.

**To Avert a Serious Threat to Health or Safety:** Comfort Keepers® may use and disclose your PHI when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. However, any disclosure would only be to someone able to help prevent the threat.

**Abuse or Neglect:** Comfort Keepers® may disclose your PHI to the appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence. We will make this disclosure only when specifically required or authorized by law or when the client agrees to the disclosure.

**Court Orders and Judicial and Administrative Proceedings:** Comfort Keepers® may disclose PHI in response to a court or administrative order, subpoena, discovery request, or other lawful purpose, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may share your PHI with law enforcement officials. We may share limited information with a law enforcement official concerning the PHI of a suspect, fugitive, material witness, crime victim of missing person. We may share the PHI of an inmate or other person in lawful custody with a law enforcement official or correctional institution under certain circumstances.

**Law Enforcement Officials:** Comfort Keepers® may disclose your PHI to the police or other law enforcement officials, as required by law or in compliance with a court order or other process authorized by law.

**Military and Veterans:** Comfort Keepers® may release PHI if you are a member of the armed forces or are separated/discharged from military services, as required by military command authorities or the Department of Veterans Affairs.

**Coroners, Medical Examiners, Funeral Directors:** Comfort Keepers® may use or disclose your PHI to coroners or medical examiners for purposes of determining your cause of death or for other duties, as authorized by law. We may disclose your PHI to funeral directors consistent with applicable law and, if necessary, to carry out their duties with respect to your funeral arrangements.



**Disaster Relief Purposes:** Comfort Keepers® may disclose PHI to disaster relief agencies to assist in notification of your condition to family or others.

**Organ, Eye or Tissue Donation:** Comfort Keepers® may disclose PHI to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue for the purpose of facilitating the donation and transplantation.

**Appointment and Services:** Comfort Keepers® may use and disclose your PHI to contact you as a reminder about scheduled appointments and services.

**Worker's Compensation:** Comfort Keepers® may disclose your PHI when necessary to comply with workers' compensation laws.

**Persons Involved in Your Care:** When appropriate, Comfort Keepers® may share your health information with a family member, other relative or any other person you identify if that person is involved in your care and the information is relevant to your care or the payment of your care. We also may notify your family about your location or general condition or disclose such information to an entity assisting in a disaster relief effort. You may ask us at any time not to disclose your health information to any person(s) involved in your care. We will agree to your request unless circumstances constitute an emergency or if the client is a minor. In the event of an emergency situation or you are incapacitated, we will use our professional judgment to decide whether disclosing your PHI to others is in your best interest. If we do disclose your PHI in a situation where you are unavailable, we would disclose only information that is directly relevant to the person's involvement with your treatment. We may also disclose your PHI in order to notify (or assist in notifying) such persons of your location, your general medical condition or your death. We will also use our professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to pick up filled prescriptions, medical supplies and other similar forms of PHI.

**Your Authorization:** Other than the permitted uses and disclosures described above, Comfort Keepers® will not use or disclose your health information without an authorization signed by you or your personal representative. If you or your personal representative sign a written authorization allowing us or disclose your PHI, you may revoke it in writing at any time. Your revocation will not affect any use of disclosure permitted by our authorization while it was in effect. Unless you give us a written authorization, we cannot use or disclose your PHI for any reason except those described in this Notice. Release of psychotherapy notes will always require your prior authorization.

## CLIENT RIGHTS

**Access:** You have the right to look at or obtain electric copies of your PHI, with limited exceptions. To see or get a copy of your PHI, you must submit a written request. If you request a paper copy of your information, we may charge a fee for the cost of copying, mailing or other supplies associated with your request. There is no fee to see your medical information.

**Accounting of Disclosures:** You have the right to request a list of the disclosures we made of your PHI for purposes other than treatment, payment and health care operations. The first list you request will be free. For additional lists that you request within a 12-month period, we may charge you for the costs of providing the list. We will notify you of the cost in advance so that you can choose whether to get the list.

**Breach Notification:** You have the right to receive notification if we discover a breach of your unsecured protected health information.

**Restriction:** You have a right to request that we change the way we use or disclose your PHI for treatment, payment or health care operations. To request restrictions, you must make your request in writing. In your request, you must tell us:

1. What information you want to limit;
2. Whether you want to limit our use, disclosure or both;
3. To whom you want the limits to apply, for example, disclosures to your spouse.

We are not required to agree to your request, except that we will not share your medical information with your health insurance company if you pay for the entire amount due for the services you received (unless we are required by law).

