



POLICY NUMBER: 111. 9b

FEDERAL AND STATE LAWS

HCP supported individuals are made aware of their rights and copies made available in their residential areas at all times. HCP staff shall treat supported individuals with respect guided by the following Human and Legal Rights guaranteed by Federal and State Laws.

1. The right to understand and be informed of one's rights and rules which apply to Home Care Preference as their service provider.
2. The right to be free from physical, verbal, psychological and sexual abuse or neglect
3. The right to be free from discrimination based on one's gender, age, race, religion, cultural beliefs or disability.
4. The right to know one's medical, developmental and behavioral health status, and the risks associated with any treatment (e.g. medications).
5. The right to appropriate treatment.
6. The right to refuse treatment.
7. The right to be free of treatment.
8. The right to be free of physical, verbal, sexual or psychological abuse and or punishment.
9. The right to be free from unnecessary drugs and physical restraints, and the right to treatment designed to reduce dependency on drugs and physical restraints
10. The right to the opportunity for personal privacy.
11. The right to privacy while taking care of personal needs (bathing/toileting).
12. The right to refuse to perform services for HCP.
13. The right to refuse uncompensated labor that is not part of the Individuals Care Plan
14. The right to compensation for work at prevailing wages commensurate with one's ability.
15. The right to the opportunity to communicate associate and meet privately with others of one's choice.
16. The right to engage in intimate relations with persons of one's choice
17. The right to send and receive unopened mail
18. The right to privacy for phone calls.
19. The right to the opportunity to participate in social, religious and community group activities.
20. The right to retain and use appropriate personal possessions.
21. The right to wear one's clothing each day.
22. The right to marry.
23. The right to share the same bedroom as one's spouse.
24. The right to a full accounting of one's personal funds managed by Home care Preference.
25. The right to have one's funds maintained separately from any others.
26. The right to have one's financial records available upon request.



27. The right to have legal guardians or conservators involved in the Individuals Service Planning process
28. The right to visits from people with whom one shares a relationship (at any reasonable hour), without prior notice.
29. The right to have one's guardians/parents/conservators notified promptly of any significant incidents or changes in one's condition, according to the Incident Management Policy.
30. The right to have a record maintained of services and treatment delivery.
31. The right to be free from abuse, neglect, mistreatment or punishment.
32. The right to a written statement regarding HCP's policies and procedures that prohibit mistreatment, neglect or abuse.
33. The right to be supported by staff who do not have a history of conviction for abuse, neglect or mistreatment of people.
34. The right to prompt reporting of any allegations of mistreatment, neglect or abuse or injuries of unknown origin.
35. The right to a thorough and timely investigation of all alleged violations.
36. The right to freedom from further abuse while an investigation is being conducted.
37. The right to appropriate action if abuse is verified.
38. The right to have information concerning one's personal life kept confidential.
39. The right to require informed consent prior to releasing information from one's record.
40. The right to file complaints and have due process and to be assisted by HCP in the exercise of their civil rights.
41. The right to have parents/guardians visit at any time or area of HCP operation providing direct care and services to Individuals and consistent with the rights of one's and others Individuals privacy.
42. The right to frequent and informed leaves from HCP for trips and vacations.
43. The right to freedom from punishment by withholding food or water that contributes to a nutritionally adequate diet.
44. The right to participate fully or the right to refuse to participate in community activities, including cultural, educational, religious, community service, vocational and recreational activities.
45. The right to make legally binding enforceable agreements with their residential landlord to the fullness of their capabilities.

The rights above have been derived from the rights guaranteed to all citizens in the Constitution of the United States and Bill of Rights to all Citizens. These include but are not limited to:

1. The right to equal protection under the law
2. The right to due process.
3. The right to freedom of speech and expression.
4. The right to freedom of religion.
5. The right to freedom of association.
6. The right to vote.
7. The right to meaningful and fair access to courts including legal representation.



8. The right to enter into contracts.
9. The right to own and dispose of property.
10. The right to privacy.
11. The right to be free from cruel and unusual punishment.
12. The right to fair and equal treatment by public policy.
13. The right to an equal educational and employment opportunity
14. The right to have services provided humanely in an environment that is the least restrictive possible to one's personal liberties.

I have received a description of my rights.

Individual/Parent/Guardian (Print)

Signature

Date Signed

T. Burdick Josephine Knight 10/27/20
Witnessed f

Consumer Notice

This agency is the employer or contractor of your personal support services worker and as such, we are responsible for the following:

- 1) Day to day supervision of the personal support services employee
- 2) Assigning duties to the personal support services employee according to your service plan
- 3) Hiring, firing, and disciplining personal support employee
- 4) Provision of equipment or materials for use by employee such as ID badge and latex free gloves
- 5) Performing criminal background checks, abuse registry checks, and sexual offender checks on the personal support employee
- 6) Checking personal support service employee's references, and
- 7) Ensuring credentials and appropriate licensure/ certification and training is current on all personal support services employees.
- 8) Payment of personal support service employee's wages, including overtime for hours worked in excess of 40 hours in a workweek.

