

Orientation Packet
Section I
Getting Started

Abundant Life Home Health Agency Orientation Packet Section I

Agency Services

- Skilled Nursing
- Physical Therapy
- Speech Therapy
- Occupational Therapy
- Home Health Aide
- Medical Social Worker
- Dietician

We accept payment for services from Private Pay, Insurance, Workers Compensation, Medicare, Medicaid, or other means determined appropriate by the Administrator. Some insurers may require Pre-Certification and may limit the number and type of home visits we can provide. Any charges for services not covered under Titles XVIII and XIX of the Social Security Act or non-reimbursable charges will be discussed with you before these services are provided. In fact, we will inform you, your family, caregiver, or guardian of all charges and methods of payment prior or during admission. Medicare Part A can pay for home health visits only if ALL of the following are met:

1. The care you need includes part-time skilled care, physical, occupational, or speech therapy.
2. You are confined to your home (homebound), see explanation in this packet.
3. A doctor determines you need home health care and sets up a plan for you.
4. The home health agency providing services is participating in Medicare. Medicare does not cover general household services, meal preparation, shopping, or other home care services furnished mainly to assist in meeting family or domestic needs.

Mission, Goals, and Philosophy

Mission Statement:

Abundant Life Home Health Agency, LLC will improve the health of all the patients that we serve through the compassion and care of our staff that set the standard for excellent quality care.

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Philosophy and Goals:

- o We are dedicated to excellence in patient care, teaching and research and to providing the most effective and efficient home care services.
- o We assure the rights of client's confidentiality, full disclosure of risks involved in care, to be kept informed about all aspects of their health status and to participate in decisions affecting their care to the fullest extent possible.
- o Nursing care promotes self-care concepts, enabling clients to meet their basic human need in coping with their health status. Nursing involves a broad approach aimed at a healthy society through education of the public.
- o We believe that the goal of home health care is assisting the client to progress toward a level of optimal health.
- o It is the responsibility of all nursing staff to act as a client advocate to provide quality care according to the wishes of the client, and/or significant other.
- o The comprehensive health needs of our clients can be achieved through goal directed multi disciplinary plans of care.
- o The care and services offered by the agency requires qualified staff for all positions. The most important assets of the agency are the staff and they will be treated with respect.
- o Continuing education is essential to competence of staff and is both a personal and organizational responsibility.
- o Improvement of the quality of services provided is assured by the continuous evaluation of care and services provided.

Patient Rights & Responsibilities

As a home care provider, we have an obligation to protect the rights of our patients and explain these rights to you before treatment begins. Your family or your designee may exercise these rights for you in the event that you are not competent or able to exercise them for yourself.

As a client you have the right to:

1. Competent, individualized health care without regard to race, color, creed, sex, age, national origin, handicap, ethical/political beliefs, ancestry, religion or sexual orientation or whether or not an advance directive has been executed.

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2. Receive appropriate care without discrimination in accordance with physician orders.
3. Exercise your rights as client of this agency or, if appropriate, the client representative with legal authority to make health care decisions has the right to exercise your rights.
4. Be treated with consideration, respect, and full recognition of the client's human dignity and individuality, including privacy in treatment and care for personal needs.
5. Receive treatment, care, and services that are adequate, appropriate, and in compliance with relevant State, local, and federal laws and regulations.
6. Participate, either yourself or your designated representative, in the consideration of ethical issues that arise in your care.
7. Have your property treated with respect.
8. Be free from mental, verbal, sexual, and physical abuse, neglect, involuntary seclusion, and exploitation including humiliation, intimidation or punishment.
9. Be admitted for service only if the agency has the ability to provide safe, professional care at the level of intensity needed.
10. Expect all personnel caring for you will be current in knowledge, duly licensed or certified as applicable and have completed a training -program or competency evaluation regarding his/her respective areas of employment.
11. Be informed that you may participate in the development of the client's care plan and medical treatment, the periodic review and update, discharge plans, appropriate instruction and education in the plan of care and be informed of all treatments the agency is to provide, the disciplines to provide care and the frequency of visits/shifts to be furnished and to be advised of any change in the plan of care before the change is made.
12. Know when and how each service will be provided and coordinated, the agency ownership, name and functions of any person and affiliated agency personnel providing care and services.
13. Choose care providers, to communicate with those providers and to reasonable continuity of care.
14. Be fully informed, orally and in writing, at the time of admission and in advance of care provided, a statement of services available by the agency, care and treatment provided by the agency and related charges. This must include those items and services for which you may be responsible for reimbursement.

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The agency will advise you of changes orally and in writing as soon as possible, but no later than five (5) calendar days from the date that the agency becomes aware of a change.