**Amendment:** You have the right to request that we amend your PHI. To request an amendment, you must submit a written request. Please be specific about the information that you believe is incorrect or incomplete. We may deny your request under certain circumstances.

**Right to a Paper Copy of this Notice:** You have the right to a copy of this notice. A copy of this Notice is available at the Comfort Keepers® office. In addition, you may access it on the Comfort Keepers® website ([www.flemington-657.comfortkeepers.com](http://www.flemington-657.comfortkeepers.com)).

**Right to File a Complaint:** If you believe your privacy rights have been violated, you may file a complaint with Comfort Keepers® or with the Secretary of the Department of Health and Human Services Office for Civil Rights (OCR). To file a complaint with Comfort Keepers®, submit your complaint to the Privacy Officer in writing. To file a complaint with the OCR, please go to their website ([www.hhs.gov/ocr/privacy/hippa/complaints](http://www.hhs.gov/ocr/privacy/hippa/complaints)). We will not take any action against you if you exercise your right to file a complaint with us or with the OCR.

**Privacy Officer  
Comfort Keepers®  
160 Main Street  
Bldg. B, Suite 7  
Flemington, New Jersey 08822**

**Telephone Number: (908) 806-2220**

**Toll Free: (877) 806-2220**

**Fax Number: (908) 806-8373**

## AUTHORIZATION TO DISCLOSE PERSONAL HEALTH INFORMATION

Our Notice of Privacy Practices provides information about how we may use and disclose your protected health information and when we need your written authorization to do so. This form is for use when such authorization is required and complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Standards.

Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

**I authorize Comfort Keepers to disclose my personal health information to the person(s) or organization(s) I have named on this form. I understand that my personal health information may be re-disclosed by the person(s) or organization(s) and may no longer be protected by law.**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number Email Address

**Fill in the name and address of the person(s) or organization(s) to whom you want us to disclose your personal health information.**

1. Name, Title and Organization: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

1. Name, Title and Organization: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Information to be disclosed. I authorize the release of the following health information (check and complete the applicable box):**

Limited Information (specific information you want disclosed):

---

---

All My Health Information.

**Term. I understand this Authorization will remain in effect (check and complete the applicable box):**

Disclose my personal health information indefinitely.

Disclose my personal health information from (mm/dd/yyyy) \_\_\_\_\_ to  
(mm/dd/yyyy) \_\_\_\_\_.

**Mail the completed and signed *Authorization to Disclose Personal Health Information Form* to the following address:**

Comfort Keepers  
Compliance Officer  
160 Main St.  
Bldg. B, Suite 7  
Flemington, NJ 08822

**Refusal to Sign/Right to Revoke:**

I understand that signing this form is voluntary and that if I don't sign, it will not affect my in-home care services provided by Comfort Keepers. If I do sign and at any time change my mind, I understand that I can revoke this authorization by providing a written notice of revocation to the Comfort Keepers Compliance Officer at the address listed below. The revocation will be effective immediately upon receipt of my written notice, except to the extent that the revocation will not have any effect on any action taken by Comfort Keepers in reliance on this Authorization before it received my written notice of revocation.

Comfort Keepers  
Compliance Officer  
160 Main St.  
Bldg. B, Suite 7  
Flemington, NJ 08822

## **ELECTRONIC SIGNATURE:**

### **ELECTRONIC DOCUMENTATION & SIGNATURE AUTHENTICITY CLIENT AGREEMENT**

The Electronic Signature in Global and National Commerce (ESIGN) Act, and the Uniform Electronic Transactions Act (UETA) grants legal recognition for electronic signatures.

ANC Care, LLC dba Comfort Keepers may use electronic signatures on any computer generated documentations including, but not limited to: Client Care Agreements, Plan of Cares, Client Assessments, Reassessments, Client Consents, Private Hire Disclosures, and Time Sheets.

DocuSign has agreed with Comfort Keepers to safeguard the security and privacy of all confidential client information. DocuSign’s privacy policy applies to your use of the DocuSign system.

An electronic signature, if used, will serve as authentication on client record documents and other documentation for agency purposes. You may receive electronic documents, which may or may not require your signature, in an electronic “envelope” on the DocuSign system, and a link to the “envelope” will be emailed to you. You will access the “envelope” and the electronic documents it contains by clicking the link in the email. Review these documents, and, if satisfactory, electronically sign them using the DocuSign system as and where indicated.

You should retain a copy of all electronic documents for your future reference. You can do this by printing the page on paper or saving it to your computer or mobile device.

