

Welcome

Dear Client,

Welcome to World of Words Speech & Feeding Services LLC. We appreciate your business and we want you to know that the dedicated Attendants/Caregivers at our Agency will strive to provide the very best care in your home or in the environment most comfortable to you. Our Attendants/Caregivers know that care provided at home or in a comfortable environment works and works well. Research has shown that individuals treated in their comfort zones recover faster and are happier. Our goal is to assign knowledgeable and experienced Attendants/ Caregivers to you who will provide the very best care possible in an environment that allows you to feel safe and secure. Our agency knows that living an independent lifestyle is important to you and it is our goal to help you remain independent as long as possible.

In compliance with Title VI of the Civil Rights Act of 1964, with Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975, the Agency does not discriminate in the provision of services or the hiring of our employees with respect to age, race, color, religion, military status, gender preference, sex, marital status, national origin, disability, or source of payment. The Agency complies with applicable Federal conscience and anti-discrimination laws prohibiting exclusion, adverse treatment, coercion, or other discrimination against individuals or entities on the basis of their religious beliefs or moral convictions as found in the Department of Health and Human Services, Office for Civil Rights, Rule 45 CFR, Part 88, Protecting Statutory Conscience Rights in Health Care, effective May 2, 2019.

We are committed to ensuring your rights and privileges as a client. Many aspects of our services will be new to you, so we have prepared the information in the Admit Pack to acquaint you with Personal Assistance Services (PAS). Our goal in giving you this information is to provide you with answers to common questions, educate you on your rights and responsibilities, and provide other information that you may need to make your experience efficient and helpful. If you have any further questions, please do not hesitate to ask. We are available to answer your questions 24 hours a day.

We know you had a choice in agencies and are so pleased you have selected our agency. Thank you for allowing us to serve you.

Respectfully,

The Administration and Staff of World of Words Speech & Feeding Services LLC

World of Words Speech & Feeding Services LLC

Overview of Services

This Admit Pack contains general information regarding your rights and responsibilities as a client. The information is used for all clients of the Agency regardless of age or payor source. Although it is written directly to you, our client, it is meant to provide information to Caregivers, parents, guardians, and other family members, also.

As state and federal regulations change, there may be additions or alterations to this information. The complete set of the Agency's policies and procedures are available, upon request, for you to review at our office at any time during normal business hours.

Our Mission and Vision help the Agency define its objectives. Mission and Vision Statements of the Agency are:

The Mission is:

We believe in making things possible.

We are speech therapist who offer speech and feeding therapy services.

Many people take eating and speaking for granted, but those everyday activities can be difficult for people with medical issues. World of Words Speech & Feeding Services aims to improve the quality of life for Victoria, TX residents and their families.

The Vision is:

Provide qualified Attendants/Caregivers who will provide services enabling our clients to remain independent as long as possible in an environment that brings each one peace and comfort.

Scope of Services

Licensed Home Health Services (LHHS) are directed by therapists and provided by the Agency's therapist to assist clients with practitioner's orders for nursing services, Activities of Daily Living, or to perform the physical functions required for independent living. The specifics are found on other documents in the Admit Pack. Other services may be provided if agreed to by both the client and the Agency and permitted by Texas Health and Human Services.

Ownership Disclosure

All services provided by the Agency result in financial benefit to the owner, Blanca Kuzet, M.S.,CCC/SLP.

Fraud and Abuse Concerns

The Agency strives to provide quality services with integrity and responsibility. It is a shared responsibility of the Agency and the client to utilize the services in a responsible manner with attention to efficient use of health care dollars. The Agency has an extensive education program for its staff about fraud and abuse as mandated by Texas Health and Human Services. Policies and procedures are in place to prevent fraud and abuse. If you or your family have any questions or concerns regarding the services you are receiving from the Agency, please contact the Agency's Administrator immediately.

When Are Services Available?

Hours of Operation

Office Hours: Monday – Friday from 9:00 AM – 5:00 PM, except on designated holidays.

After Hours Coverage

If you have a medical emergency, call **911**. There is a person in charge (Administrator, Alternate Administrator, or Supervisor) available to you 24 hours per day, 7 days per week, including designated holidays, by calling (361) 220-6455. Your call will be returned as soon as reasonably possible.

What are the Criteria for Services to Begin?

Your services will begin on the day you and the therapist meet to determine your therapy needs and establish an Individualized Service Plan (ISP) detailing the tasks, hours, and schedule you request or that is best to meet your nursing needs. We take your input into consideration when developing the ISP with you. Also, we must give you information required by licensure standards and you should sign the Consent Form and the Contract Agreement before services can begin.

If your practitioner has ordered a service the Agency is unable to provide, we must let you know. We will tell you about the benefits of the unavailable service and the consequences of not receiving it. You will have to give your consent to continue available services, while realizing that your overall needs may not be met by the Agency's Nurses and/or Attendants/Caregivers if the ordered service is not provided.