15. Be informed of any financial benefits.
16. Be informed about the nature and/or purpose of any technical procedure that will be performed including information about both the potential benefits and burdens to him/her, as well as, who will perform the procedure.
17. Be taught and have your family members taught the treatment plan, so that you can, to the extent possible, assist yourself and your family or other designated party can also understand and assist you.
18. Request information regarding the diagnosis, prognosis and treatments including alternatives to care risk(s) involved. This information will be given in a language or format so that you and your family members can readily interpret and understand so that informed consent may be given.
19. Refuse treatment after the possible consequences of refusing treatment have been fully explained.
20. The agency shall allow a client, or client representative with legal authority to make health care decisions, to accept or reject, at the client's or client representative's discretion without fear of retaliation from the agency, any employee, independent contractor, or contractual employee that is referred by the agency
21. A cognitively capable adult client or a client representative with legal authority to make health care decisions, to refuse any portion of planned treatment or other portions of the treatment plan, except where medical contraindications to partial treatment exist.
22. A cognitively capable adult client to have an individual who is not certified to provide assistance with activities of daily living and treatments of a routine nature if the client signs a waiver of skilled services detailing the potential risks and benefits of waiver.
23. Review all of your health records during normal business hours.
24. Assistance in the locating appropriate community resources before you run out of funds. However, in keeping with proper fiscal responsibility, uncompensated care may not be provided.
25. Be informed of patient rights regarding the collection and reporting of OASIS information.

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26. Be informed that OASIS information will not be disclosed except for legitimate purposes allowed by the Privacy Act.
27. Be informed of anticipated outcomes of care/services and of any barriers in outcome achievement.
28. Privacy including confidentiality of all record communications, personal information and to transfer to a health care facility, as required by law or third party contracts. You shall be informed of the policy and procedure regarding disclosure of your clinical records.
29. Receive the care necessary to assist you in attaining optimal levels of health, and if necessary, cope with death. To know that a patient / client does not receive experimental treatment or participate in research unless he / she gives documented voluntary informed consent.
30. Provide information to a client about advance directives and the right to have an advance directive and this agency request information regarding the client's advance directives to determine whether the advance directive information has an impact on care provided.
31. Be informed in writing of policies and procedures for implementing advance directives, including any limitations if the provider cannot implement an advance directive on the basis of such as living wills or the designation of a surrogate decision-maker, are respected to the extent provided by law.
32. Know that Do - Not - Resuscitate orders shall not constitute a directive to withhold or withdraw medical treatment other than CPR. Withdrawal of life sustaining treatment is done only after the physician has ordered it and the family / significant other is notified.
33. Be informed of the procedures for submitting client complaints with respect to client care, that is, or fails to be furnished or regarding the lack of respect for property by anyone who is furnishing services on behalf of the agency with suggested changes in services without coercion, discrimination, reprisal or unreasonable interruption of services.
34. Choose a health care provider, including choosing an attending physician
35. The consumer or authorized representative has the right to be informed of the consumer's rights through an effective means of communication.
36. The client has the right to be informed about the individuals providing his or her care The client has the right to be informed of the full name, licensure status, staff position and employer of all persons with whom the consumer has

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contact and who is supplying, staffing or supervising care or services. The client has the right to be served by agency staff that is properly trained and competent to perform their duties. Be able to identify visiting staff through proper identification.

37. The telephone number where a client or the client representative can contact the agency 24 hours a day, 7 days a week regarding care is 727-286-8916.

38. This agency shall disclose any sub contractual relationship with any individual or agency to be assigned or referred to provide care to the client.

39. Live free from involuntary confinement, and to be free from physical or chemical restraints.

40. Be provided with updates and state amendments on individual rights to make decisions concerning medical care within 90 days from the effective date of changes to state law.

41. Receive information about the care/services covered under the Medicare Home Health Benefit.

42. A patient has the right to receive information about the scope of services that the organization will provide and specific limitations on those services.

43. Be informed of the procedure for submitting a written complaint / grievance to the home health agency. All complaints / grievances may be given to any agency member. If not satisfied with the response or any step in chain of command, continue to the next person. Contact, Abundant Life Home Health Agency, LLC and speak to the following:

1. Case Manager

2. Director of Nurses

3. Administrator

44. Receive a prompt response, through an established complaint or grievance procedure, to any complaints, suggestions, or grievances the participant may have. Administrator or designee documents and investigates the grievance/complaint within 10 calendar days of receipt of the complaint. The Administrator or designee must complete the investigation and documentation within 30 calendar days after the Agency receives the complaint unless the Agency has and documents reasonable cause for delay. You may appeal the administrator findings to the Governing Board by submitting a written complaint to: 28870 US Hwy 19, Ste 325

Clearwater, FL 33761

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45. Be informed of your state's home health agency hotline and the agency's contact information, make suggestions or complaints, or present grievances on behalf of the client to the agency, government agencies, or other persons without the threat or fear of retaliation.