***If requested, we will always provide you with any document on paper.***

I acknowledge and agree to use Electronic Records and Signatures through the DocuSign platform.

- I have read this Agreement and understand it.
- I consent to electronically receive and review the electronic documents included in the electronic “envelopes.”
- My E-Signature on any of the electronic documents will bind me to that document the same as if I signed a paper copy of the document with an ink pen. I agree not to contest the validity or enforceability of any electronic document I receive or electronically sign because the document and my signature are in electronic format rather than a paper format signed in ink.
- I understand I will contact ANC Care, LLC dba Comfort Keepers with any questions or to report any problem with the E-Signature process by calling (908) 806-2220.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comfort Keepers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Program & Service Eligibility:**

Comfort Keepers® is an equal opportunity service provider and exists to improve the human condition by providing in-home care to individuals, who demonstrate a need for the services offered by Comfort Keepers®, in their own home or a facility, thereby helping to improve the client's dignity and independent living and community health.

Comfort Keepers® will comply with all applicable federal, state and local laws concerning equal rights. No person on the grounds of race, color, religion, sex, age, national origin, ancestry, or disability will be excluded from participation in or denied benefits of, or otherwise be subjected to, discrimination in the provision of any care or service. This statement is in compliance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91. In addition, Comfort Keepers® will comply with the Fair Labor Standards Act of 1964, Title VII of the Civil Rights Act, Equal Pay Act, Age Discrimination in Employment Act, Title I and V of the Americans with Disabilities Act, Section 501 and 505 of the Rehabilitation Act, Civil Rights Act of 1991, and the National Labor Relations Act.

The above includes (but is not limited to) the following characteristics:

1. In-home care services will be provided on a non-discriminatory basis as required by law. All clients will receive in-home care services without unlawful discriminations based upon race, color, religion, sex, age, national origin, ancestry, or disability.
2. Associates will be assigned to client services without unlawful discrimination based upon race, color, religion, sex, age, national origin, ancestry, or disability of either the patient or associate.
3. All in-home care decisions are based on the client needs which have been identified by a Client Care Coordinator and/or the Director of Nursing.

### **Informed Consent:**

Comfort Keepers® clients have the right to make their own decisions regarding whether to accept or reject in-home care services. A client or the client's designated agent has the right to refuse treatment to the extent permitted by law and to be informed of consequences of such refusal. Informed consent encourages communication and helps to ensure that the client's rights have been respected.

### **Fraud:**

Comfort Keepers® goal is to establish and maintain a business environment of fairness, ethics and honesty for its caregivers and clients and to prevent fraud, financial loss, litigation and damaged reputation.

Therefore, it is the policy of Comfort Keepers® to deter, detect and correct misconduct and dishonesty. In concert with federal and state law mandates Comfort Keepers® shall adhere to whistleblower rights and protection. The discovery, reporting and documentation of fraudulent or illegal acts provides a sound foundation for the protection of innocent parties, the taking of disciplinary action against offenders up to and including dismissal where appropriate, the referral to law enforcement agencies when warranted by the facts, and the recovery of assets by any and all lawful means.

### **Ethics:**

Comfort Keepers® is committed to fostering and facilitating ethical behavior by its caregivers in all client, community, personnel, and business activities. Client and caregiver rights will be respected related to confidentiality of ethical issues. Comfort Keepers® recognizes that during the course of service clients may have ethical issues with some of the care or services that may be required. Client or caregiver ethical concerns are addressed and respected.

### **Compliance:**

Comfort Keepers® views compliance with federal, state and local regulatory matters as a serious obligation. Comfort Keepers® will maintain compliance with all laws including the New Jersey Health Care Service Firm regulations and accreditation requirements. Caregivers will become familiar with any pertinent regulations in his or her area of responsibility during orientation. Caregivers will be notified of any additional company policies and procedures published. Comfort Keepers® policies are available to all employees in the office to during regular business hours.

## **Medication Policy:**

Comfort Keepers® is a New Jersey licensed Health Care Service Firm Company. **Dispensing medication(s), or pre-filling a client's medication box, by any employee of Comfort Keepers®, is not permissible under New Jersey State law.** If a client requests a caregiver to fill their medication box, the caregiver must decline the request. Only a family member or other responsible individual can complete this activity. If a caregiver is asked to provide this service, the caregiver is to immediately inform a supervisor.