Clients Rights and Responsibilities/Rights of the Elderly

World of Words Speech & Feeding Services LLC

A for Profit Limited Liability Company

A Licensed Home Health Services Agency

Managed by a Governing Body

Client Rights

Client Rights Adapted and Reformatted from HCSSA Licensing Standards at §558.282

- A. A client has the right to be informed in advance about the care to be furnished, the plan of care, expected outcomes, barriers to treatment, and any changes in the care to be furnished. The Agency must ensure that written informed consent specifying the type of care and services that may be provided by the Agency has been obtained for every client, either from the client or his/her legal representative. The client or the legal representative must sign or mark the consent form.
- B. A client has the right to participate in planning the care or treatment and in planning a change in the care or treatment.
 - 1. The Agency must advise or consult with the client or legal representative in advance of any change in the care or treatment.
 - 2. A client has the right to refuse care and services.
 - a. The client will be informed of the possible consequences of this choice.
 - 3. A client has the right to be informed, before care is initiated, of the extent to which payment may be expected from the client, a third-party payer, and any other source of funding known to the Agency.
- C. A client has the right to have assistance in understanding and exercising his/her rights. The Agency must maintain documentation showing that it has complied with the requirements of this paragraph and that the client demonstrates understanding of the client's rights.
- D. A client has the right to exercise rights as a client of the Agency.
- E. A client has the right to have the client's person and property treated with consideration, respect, and full recognition of the client's individuality and personal needs.
- F. A client has the right to be free from abuse, neglect, and exploitation by an Agency employee, volunteer, or contractor.
- G. A client has the right to confidential treatment of the client's personal and medical records.
 - 1. There may be exceptions as provided by law or third-party payer contracts.
- H. A client has the right to voice grievances regarding treatment or 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, and must not be subjected to discrimination or reprisal for doing so.
- I. In the case of a client adjudged incompetent, the rights of the client are exercised by the person appointed by law to act on the client's behalf.
- J. In the case of a client who has not been adjudged incompetent, any legal representative may exercise the client's rights to the extent permitted by law.

Clients Rights and Responsibilities/Rights of the Elderly

Additional Client Rights Based on Industry-accepted Best Practices

- A. The client has the right to courteous and humane care that meets professional standards and is performed by personnel who are qualified through education, training, and/or experience to perform the services they have been assigned.
- B. The client has the right to service coordination and continuity of care.
- C. The client has extended rights to confidentiality of his/her records according to the Health Information Privacy and Accountability Act (HIPAA) as found in the Agency's Policy IM.2 Client Record Information Confidentiality that is incorporated here by reference.

Client Responsibilities

Client Conduct and Responsibilities

- A. The client or the client's representative has the responsibility to participate in developing the Individualized Service Plan (ISP) to the degree that s/he is capable.
 - 1. Pertinent health related information should be provided in order to plan and then carry out services that promote the highest possible level of health and independence.
 - 2. Information about the client's Advance Directives should be provided.
 - 3. The client or the client's representative should ask for any information that is not understood to be repeated or explained in a different manner until it is.
 - 4. Information and releases required for billing purposes should be completed.
- B. The client, the client's representative, and/or the client's family have the responsibility to cooperate in following the ISP.
 - 1. The client has the responsibility to be at home when services are scheduled.
 - a. If the client is not going to be home, the Agency should be notified as soon as possible.
 - b. Services can be scheduled for a different time.
- C. The client or the client's representative has the responsibility to notify the Agency if the attendant is not providing the authorized hours and tasks.
 - 1. The Agency should be notified if the client is dissatisfied with the services provided.
- D. The client or the client's representative should notify the Agency of any changes in treatment that impact the services provided by the Agency.
 - 1. The client or the client's representative has the responsibility for participating in making any changes to the ISP.
- E. The client or the client's representative has the responsibility to provide a safe working environment for the Agency's staff.
- F. The client or the client's representative has the responsibility to communicate in a respectful manner with all members of the Agency's staff.
- G. The client or the client's representative has the responsibility to pay for services as agreed to in its contract with the Agency.

Clients Rights and Responsibilities/Rights of the Elderly

Rights of the Elderly

Rights of the Elderly Reformatted from the Human Resources Code Chapter 102

- A. The client will be given a copy of the Rights of the Elderly in its entirety as found in the Human Resources Code Chapter 102.
1. If there are changes made by new regulations to the Rights of the Elderly, including the list of specific rights found in Section 102.003, the client or the client's representative will be given a copy of the revision.
- B. The list of the specific Rights of the Elderly is found in Section 102.003 and includes:
1. An elderly individual has all the rights, benefits, responsibilities, and privileges granted by the constitution and laws of this state and the United States, except where lawfully restricted. The elderly individual has the right to be free of interference, coercion, discrimination, and reprisal in exercising these civil rights.
 2. An elderly individual has the right to be treated with dignity and respect for the personal integrity of the individual, without regard to race, religion, national origin, sex, age, disability, marital status, or source of payment. This means that the elderly individual:
 - a. Has the right to make the individual's own choices regarding the individual's personal affairs, care, benefits, and services;
 - b. Has the right to be free from abuse, neglect, and exploitation; and
 - c. If protective measures are required, has the right to designate a guardian or representative to ensure the right to quality stewardship of the individual's affairs.
 3. An elderly individual has the right to be free from physical and mental abuse, including corporal punishment or physical or chemical restraints that are administered for the purpose of discipline or convenience and not required to treat the individual's medical symptoms. A person providing services may use physical or chemical restraints only if the use is authorized in writing by a physician or the use is necessary in an emergency to protect the elderly individual or others from injury. A physician's written authorization for the use of restraints must specify the circumstances under which the restraints may be used and the duration for which the restraints may be used. Except in an emergency, restraints may only be administered by qualified medical personnel.
 4. An elderly individual with an intellectual disability who has a court-appointed guardian of the person may participate in a behavior modification program involving use of restraints or adverse stimuli only with the informed consent of the guardian.
 5. An elderly individual may not be prohibited from communicating in the individual's native language with other individuals or employees for the purpose of acquiring or providing any type of treatment, care, or services.
 6. An elderly individual may complain about the individual's care or treatment. The complaint may be made anonymously or communicated by a person designated by the elderly individual. The person providing service shall promptly respond to resolve the complaint. The person providing services may not discriminate or take other punitive action against an elderly individual who makes a complaint.