Signature of Client _____ Date _____

Signature of Staff _____ Date _____

The first part of the document
 discusses the general principles
 of the proposed system.
 It is intended to provide a
 clear and concise summary
 of the key findings and
 recommendations. The second
 part of the document
 provides a detailed analysis
 of the data collected during
 the study. This includes
 a description of the
 methodology used, the results
 of the various tests and
 experiments, and a discussion
 of the implications of the
 findings. The final part
 of the document contains
 the conclusions and
 recommendations.



Home Care Preference

Service Recipient's Plan and Consent for Care

Daily Routine Maintenance

- ✿ Wake client up from bed following safety precautions
- ✿ Assist client put on a warm house robe or sweater
- ✿ Assist client with toileting and grooming
- ✿ Walk client safely and assist with breakfast
- ✿ Assist client settle comfortably on dining table
- ✿ Offer a cup of prefer beverage/drink with meals
- ✿ Prepare a quick breakfast per scheduled menu
- ✿ Remind client of AM medications and a cup of water
- ✿ Offer bathing, dressing and grooming per scheduled dates
- ✿ Oral care after breakfast
- ✿ Assist client to Livingroom couch
- ✿ Perform ROM as directed in company folder
- ✿ Tidy up room, and do laundry on shower days while client naps
- ✿ Offer to take client outdoors for fresh air as tolerated
- ✿ Play fun games on dining table or outdoors on good weather days
- ✿ Offer prefer snacks.
- ✿ Prepare and serve lunch with a nutritional drink
- ✿ Assist client to a comfortable position for a midday nap.
- ✿ Ensure all safety precautions prior to shift change
- ✿ End of shift

Client/representative _____ - Date _____

Admitting Staff _____ Date _____

Name:		Disaster Priority Code:	
Address:		Primary Language:	
City, State, Zip: ,		Advance Directives:	
DOB:	Phone:	<input type="checkbox"/> Yes <input type="checkbox"/> No	DNR: <input type="checkbox"/> Yes <input type="checkbox"/> No
		Location:	Location:
Primary Contact:		Relationship:	May Assist in care decisions:
Phone 1:		Phone 2:	Phone 3:
Secondary Contact:		Relationship:	May Assist in care decisions:
Phone 1:		Phone 2:	Phone 3:
Physician Name:		Type of Physician:	Phone:
Address:		Preferred Hospital:	
City, State, Zip: ,		Hospital Phone:	
Has Home Health:		Hospice:	Other Healthcare Providers:
Provider:		Provider:	Contact Name:
Other:		Hospice Phone:	Policy #:
Phone #:		Phone #:	
Medical History			
Provide with Customer and family input the Customer's history of physical condition related to daily activities:			
<input type="checkbox"/>	Alzheimer's	<input type="checkbox"/>	Allergies
<input type="checkbox"/>	Arthritis:	<input type="checkbox"/>	Cancer
<input type="checkbox"/>	Breathing Issues	<input type="checkbox"/>	Chronic Pain
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Falls / Balance:
<input type="checkbox"/>	Heart Issues	<input type="checkbox"/>	Incontinence
<input type="checkbox"/>	Parkinson's Dz:	<input type="checkbox"/>	Paralysis
<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Speaking Issues:
<input type="checkbox"/>	Tremors	<input type="checkbox"/>	Wounds
		<input type="checkbox"/>	Blood Pressure Issues
		<input type="checkbox"/>	Blind
		<input type="checkbox"/>	Dementia:
		<input type="checkbox"/>	Hearing Issues:
		<input type="checkbox"/>	Memory Issues
		<input type="checkbox"/>	Recent Surgery:
		<input type="checkbox"/>	Stroke
		<input type="checkbox"/>	Vision Issues:
Supportive Devices			
Device	Yes / No	Needs	Device
Ambulatory:			Bedside Commode
Dentures			Emergency Response System
Glasses			Grab Bars in Bathroom
Hearing Aid			Hospital Bed
Mobility Cart			Other:
Raised Toilet Seat / Arm Rest			Ramps
Stair / Bed Rails			Transfer Board
Wheelchair			
			Cane
			Furniture Raised:
			Hand Held Shower
			Lift Chair
			Oxygen
			Shower Chair / Bench
			Walker
Assessment Form Note			

Customer Signature: _____
Signature: _____

Date: _____
Date: _____