### **Caregivers may assist with medications by:**

- a. Communicating appropriate information regarding self-administration.
- b. Reminding the client to take medication as prescribed.
- c. Reading the medication label to the client.
- d. Handing the medication container to the client.
- e. Opening the medication container or med packs.

### **Caregivers cannot do any of the following:**

- a. Dispense any type of medication.
- b. Give instructions for any medication including over the counter medications.
- c. Fill any client medication box.
- d. Administer any medication, oral, rectal, skin application such as an ointment, sublingual, subcutaneous, intramuscular, or intravenous.
- e. Do any type of blood sugar monitoring.
- f. Irrigate any type of tubing or catheters with any solution.
- g. Apply medication to any dressing.
- h. Administer eye drops, eardrops, nose drops.
- i. Administer or make changes to oxygen settings.

***If you have any questions about our Medication Policy, please do not hesitate to contact the office.***

Comfort Keepers®  
160 Main Street  
Bldg. B, Suite 7  
Flemington, New Jersey 08822

Telephone Number: (908) 806-2220

Toll Free: (877) 806-2220

Fax Number: (908) 806-8373

## **Advance Directive:**

Comfort Keepers® recognizes that it has a legal obligation under the Client Self-Determination Act of 1990 and the New Jersey Advance Directive for Health Care Act to inform clients that they have the right to make decisions about their care. Therefore, it is the policy of Comfort Keepers® to support the client's right to make decisions about their care during the initial in-home visit. All clients will be informed of their right to have an Advance Directive (Living Will, or a Durable Power of Attorney), and be assured that Comfort Keepers® will abide by their wishes and that clients will not be discriminated against on the basis of having or not having any Advance Directive.

An advance directive is a legal document that you can complete on your own that can help ensure your preferences for various medical treatments are followed if you become unable to make your own healthcare decisions. Your advance directive only goes into effect if your physician has evaluated you and determined that you are unable to understand your diagnosis, treatment options or the possible benefits and harms of the treatment options.

New Jersey has two kinds of advance directives, a "proxy directive" and an "instruction directive." It is your decision whether to have both kinds or to just have one of them.

1. **PROXY DIRECTIVE** (Durable Power of Attorney for Healthcare)

A proxy directive is a document you use to appoint a person to make healthcare decisions for you in the event you become unable to make them yourself. This document goes into effect whether your inability to make healthcare decisions is temporary because of an accident or permanent because of a disease. The person that you appoint is known as your "healthcare representative" and they are responsible for making the same decisions you would have made under the circumstances. If they are unable to determine what you would want in a specific situation they are to base their decision on what they think is in your best interest.

2. **INSTRUCTION DIRECTIVE** (Living Will)

An instruction directive is a document you use to tell your physician and family about the kinds of situations you would want or not want to have life-sustaining treatment in the event you are unable to make your own healthcare decisions. You can also include a description of your beliefs, values, and general care and treatment preferences. This will guide your physician and family when they have to make healthcare decisions for you in situations not specifically covered by your advance directive.



## **DANIELLE’S LAW:**

New Jersey’s Danielle’s law requires caregivers to immediately call 911 for emergencies for individuals with developmental disabilities or traumatic brain injury that may be life threatening. In addition, Comfort Keepers® policy requires caregivers to immediately call 911 for emergencies that may be life threatening to any client. Be sure to report the nature of the emergency, name, address and telephone number of the client.

Life threatening emergencies are those situations when immediate intervention is necessary to protect a person’s life or if serious impairment or dysfunction of a person’s body functions or organs/parts may occur.

Examples of life threatening emergencies include, but are not limited to:

- Unconsciousness
- Persistent chest pain or discomfort
- Not breathing or trouble breathing
- Severe bleeding
- Severe, persistent abdominal pain
- Stroke symptoms
- Serious head injury
- Shock
- Some seizures

Danielle’s law interprets “life-threatening emergency” not to include issues that arise related to the terminal condition of an individual at the end of life receiving hospice or palliative care.

- Caregivers do not need to call 911 for an individual receiving end-of-life care when issues arise related to the medical condition; a violation of Danielle’s Law will not have occurred.
- Individuals at the end of life should be permitted to have their and their guardians’ decisions regarding medical treatment followed.
- Appropriate medical care must always be provided.
- Caregivers must call 911 if a “life-threatening emergency” does occur.
  - A. An event not related to the end-of-life condition – for example, an injury leading to excessive bleeding.
  - B. If the individual has a Practitioner Order for Life-Sustaining Treatment (POLST) or Do Not Resuscitate (DNR) order, this should be provided to emergency personnel.