Clients Rights and Responsibilities/Rights of the Elderly

7. An elderly individual is entitled to privacy while attending to personal needs and a private place for receiving visitors or associating with other individuals unless providing privacy would infringe on the rights of other individuals. This right applies to medical treatment, written communications, telephone conversations, meeting with family, and access to resident councils. An elderly person may send and receive unopened mail, and the person providing services shall ensure that the individual's mail is sent and delivered promptly. If an elderly individual is married and the spouse is receiving similar services, the couple may share a room.
8. An elderly individual may participate in activities of social, religious, or community groups unless the participation interferes with the rights of other persons.
9. An elderly individual may manage the individual's personal financial affairs. The elderly individual may authorize in writing another person to manage the individual's financial affairs. The elderly individual may choose the manner of financial management, which may include management through or under a money management program, a representative payee program, a financial power of attorney, a trust, or a similar method, and the individual may choose the least restrictive of these methods. A person designated to manage an elderly individual's financial affairs shall do so in accordance with each applicable program policy, law, or rule. On request of the elderly individual or the individual's representative, the person designated to manage the elderly individual's financial affairs shall make available the related financial records and provide an accounting relating to the financial management. An elderly individual's designation of another person to manage the individual's financial affairs does not affect the individual's ability to exercise another right described by this chapter. If an elderly individual is unable to designate another person to manage the individual's financial affairs and a guardian is designated by a court, the guardian shall manage the individual's financial affairs in accordance with the Estates Code and other applicable laws.
10. An elderly individual is entitled to access to the individual's personal and clinical records. These records are confidential and may not be released without the elderly individual's consent, except the records may be released:
 - a. To another person providing services at the time the elderly individual is transferred; or
 - b. If the release is required by another law.
11. A person providing services shall fully inform an elderly individual, in language that the individual can understand, of the individual's total medical condition and shall notify the individual whenever there is a significant change in the person's medical condition.
12. An elderly individual may choose and retain a personal physician and is entitled to be fully informed in advance about treatment or care that may affect the individual's well-being.
13. An elderly individual may participate in an individual plan of care that describes the individual's medical, nursing, and psychological needs and how the needs will be met.
14. An elderly individual may refuse medical treatment after the elderly individual:
 - a. Is advised by the person providing services of the possible consequences of refusing treatment; and
 - b. Acknowledges that the individual clearly understands the consequences of refusing treatment.

Clients Rights and Responsibilities/Rights of the Elderly

15. An elderly individual may retain and use personal possessions, including clothing and furnishings, as space permits. The number of personal possessions may be limited for the health and safety of other individuals.
16. An elderly individual may refuse to perform services for the person providing services.
17. Not later than the 30th day after the date the elderly individual is admitted for service, a person providing services shall inform the individual:
 - a. Whether the individual is entitled to benefits under Medicare or Medicaid; and
 - b. Which items and services are covered by these benefits, including items or services for which the elderly individual may not be charged.
18. A person providing services may not transfer or discharge an elderly individual unless:
 - a. The transfer is for the elderly individual's welfare, and the individual's needs cannot be met by the person providing services;
 - b. The elderly individual's health is improved sufficiently so that services are no longer needed;
 - c. The elderly individual's health and safety or the health and safety of another individual would be endangered if the transfer or discharge was not made;
 - d. The person providing services ceases to operate or to participate in the program that reimburses the person providing services for the elderly individual's treatment or care; or
 - e. The elderly individual fails, after reasonable and appropriate notices, to pay for services.
19. Except in an emergency, a person providing services may not transfer or discharge an elderly individual from a residential facility until the 30th day after the date the person providing services provides written notice to the elderly individual, the individual's legal representative, or a member of the individual's family stating:
 - a. That the person providing services intends to transfer or to discharge the elderly individual;
 - b. The reason for the transfer or discharge listed in Subsection (18);
 - c. The effective date of the transfer or discharge;
 - d. If the individual is to be transferred, the location to which the individual will be transferred; and
 - e. The individual's right to appeal the action and the person to whom the appeal should be directed.
20. An elderly individual may:
 - a. Make a living will by executing a directive under Subchapter B, Chapter 166, Health and Safety Code;
 - b. Execute a medical power of attorney under Subchapter D, Chapter 166, Health and Safety Code; or
 - c. Designate a guardian in advance of need to make decisions regarding the individual's health care should the individual become incapacitated.

HIPAA Notice of Privacy Practices

Your Information. Your Rights. Our Responsibilities.