Bureau of Health Facility Regulation
Home Care Unit
2727 Mahan Drive - Mail Stop #34
Tallahassee, FL 32308
(850) 412-4403 Phone
(850) 922-5374 Fax

Joint Commission
One Renaissance Blvd. Oakbrook Terrace, IL 60181 630-792-5000

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Patient Rights & Responsibilities

Patient Responsibilities:

- To ask questions of the staff about anything they do not understand concerning their treatment or services provided.
- To provide complete and accurate information concerning their present health, medication, allergies, etc.

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- To inform staff of their health history, including past hospitalization, illnesses, injuries.
- To involve themselves and/or Caregiver, as needed and as able, in developing, carrying out, and modifying their home care service plan.
- To review the Agency's information on maintaining a safe and accessible home environment in their residence.
- To request additional assistance or information on any phase of their health care plan they do not fully understand.
- To inform the staff when a health condition or medication change has occurred.
- To notify the Agency when they will not be home for a scheduled home care visit.
- To notify the Agency prior to changing their place of residence or telephone.
- To notify the Agency when encountering any problem with equipment or services.
- To notify the Agency if they are to be hospitalized or if a physician modifies or ceases their home care prescription.
- To make a conscious effort to comply with all aspects of the plan of care.
- To notify the Agency when payment source changes.
- To notify the Agency of any changes in or the execution of any advanced directives.
- To inform staff of their health history, including past hospitalization, illnesses.

Agency Responsibilities

Before the care is initiated, the agency must inform a patient orally and in writing of the following:

1. The extent to which payment may be expected from third party payers;
2. The charges for services that will not be covered by third party payers;
3. Services to be billed to third party payers;
4. The method of billing and payment for services;
5. The charges that the patient may have to pay;

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6. A schedule of fees and charges for services;
7. The nature and frequency of services to be delivered and the purpose of the service;
8. Any anticipated effects of treatment, as applicable;
9. The agency must inform a patient orally and in writing of any changes in these charges as soon as possible, but no later than five (5) days from the date the home health agency provider becomes aware of the change;
10. If an agency is implementing a scheduled rate increase to all clients, the agency shall provide a written notice to each affected consumer at least 30 days before implementation;
11. The requirements of notice for cancellation or reduction in services by the organization and the client; and
12. The refund policies of the organization.
13. The agency shall not assume power of attorney or guardianship over a consumer utilizing the services of the agency, require a consumer to endorse checks over to the agency or require a consumer to execute or assign a loan, advance, financial interest, mortgage or other property in exchange for future services.

Complaints and Grievances

The patient may report a complaint or grievance at any time without reprisal or disruption of services.

Any staff member may receive a complaint or grievance about services or care that is or is not furnished or about the lack of respect for the consumer's person or property by anyone furnishing services on behalf of the agency.

Complaints and Grievances Procedure:

1. Patient or patient representative reports a complaint/grievance to any staff member.
2. Staff members receiving complaints or grievances report them to the Administrator or designee.
3. Administrator or designee documents the complaint and investigates the grievance/complaint within 10 calendar days of receipt of the complaint. The

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Administrator or designee must complete the investigation and documentation within 30 calendar days after the Agency receives the complaint unless the Agency has and documents reasonable cause for delay.

4. If the Administrator or designee is unable to resolve the complaint/grievance, the Governing Body is notified and takes action toward resolution.

5. Notify the patient when appropriate action has been taken or that the problem has been resolved.

6. Document the action taken and resolution on the Complaint Form.

7. You may appeal the administrator findings to the Governing Body by submitting a written complaint to:

28870 US Hwy 19 N, Ste 325
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The patient may contact at any time without reprisal or disruption in services the:

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Orientation Packet Public Disclosure

The following information, if known, shall be disclosed to members of the public upon request whether written or verbal. Some information is located in the entrance area on display. Other information is located in the P&P manual which is located in the resource center. If you are unable to find a piece of public disclosure information, please contact the administrator.

- License Number
- Name of Licensed Agency Owner (including the corporation name and corporate officers), Administrator and Director of Nurses
- Address of Record
- Patient Rights (Must display in a conspicuous place at the entrance to the agency)
- Date Original License Issued
- License Expiration Date
- Current License Status
- Accreditation Status and Programs or Services that are applicable.
- Mission Statement, Goals, Philosophy
- Official findings of deficiencies based on survey reports by the licensing agency.
- Plan of correction between the provider and the licensing agency.
- Comments furnished by the provider to the licensing agency.
- Quality Reports are available with truthful and accurate descriptions.
- Information related to safety and quality
- Conditions for acceptance or termination of services.
- Services Offered
- Hours of Operation, including on call availability
- Service Limitations
- Referral Procedures and contact information

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- Patient responsibility for care/service and/or products before or at time of delivery
- Fee Schedule

Public Disclosure

If the information on the license is officially amended during the licensure period, a notice must be posted beside the license to provide public notice of the change.

This document provides an overview of available important information, not a limitation on documents otherwise available. All documents must accurately represent the agency and its services offered.