## **SAFETY IN YOUR HOME:**

Home accidents are a major cause of injury. A simple fall can result in a disabling injury. All families need to take special precautions to ensure a safe living environment!

Most accidents in the home can be prevented by the elimination of hazards. 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. Feel free to call Comfort Keepers® at (908) 806-2220 with any questions or concerns.

### **GENERAL GUIDELINES**

- Emergency Phone numbers are posted by each telephone.
- Outside doors are kept locked at all times. Do not open the door to an unfamiliar face. Ask for identification and call someone to verify who they say they are. Door-to-door salesmen should never be allowed to enter your home.
- Valuables that may be easily stolen are kept out of sight.
- Household maintenance (painting, plumbing, roofing, etc.) is scheduled with a reputable company. Have a friend or family member assist you.

### **ELECTRICAL SAFETY**

- Electrical appliances and cords are clean, in good condition and not exposed to liquids.
- Electrical equipment bears the Underwriters Labs (UL) label.
- An adequate number of outlets are located in each room where needed. There are no "octopus" outlets with several plugs being used.
- Electrical outlets are grounded.
- Lighting throughout the house is adequate.
- Burned out light bulbs are replaced.

## **PREVENTING FALLS**

- Stairways and halls are well lighted.
- Night-lights are used in the bathroom, halls, and passageways.
- A flashlight with good batteries or a lamp is within easy reach of your bed.
- Throw rugs are removed or have a nonskid backing and are not placed in traffic areas.
- All clutter is cleared from the house, especially from pathways.
- Electrical and telephone cords are placed along walls - not under rugs - and away from traffic areas and do not cross pathways.
- There are step stools without high handrails.
- Handrails are used on stairs and are securely fastened.
- Grab bars are installed by the shower, tub or toilet.
- Shower stools or non-skid strips are attached to the bottom of the tub.
- Elevated toilet seats and stools are used, if needed.
- Spills are cleaned up immediately.
- Outside walks are kept clear of snow and ice in the winter.
- Outside steps and entrances are well lighted.
- You are aware of any medications being taken which may cause dizziness or unsteadiness.
- When in a seated or lying down position, stand up slowly.
- A cane can be used for extra stability.
- Steps and walkways are in good condition and free of objects.
- Steps have non-skid strips or carpeting is securely fastened and is free from holes or fraying.
- Light switches are located at the top and bottom of stairways and at both ends of long halls.
- Doors do not swing out over stair steps.
- Clearance in the stairway provides adequate headroom.
- Porches, balconies, terraces, and other elevations or depressions are protected by railings or otherwise protected.

## Slips & Falls:

**Grab Bars** - Install grab bars in all bathrooms and shower stalls. Firmly anchor them into the wall studs with long screws or follow installation instructions on packaging.

**Slip-Resistant** - Use a non-slip mat, or install strips or decals in bathtubs and showers to help prevent slipping.

**Sufficient Lighting** - Use night-lights near bathrooms, bedrooms and stairwells. Make sure stairwells and hallways are always well lit - especially at night. Provide sufficient lighting to all walkways and entrances to your home.

## Reducing Your Risk of Falling:

Falling is a widespread problem. One third to one half of the population over age 65 experience falls and five percent of falls lead to fractures and an additional ten percent will sustain other serious injuries.

### Causes of Falls

- Medical conditions
- Decreased vision
- Medications
- Decreased strength
- Foot problems
- Uneven/slippery surfaces
- Poor lighting
- Activity level
- Timing demands (i.e. crossing streets)

### Reducing Your Risk

- Take care of medical problems as needed.
- Have your vision checked and wear eyeglasses as needed check with your doctor regarding possible medication.
- Interaction with alcohol may affect your balance.
- Take medication only as prescribed exercise.
- Take care of your feet and wear supportive, rubber soled shoes.
- Install proper lighting throughout your home – use nightlights.
- Stay on pathways.
- Remove clutter, unsecured scatter rugs from walkways in your home.
- Use a cane, walker or other device if instructed to do so.

### **Proper Lighting**

- Always turn on lights before going into a room.
- Replace any burned-out light bulbs immediately.
- Night-lights are inexpensive and invaluable in contributing to visibility at night, especially in hallways, bathrooms and bedrooms.
- Make sure indoor and outdoor walkways are properly lighted, especially at night.