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.**

LAYERED SUMMARY TEXT –

Your Rights

You have the right to:

- Get a copy of your paper or electronic medical record
- Correct your paper or electronic medical record
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Provide disaster relief
- Include you in a hospital directory
- Provide mental health care
- Market our services and sell your information
- Raise funds

Our Uses and Disclosures

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests
- Work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.

HIPAA Notice of Privacy Practices

- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.


File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you

HIPAA Notice of Privacy Practices

 want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Treat you

We can use your health information and share it with other professionals who are treating you.

Example: A doctor treating you for an injury asks another doctor about your overall health condition.

Run our organization

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

Example: We use health information about you to manage your treatment and services.

Bill for your services

We can use and share your health information to bill and get payment from health plans or other entities.


Example: We give information about you to your health insurance plan so it will pay for your services.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

 We can share health information about you for certain situations such as:

- Preventing disease

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- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests

We can share health information about you with organ procurement organizations.

Work with a medical examiner or funeral director

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.
- We will never market or sell your personal information.
- We will provide ongoing training to our employees, volunteers, and contractors.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you.

The new notice will be available upon request, in our office, and on our web site.

Other:

HIPAA Notice of Privacy Practices

- Effective Date of this Notice: September 23, 2013

If you have any questions about your privacy rights, please contact the Agency's Privacy Officer at:

WORLD OF WORDS SPEECH & FEEDING SERVICES LLC
(361) 220-6455; worldofwords2016@gmail.com

Reference:

HHS.gov. Model Notices of Privacy Practices. Retrieved from URL <https://www.hhs.gov/hipaa/for-professionals/privacy/guidance/model-notices-privacy-practices/index.html>

Administrative Policy Manual

HR.22 Drug Free Work Place – Random/ for Cause

Purpose

To establish procedures for a “drug-free workplace”.

Policy §558.253

- A. Agency conducts “Random/for Cause” drug testing of all its employees.
- B. Agency will provide a copy of the policy to anyone applying for services from the agency, employees on hire and any person who requests the information. The written policy will describe the method by which drug testing is conducted
- C. Employees who have direct contact with patients will be subject to testing on a “random/for cause” (reasonable-suspicion testing) basis when the Agency or its patient has reason to believe that drug or alcohol problem exists or violation of the policy has occurred, or post-accident/near-miss accident or an incident where an injury or property damage did or might occur. Agency further reserves the right to perform random/for cause drug testing on any employee upon written notice.
- D. Employee refusal to comply with request for “random for cause drug testing” will be cause for immediate termination.
- E. In order to implement both the Agency policy and to be in compliance with the Federal Law, employees are notified that:
 1. All employees are prohibited from the unlawful or unauthorized manufacture, distribution, dispensing, possession or use of a controlled substance or any alcoholic beverages while in the workplace or on agency paid time. Violation of this policy can result in disciplinary action, up to and including termination of employment.

Rationale

The Agency and its employees must be alert, responsive and able to perform work in a safe and productive manner. Working “under the influence of drugs or alcohol” creates a risk to the safety and well-being of the individual and patient.

Procedure

- A. The Agency educates all employees during orientation and patients upon admission regarding the drug testing policy.
- B. Employees must sign acknowledgment of receipt of policy. A signed statement will be maintained in the employee personnel file.
- C. All employees are responsible to report instances of possible drug and/or alcohol abuse. Reported instances of drug and/or alcohol abuse will be thoroughly and confidentially investigated. Management personnel will terminate the employee, if results of the investigation indicate alcohol/drug use or abuse.
- D. The employees are notified of the following:
 1. There are substantial dangers of drug and alcohol abuse in the workplace;
 2. It is the Agency policy to maintain a workplace free of illegally used drugs and abuse of alcohol;

Administrative Policy Manual

HR.22 Drug Free Work Place – Random/ for Cause

3. Management and the Human Resources Department are prepared to advise employees of what counseling and rehabilitation programs are available;
 4. The Agency may at its sole discretion, require an employee to participate in an appropriate counseling and rehabilitation program as the result of substance abuse violations. Refusal to participate in such program and to periodically submit to "random/for cause" testing during the course of treatment for a reasonable period of time, will be grounds for termination;
 5. Employees must notify management of drug convictions within five days of such conviction. Management will notify Human Resources immediately.
- E. The Agency may require an employee to submit to drug and/or alcohol screening under the following circumstances:
1. The Agency will comply with the reasonable contractual requirements of alcohol and/or drug testing for employees;
 2. Employees will be subject to "random/for cause" post-accident testing if involved in an on-the-job accident, near-miss accident, or an incident where injury or property damage did occur or might have occurred;
 3. Employees will be subject to "random/for cause" (reasonable-suspicion testing) when an employee exhibits behavior indicating they may be under the influence of a drug, alcohol or a combination of both (observable impairment of physical or mental ability such as slurred speech, difficulty maintaining balance, altered alertness) or a violation of the policy has occurred; or
 4. Employees may be required to submit to drug testing when required by state or federal law, regulation or contractual obligation not otherwise anticipated by this policy.
- F. All drug testing results will be maintained separately in the employee's confidential medical file.
- G. Method of drug testing: Witnessed Urine Testing at a reputable lab

Purpose

To ensure the Agency's procedures for reporting, investigating, and documenting alleged acts of abuse, neglect, and/or exploitation of a client by an employee or volunteer of the Agency per the Texas Licensing Standards for Home and Community Support Services Agencies in §558.249, §558.250, and their revisions.

Policy

If the Agency has cause to believe, because of witnessing the act or upon receipt of an allegation, that an employee, volunteer, or contractor has committed abuse, neglect, and/or exploitation of an Agency's client, within 24 hours a verbal or online report will be made to the Department of Family and Protective Services (DFPS) and a verbal report will be made to the Health and Human Services Commission (HHSC), a written report will be submitted to HHSC within ten (10) calendar days, and the investigation will be completed within 30 days.

Definitions per 40 TAC, Chapter 711, Subchapter A; the Human Resources Code, §48.251 (for children and adults and 40 TAC, Chapter 705, Subchapter A (for adults))**A. Adult Abuse:**

1. An adult is a client who is 18 years of age or older or under 18 years of age who is or has been married or has had the disabilities of minority remove pursuant to the Texas Family Code Chapter 31.
2. The negligent or willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical or emotional harm or pain to an elderly person or person with a disability by the person's caretaker, family member, or other individual who has an ongoing relationship with the person; or
3. Sexual abuse of an elderly person or person with a disability, including any involuntary or nonconsensual sexual conduct that would constitute an offense under Section 21.08, Penal Code (indecent exposure) or Chapter 22, Penal Code (assaultive offenses), committed by the person's caretaker, family member, or other individual who has an ongoing relationship with the person.

B. Adult Exploitation: the illegal or improper act or process of a caretaker, family member, or other individual who has an ongoing relationship with an elderly person or person with a disability using, or attempting to use, the resources of the elderly person or a person with a disability including the person's Social Security Number or other identifying information, for monetary or personal benefit, profit, or gain without the informed consent of the person.**C. Adult Neglect:** the failure to provide for one's self the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain or the failure of a caretaker to provide such goods or services.**D. Agency:** an entity licensed under the Texas Health and Safety Code, Chapter 142.**E. Cause to believe:** an agency knows, suspects, or receives an allegation regarding abuse, neglect, and/or exploitation.**F. Child Abuse:** includes the following acts or omissions by a person:

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TX.2 Abuse, Neglect, and Exploitation

1. A child is a client under 18 years of age who is not and has not been married or has not had the disabilities of minority removed pursuant to the Texas Family Code Chapter 31.
2. Mental or emotional injury to a child that results in an observable and material impairment in the child's growth, development, or psychological functioning;
3. Causing or permitting the child to be in a situation in which the child sustains a mental or emotional injury that results in an observable and material impairment in the child's growth, development, or psychological functioning;
4. Physical injury that results in substantial harm to the child, or the genuine threat of substantial harm from physical injury to the child, including an injury that is at variance with the history or explanation given and excluding an accident or reasonable discipline by a parent, guardian, or managing or possessory conservator that does not expose the child to a substantial risk of harm;
5. Failure to make a reasonable effort to prevent an action by another person that results in physical injury that results in substantial harm to the child;
6. Sexual conduct harmful to the child's mental, emotional, or physical welfare, including conduct that constitutes the offense of continuous sexual abuse of a young child or children under Section 21.02, Penal Code; indecency with a child under Section 21.11, Penal Code; sexual assault under Section 22.011, Penal Code; or aggravated sexual assault under Section 22.021, Penal Code;
7. Failure to make a reasonable effort to prevent sexual conduct harmful to a child;
8. Compelling or encouraging the child to engage in sexual conduct as defined by Section 43.01, Penal Code, including compelling or encouraging the child in a manner that constitutes an offense of trafficking of persons under Section 20A.02(a)(7) or (8), Penal Code; prostitution under Section 43.02(b), Penal Code; or compelling prostitution under Section 43.05(a)(2), Penal Code;
9. Causing, permitting, encouraging, engaging in, or allowing the photographing, filming, or depicting of the child if the person knew or should have known that the resulting photograph, film, or depiction of the child is obscene as defined by Section 43.21, Penal Code; or pornographic;
10. The current use by a person of a controlled substance as defined by Chapter 481, Health and Safety Code, in a manner or to the extent that the use results in physical, mental, or emotional injury to a child;
11. Causing, expressly permitting, or encouraging a child to use a controlled substance as defined by Chapter 481, Health and Safety Code;
12. Causing, permitting, encouraging, engaging in, or allowing a sexual performance by a child as defined by Section 43.25, Penal Code;
13. Knowingly causing, permitting, encouraging, engaging in, or allowing a child to be trafficked in a manner punishable as an offense under Section 20A.02(a)(5), (6), (7), or (8), Penal Code; or the failure to make a reasonable effort to prevent a child from being trafficked in a manner punishable as an offense under any of those sections; or

14. Forcing or coercing a child to enter into a marriage.

G. Child Exploitation: the illegal or improper use of a child or of the resources of a child for monetary or personal benefit, profit, or gain by an employee, volunteer, or other individual working under the auspices of the agency or program as further described by rule or policy.