### **Secure Walkways**

- Carpeting should be securely fastened down. Avoid throw rugs. Place non-skid backing on rugs and replace as needed.
- Place bright, contrasting color tape on the top and bottom steps of stairways.
- Keep walkways clear of miscellaneous or misplaced objects, especially cords from lights or telephones.
- Don't take shortcuts off established walkways; they can be dangerous.
- Be alert to pets and children who can move quickly and unexpectedly.
- Clean up all spills immediately.

### **Bathroom Safety**

- Install and use tightly fastened grab bars in the bathtub/shower and on the wall next to the tub/shower when possible.
- Install non-slip strips or mats in bathtub/shower. Replace as necessary.
- Grab bars or handrails can be installed by the toilet or use a raised toilet seat with arms.
- Use a bath bench to eliminate need to stand in shower or sit on the floor of tub if this is difficult for you.
- Use a hand held shower to make bathing easier.

### **Railings**

- Install hand rails on outside stair.
- Install hand rails on inside stairs and check to make sure they are not loose.

### **Footwear**

- Wear footwear with soles and heels that provide good support and traction between your feet and the surface your walk on.
- Avoid wearing on socks, smooth-soled shoes, or slipper on stairs, wood or waxed floors.

### **Wet, Slippery or Unfamiliar Uneven Surfaces**

- Pay attention to the surface you are walking on: be alert for ice, snow, wet or dry leaves, moss covered stone paths or steps.
- When you get out of a car, be sure to test the surface for wetness or ice before standing up and walking.
- Be careful on tile or marble floors.

### **General Safety**

- When visiting friends, be alert to possible hazards, as you are in an unfamiliar environment.
- Be alert as you enter and exit any areas that have curbs.
- Be alert when entering or exiting elevators.
- Let the phone ring - don't run to answer it.
- Never climb onto a chair to change a light bulb or reach high objects on shelves. Use a sturdy stool or step ladder or have someone else do it.

### **Personal Safety**

- Have vision and hearing tested regularly and properly corrected.
- Use caution in getting up too quickly after eating, lying down or resting.
- Talk to your doctor or pharmacist about the side effect of the drugs you are taking and how they may affect your balance or coordination.
- Limit alcohol intake.
- Use a cane, walking stick, or walker to help maintain balance as recommended by your doctor or physical therapist.
- Maintain a regular program of activity.

### **Home Safety Tips:**

1. Have telephone numbers for family, friends, and doctor's close to the telephone.
2. Keep a current list of your medications on the refrigerator.
3. If you live alone have a "Telephone Friend", someone who calls you or you can call them, at a specific time every day, and who can summon assistance if you don't answer the phone.

4. Have rooms well lighted to avoid falls.
5. Avoid scatter rugs, and if used on tiled floors, only those with traction on **the back**.
6. Make sure you have adequate walkways to assure easy movement within rooms and halls.
7. Never block any doorways or escape paths.
8. Make sure all electrical appliances are in good working order.
9. Look at all electrical cords at least twice a year to be sure there is no fraying or exposed internal wires
10. Never overload an extension cord.
11. Keep electrical cords and appliances away from sinks and water.

### **Personal Safety:**

1. Do not allow people in to your home that you don't know. Employees of reputable companies will have identification badges. If you are not expecting someone, do not allow the person into your home without first calling the company for verification. Reputable employees will wait outside until you call for verification.
2. All Comfort Keepers® employees have identification badges. Again, if you are not expecting a visitor, **DO NOT ALLOW THE PERSON INTO YOUR HOME**. Call Comfort Keepers® directly at (908) 806-2220, and verify the visit with the office
3. Never leave valuables such as jewelry, money, or credit cards out on tables and dressers or where they may be seen from outside your home.
4. If you have outside help coming into your home, place jewelry, money credit cards etc. in a safe place, not easily accessible to others.
5. If you have valuable decorative items, put them away until you are no longer receiving outside help/services.
6. Do not discuss the value of things in your home with outsiders.
7. Report any and all strange activity in your neighborhood to the police. Never feel embarrassed to notify police of your concerns, you may save yourself and others many problems by reporting unusual activities and people who don't belong.

8. Do not allow strangers in your home for “a drink of water” or ‘to use your phone because their car broke down”. Direct a ‘thirsty” person to a garden hose. You can offer to make a call for the person without letting him or her into your home. If the person is persistent, call the police.

9. Be alert for the latest scams. Most of the scams are reported on your local news station. Anyone who asks you for money as “a good faith gesture” is operating a scam and should be reported to the police immediately.

### **Hand Washing:**

The best prevention for disease and complications is hand washing.