H. Child Neglect: includes:

1. The leaving of a child in a situation where the child would be exposed to a substantial risk of physical or mental harm, without arranging for necessary care for the child, and the demonstration of an intent not to return by a parent, guardian, or managing or possessory conservator of the child;
2. The following acts or omissions by a person:
 - a. Placing a child in, or failing to remove a child from, a situation that a reasonable person would realize requires judgment or actions beyond the child's level of maturity, physical condition, or mental abilities and that results in bodily injury or a substantial risk of immediate harm to the child;
 - b. Failing to seek, obtain, or follow through with medical care for a child, with the failure resulting in or presenting a substantial risk of death, disfigurement, or bodily injury or with the failure resulting in an observable and material impairment to the growth, development, or functioning of the child;
 - c. The failure to provide a child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding failure caused primarily by financial inability unless relief services had been offered and refused;
 - d. Placing a child in, or failing to remove the child from, a situation in which the child would be exposed to a substantial risk of sexual conduct harmful to the child; or
 - e. Placing a child in, or failing to remove the child from, a situation in which the child would be exposed to acts or omissions that constitute abuse under subdivision 261.001(1)(E), (F), (G), or (K) committed against another child.
3. The failure by the person responsible for a child's care, custody, or welfare to permit the child to return to the child's home without arranging for the necessary care for the child after the child has been absent from the home for any reason, including having been in residential placement or having run away; or
4. A negligent act or omission by an employee, volunteer, or other individual working under the auspices of a facility or program, including failure to comply with an individual treatment plan, plan of care, or individualized service plan, that causes, or may cause, substantial emotional harm or physical injury to, or the death of, a child serviced by the facility or program as further described by rule or policy.

I. Child Neglect: does not include:

1. The refusal by a person responsible for a child's care, custody, or welfare to permit the child to remain in or return to the child's home resulting in the placement of the child in the conservatorship of the DFPS if:
 - a. The child has a severe emotional disturbance;

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- i. A mental, behavioral, or emotional disorder of sufficient duration to result in functional impairment that substantially interferes with or limits a person's role or ability to function in family, school, or community activities.
 - b. The person's refusal is based solely on the person's inability to obtain mental health services necessary to protect the safety and well-being of the child; and
 - c. The person has exhausted all reasonable means available to obtain the mental health services described in Subparagraph (b) above.
- J. Employee: An officer, an individual directly employed by an agency or a contractor, volunteer, or agent working under the auspices of an agency.

Procedure

- A. As part of an employee's and volunteer's orientation and a contractor's agreement with the Agency, it will be explained that under no condition will a client be abused, neglected, and/or exploited and what the Agency's process is for investigating the allegation if there is cause to believe this has occurred.
 - 1. Employees and volunteers will be responsible for knowing, observing, and implementing this information in all contacts with the clients.
 - a. Signs indicating abuse, neglect, and/or exploitation should be reported to the Administrator or designee immediately and include, but are not limited to:
 - i. Injuries to the client's trunk that cannot be explained;
 - ii. Other unexplained injuries, frequent falls, or bruising of various colors;
 - iii. Fractures that do not coincide with a child's motor ability or an adult's explanation of how they were received;
 - iv. An imprint of a hot object on the back, buttocks, or back of hands;
 - v. Inadequate bathing, toileting, food, etc.;
 - vi. Sudden marked irritability, avoidance of relationships, and/or marked change in sexual behavior;
 - vii. Misuse of the client's money;
 - viii. Inability of the family or the client's representative to account for the client's money or property; and
 - ix. Reports of demands for goods in exchange for services.
 - 2. If an employee, volunteer, or contractor reports abuse, neglect, and/or exploitation of a client, s/he will be assured the allegation can be made without fear of discrimination, reprisal, termination, or other retaliation.
 - 3. If the employee/volunteer is the subject of the allegation, s/he will be suspended immediately and referrals to a contractor will be put on hold.
 - a. As a result of the investigation, the Agency will follow its Policy on Progressive Discipline, up to and including termination as appropriate.

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TX.2 Abuse, Neglect, and Exploitation

- b. If the investigation validates the claim, the employee, volunteer, or contractor will be terminated and the incident(s) reported to the appropriate state department, state licensing board, or law enforcement official.
 4. The Agency's staff will be provided training annually and as needed to reinforce the Agency's policy on protecting the clients from abuse, neglect, and/or exploitation.
 5. Documentation of the orientation and ongoing training will be kept in the individual's personnel file.
- B. On or before the first date of service, the client or the client's representative will be given a written statement that a grievance or complaint against the Agency, including of abuse, neglect, and/or exploitation, may be directed to:
 1. The Health and Human Services Commission (HHSC); Health and Human Services Commission (HHSC)'s Consumer Rights and Services Division; PO Box 149030; Austin, TX 78714-9030; or by calling toll free 24 hours a day at 1.800.458.9858; the Office for Civil Rights; U. S. Department of Health and Human Services; 200 Independence Avenue, SW, Room 509F, HHH Building; Washington, D. C. 20201; <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>; ocrmail@hhs.gov; 1.800.368.1019; TDD 1.800.537.7697; and/or through the Texas Attorney General's Consumer Protection Hotline at 1.800.621.0508.
 2. The written statement may include that the client can register a complaint with the Agency's Administrator.
 3. The client or the client's representative will be assured grievances and/or complaints and information relating to the Agency's services and/or abuse, neglect, and/or exploitation, can be made without fear of discrimination, reprisal, or retaliation.
 4. The client or the client's representative will be assured the Agency will investigate grievances or complaints made regarding, but not limited to, the following:
 - a. Treatment or care that was furnished by the Agency;
 - b. Treatment or care that the Agency failed to furnish;
 - c. A lack of respect for the client's property by anyone furnishing services on behalf of the Agency;
 - d. Discrimination; and/or
 - e. Abuse, neglect, and/or exploitation.
 5. It will be explained to the client or the client's representative that the Agency will notify the DFPS and HHSC within 24 hours of receiving an allegation of abuse, neglect, and/or exploitation, will begin its investigation within ten (10) days of receiving the allegation, and will complete the investigation within 30 days.
 - a. If there is a reasonable delay, the Agency will provide information about the cause.
 6. The client or the client's representative will sign and date an Acknowledgment of receiving and understanding the information about his/her right to file a grievance or complaint.
 - a. The Agency's representative will sign and date the Acknowledgment, also.