- Use soap and water generously.
- Vigorously rub hands together.
- Rinse hands under running water
- Dry hands on paper towels or clean towels.
- Wash hands after using the bathroom.
- Wash hands before handling food and often during food preparation.

### **Medication Safety:**

1. Store medications in a safe, dry and cool place. Heat and moisture will damage many medications.

2. Always keep medications out of the reach of children. Both prescription or over the counter medications, even in small doses, can cause injury and/or death to young children. If you suspect a child has taken medication, call the **New Jersey Poison Control immediately at 1-800 222-1222.** Staff is available 24 hours a day, seven days of the week, and 365 days of the year. If you do not have access to a phone, **immediately** take the child and the medication to the hospital, or have a neighbor call 911.

3. Always **READ THE LABEL** on the bottle before taking the medication.

4. Never place any other medication in the bottle.



5. Take medications as ordered by your physician or as described on the label cover the counter medications
6. Never “make up a dose” unless you check with your doctor or pharmacist at the drug store.
7. Never exceed the recommended daily dose of an over the counter medication unless your doctor tells you it is necessary.
8. Always read the written material given to you with every medication. Keep the information so that you may refer to it if you have any unusual physical or emotional incidents.
9. DO NOT DRINK ALCOHOL OR EAT FOODS LISTED AS “CONTRAINDICATED” ON THE BOTTLE OR IN THE WRITTEN HANDOUT. If you are unable to read or see the label, call the pharmacist or the nurse.
10. If you have trouble remembering when to take medications, or whether or not you have taken the medication, make a calendar and mark off the medications as you take them.
11. Remember, vitamins and herbal items obtained from a health food store can cause side effects if taken incorrectly.
12. Before taking herbal treatments check with your doctor or pharmacist to be sure they will not interfere with or potentiate (make stronger) the actions of any of your prescribed medications
13. The U.S. Drug Enforcement Administration (DEA) periodically hosts National Prescription Drug Take-Back events where collection sites are set up in communities nationwide for safe disposal of prescription drugs. Local law enforcement agencies may also sponsor medicine take-back programs in your community. Likewise, consumers can contact their local waste management authorities to learn about medication disposal options and guidelines for their area.

## **POISONINGS:**

If you think someone is poisoned, call **New Jersey Poison Control immediately at 1-800-222-1222.** Experts will answer your call 24 hour a day, seven days a week.

- **Medicines and Household Cleaners** - Make sure all medications, caustic cleaning products (example: drain openers, toilet and oven cleaners, rust removers, etc.), automotive fluids (example: windshield washing solution and antifreeze), pesticides, fertilizer and other household chemicals are in their original containers and in a locked cabinet. Buy medicines and household products in child-resistant packaging. Close caps tightly after using medicines and household products. Lock medicines and household products up high so children can't see or reach them.
- **Carbon Monoxide Alarms** - Carbon monoxide gas is poisonous, but you can't see, smell or taste it. Check all fuel-burning appliances to be sure they work properly: furnace, hot water heater, stove, oven, fireplace, wood stove, and space heater. Put a carbon monoxide alarm near where people sleep. Be sure your alarm has the Underwriters laboratories (UL 2034) label.

## **Fire & Burns:**

- **Smoke Alarms** - The majority of home fire deaths happen at night, most often from smoke and poisonous gases, not the fire itself. Install smoke alarms on every level of your home, including the basement and workshop, and outside all sleeping areas. For extra protection, consider installing a smoke alarm in every bedroom. Be sure to test batteries at least once a month and never remove the batteries from your smoke alarm except to replace them.
- **Fire Extinguishers** - A multipurpose dry chemical Class ABC fire extinguisher is the best choice for general home use. Mount the extinguisher on a bracket on the wall near an exit so that anyone using it can escape from the room if a fire spreads. Periodically check the gauge to make sure it has pressure. All adult occupants of the home must know when and how to use the extinguisher properly.
- **Home Escape Plan** - Make your plan now, before you need it. Have at least two exits from every room and a meeting place outside the home. Conduct a home fire drill with everyone in your household at least twice a year. Most people underestimate how fast a Fire spreads. You may have as little as two minutes to get your family to safety. Plan and practice exactly what to do in advance.
- **List of Emergency Phone Numbers** - Post a list of emergency phone numbers including the police, fire, doctors and poison prevention centers at every telephone in the home. In the event of a fire, call the fire department from outside the burning house.