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- b. If the client is unable to sign/date the Acknowledgment, the reason why will be provided on the form.
 - c. The original signed/dated Acknowledgment will be kept in the client's record at the Agency and a copy will be given to the client or the client's representative.
 - C. If the Agency has cause to believe a client has been abused, neglected, and/or exploited by an employee or volunteer either through witnessing the act or upon receipt of an allegation, the Agency will do the following:
 1. Report the information immediately (within 24 hours, including weekends and holidays) to:
 - a. DFPS at 1.800.252.5400; or
 - b. DFPS at their secure website <https://www.txabusehotline.org/Login/Default.aspx>, and
 - c. HHSC at 1.800.458.9858.
 - i. In the telephone calls and on the Provider Investigation Report, the following information will be provided:
 - incident date,
 - the name of the alleged victim,
 - the age of the alleged victim at the time of the incident,
 - the name of the alleged perpetrator,
 - any witnesses,
 - the allegation,
 - any injury or adverse effect,
 - any assessments made,
 - any treatment required,
 - the investigation summary, and
 - any action taken.
 - d. Incidents of family violence will be reported to a local law enforcement agency.
 - e. Reports of child abuse, neglect, and/or exploitation will be filed immediately with DFPS as described above, local law or state law enforcement agencies, HHSC, or other state agency as appropriate, but no later than 24 hours after the time of discovery or suspicion.
 - i. The child abuse report will identify the following, if known:
 - The name and address of the child;
 - The name and address of the person responsible for the care, custody, or welfare of the child; and

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- Any other pertinent information concerning the alleged suspected abuse or neglect.
- 2. Within ten (10) calendar days of making the verbal or on-line report, the Agency will complete HHSC's Provider Investigation Report Form.
 - a. The Provider Investigation Report Form must include all of the information from the initial incident report as provided above and any additional information the Agency has obtained since making the initial report, including additional witness statements.
 - b. The Agency will complete and submit the Provider Investigation Report Form per the instructions posted on the HHSC website at the time of submission.
- 3. The Agency will initiate or continue its investigation into the allegation of abuse, neglect, and/or exploitation of a client by an employee, volunteer, or contractor of the Agency.
 - a. The investigation will determine:
 - i. Why the incident occurred,
 - ii. What actions the Agency will take in response to the incident, and
 - iii. What changes will be made to help prevent a similar incident from occurring.
 - b. As appropriate, input from other disciplines providing client care will be considered.
 - c. The Agency will complete the investigation and documentation within 30 days after receiving the complaint or report of abuse, neglect, and/or exploitation.
 - i. If there is a reasonable delay, the Agency will document the cause.
 - d. Copies of reports filed with the state or local law enforcement agencies will be tracked and kept by the Agency.

Purpose

To ensure the Agency's implementation of the provisions of the Advance Directives Act, Health and Safety Code, Chapter 166.

Policy

- A. The Agency will honor the client's wishes related to his/her advance directive, if made known to the Agency, unless the Agency is incapable of providing the requested procedures at the level of intensity required by the client's condition.
- B. If at any time the Agency is unable to honor an advance directive elected by the client, s/he will be notified and if the client's representative requests, s/he will be transferred to another appropriate agency/organization s/he chooses. The advance directive will remain in effect unless revoked by the client or his/her representative.
- C. The Agency will not discriminate against the client or withhold care based on whether or not s/he has an advance directive.
- D. The Agency complies with applicable Federal conscience and anti-discrimination laws prohibiting exclusion, adverse treatment, coercion, or other discrimination against individuals or entities on the basis of their religious beliefs or moral convictions as found in the Department of Health and Human Services, Office for Civil Rights, Rule 45 CFR, Part 88, Protecting Statutory Conscience Rights in Health Care, effective May 2019.
- E. Life sustaining procedures the Agency is unable and/or unwilling to withhold in accordance with a client's advance directive and/or as discussed with the client or his/her representative, family, physician, and/or the Agency's governing body are:
 - 1. Artificial nutrition;
 - 2. Artificial hydration;
 - 3. Mechanical breathing machines such as for oxygen, a ventilator, etc.;
 - 4. Total parenteral nutrition;
 - 5. Blood transfusions;
 - 6. Life sustaining medications regardless of the route(s);
 - 7. Dialysis;
 - a. The Agency will not withdraw follow-up support services such as assessments and coordination of care because the client is at the end of his/her life.
 - 8. Any other methods recognized as artificial life support; and
 - 9. Surgical procedures as discussed on an individual basis with the client or his/her representative, family, physician, and/or the Agency's governing body.
- F. The Agency provides personal assistance services; accordingly, its employees do not administer cardiopulmonary resuscitation (CPR).
- G. The Agency does not participate in the withdrawal of life sustaining care.