## Emergency Planning:

Your family may not be together at the time of a disaster so it is important to develop an emergency plan before disaster strikes. The plan should include a communication plan, disaster supplies kit, and an evacuation plan. It is especially important for people with in-home care services to have a plan in place in order to ensure that the same level of care is maintained in the event of a disaster.

To develop your family emergency plan, you need to be able to answer the following questions:

1. What are the possible emergencies you and your family might face in your area of the country?
2. How will you and your family evacuate or escape your home if you need to?
3. Where will you meet your family members if all of you are not home at the time of evacuation?
4. What route will you and your family take out of your neighborhood and town if you need to leave?
5. Do you have another route if needed?
6. What supplies will you take with you?
7. What types of supplies will you and your family need to “shelter in place”? Do you have enough of these items? (“Shelter in place” is the process of staying where you are and taking shelter, rather than trying to evacuate.)
8. What are your neighborhood or community warning signals (such as horns or sirens when a tornado has been seen in the area)? Do you and other family members know what they sound like and what they mean?
9. What resources, organizations, and emergency services are in your community that can help in an emergency? What is your backup plan if help is unable to reach you and your family?
10. Have you contacted any local organizations (for example, a local emergency room at a nearby hospital, the United Way, the Red Cross, or the Salvation Army) to let them know that someone in your family has special needs in the event of an emergency?
11. Do you have a place for your pets if you need to leave your home? Will you be able to take them with you wherever you are going?
12. Do you have an emergency contact person who lives out of the area?
13. Have you developed a plan and practiced your plan?
14. Do you have supplies prepared that you can take with you? (Often called a “go-bag”)
15. Does everyone know where it is in the house?
16. Do you have a plan for using the medication in your go-bag so that they do not expire (e.g., every first day of the month placing new medications in the go-bag and using the old supplies taken from the

bag)?

17. Keep an extra pair of glasses in the “go-bag.”
18. Keep an updated list of all medications you are taking in the “go-bag.”
19. Make sure you always have enough cash and change for in the “go-bag.”
20. Collect important identification information in one central place in a waterproof container (preferably in your go-bag). Include copies of Social Security cards, birth certificates, marriage records, and driver’s licenses. Make sure all your financial information is in one place and easy to get to; this includes insurance policies and savings and checking account information.
21. Carry up-to-date personal information with you. This includes medical information, as well as any wills or powers-of-attorney.
22. Keep important telephone numbers in the “go-bag” including your local Division of Emergency Management Office and the Division of Social Service.
23. Keep the following supplies on hand at all times:
  - Flashlights with extra batteries
  - Battery-powered radios with extra batteries or a hand crank-powered radio
  - Antibiotic ointment to prevent infection
  - Adhesive bandages in a variety of sizes
  - Dust mask and work gloves
  - A whistle
  - Baby wipes
  - A wrench or pliers to turn off utilities (such as water or gas)
  - Duct tape
  - Cell phone charger
  - Matches in a waterproof container
24. Keep the following food and drink items on hand at all times:
  - A three day supply of water (one gallon per person per day)
  - A three day supply of ready –to-eat foods, such as canned meat, canned fruits and vegetables, and ultra-high temperature milk (also called UHT milk). This is specially processed milk that has a long shelf life.
  - High-energy foods such as peanut butter, dry cereal, granola bars and crackers.
  - A manual can opener
  - Eating utensils and supplies
25. Have on hand at all times, whether sheltering in place or evacuating, one complete change of warm clothing and shoes per person, including:
  - Jacket or coat
  - Long pants
  - Long-sleeved shirt
  - Sturdy shoes
  - Hat and gloves
  - Sleeping bag or warm blanket
26. The following items also should be stocked:
  - Emergency reference materials such as a first-aid book
  - Rain gear
  - Paper towels
  - Fire extinguisher
  - Tent
  - Compass
  - Paper and pencils
  - Household chlorine bleach (which can be used as a disinfectant)

*For more information about emergency preparedness, visit <http://emergency.cdc.gov>*

## End of Service:

Discharge, transfer or referral from Comfort Keepers® may result from several reasons including, but not limited to:

- You no longer need In-Home Care Services.
- We can no longer provide the scope of services needed.
- There is a threat to the safety of our caregiver.
- Non-payment of services.
- Failure to honor the Client Care Agreement and Plan of Care.

*If and when Comfort Keepers® can no longer provide service because the in-home care is outside the scope of services we provide, we will offer you recommendations of other providers in the community, including Home Health, Hospice, Assisted Living Centers and Nursing Facilities, who would be capable of handling your care.*

***Thank You for allowing our family to be a part of your family!***