Definitions per the Health and Safety Code Chapter 166

- A. Advance directive: an instruction made to administer, withhold, or withdraw life-sustaining treatment in the event of a terminal or irreversible condition, an out-of-hospital do not resuscitate (OOHDNR) order, or a medical power of attorney.
- B. Artificially administered nutrition and hydration: provision of nutrients or fluids by a tube inserted in a vein, under the skin in the subcutaneous tissues, or in the gastrointestinal tract.
- C. Attending physician: a physician selected by, or assigned to, a client who has the primary responsibility for his/her treatment and care.
- D. Cardiopulmonary resuscitation (CPR): any medical intervention used to restore circulatory or respiratory function that has ceased.
- E. Competent: possessing the ability, based on reasonable medical judgment, to understand and appreciate the nature and consequences of a treatment decision, including the significant benefits and harms of, and reasonable alternatives to, a proposed treatment decision.
- F. Declarant: a person who has executed or issued a directive.
- G. Digital signature: an electronic identifier intended by the person using it to have the same force and effect as the use of a manual signature. For an advance directive in which a signature by a declarant, witness, or notary public is required or used, the declarant, witness, or notary public may sign the directive or a written revocation of the directive using a digital signature that:
 - 1. Uses an algorithm approved by the department;
 - 2. Is unique to the person using it;
 - 3. Is capable of verification;
 - 4. Is under the sole control of the person using it;
 - 5. Is linked to data in a manner that invalidates the digital signature if the data is changed;
 - 6. Persists with the document and not by association in separate files; and
 - 7. Is bound to a digital certificate.
- H. Electronic signature: a facsimile, scan, uploaded image, computer-generated image, or other electronic representation of a manual signature that is intended by the person using it to have the same force and effect of law as a manual signature. For an advance directive in which a signature by a declarant, witness, or notary public is required or used, the declarant, witness, or notary public may sign the directive or a written revocation of the directive using an electronic signature that:
 - 1. Is capable of verification;
 - 2. Is under the sole control of the person using it;
 - 3. Is linked to data in a manner that invalidates the electronic signature if the data is changed; and
 - 4. Persists with the document and not by association in separate files.

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RI.2 Advance Directives

- I. Ethics committee: a committee appointed ad hoc to conduct a specific investigation or established under state or federal law or rule or under the bylaws or rules of the organization or institution.
- J. Health care or treatment decision: consent, refusal to consent, or withdrawal of consent to health care, treatment, service, or a procedure to maintain, diagnose, or treat an individual's physical or mental condition, including such a decision on behalf of a minor.
- K. Incompetent: lacking the ability, based on reasonable medical judgment, to understand and appreciate the nature and consequences of a treatment decision, including the significant benefits and harms of, and reasonable alternatives to, a proposed treatment decision.
- L. Irreversible condition: condition, injury or illness that may be treated but is never cured or eliminated that leaves a person unable to care for or make decisions for his/her own self and that, without life sustaining treatment, is fatal.
- M. Life sustaining treatment: treatment that, based on reasonable medical judgment, sustains life of a client and without which the client will die. The term includes both life-sustaining medication and artificial life support such as mechanical breathing machines, kidney dialysis treatment, and artificially administered nutrition and hydration. It does not include the administration of pain management medication or the performance of a medical procedure considered to be necessary to provide comfort care, or any other medical care provided to alleviate a patient's pain.
- N. Medical Power of Attorney: a document delegating to an agent the authority to make health care decisions executed by the client.
- O. Physician: a physician licensed by the Texas Medical Board or a properly credentialed physician who holds a commission in the uniformed services of the United States and who is serving on active duty in this state.
- P. Terminal Condition: an incurable condition caused by injury, disease, or illness that, according to reasonable medical judgment, will produce death within six months, even with available life-sustaining treatment provided in accordance with the prevailing standard of medical care.
- Q. Witness: a person who may serve as a witness to the execution of an advance directive or the issuance of a non-written advance directive as follows per Section 166.003:
 - 1. Each witness must be a competent adult.
 - a. The Agency's staff may be a witness to the client's execution of an advance directive.
 - 2. At least one of the witnesses must be a person who is not:
 - a. A person designated by the declarant to make a health care or treatment decision;
 - b. A person related to the declarant by blood or marriage;
 - c. A person entitled to any part of the declarant's estate after the declarant's death under a will or codicil executed by the declarant or by operation of law;
 - d. The attending physician;
 - e. An employee of the attending physician;

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- f. An employee of a health care facility in which the declarant is a patient if the employee is providing direct patient care to the declarant or is an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility; or
- g. A person who, at the time the written advance directive is executed or, if the directive is a nonwritten directive issued under this chapter, at the time the non-written directive is issued, has a claim against any part of the declarant's estate after the declarant's death.

Procedure

- A. As part of an employee's and volunteer's orientation, a copy of the Agency's policy on a client's advance directive will be provided to him/her.
 - 1. Employees and volunteers will be responsible for knowing, observing, and implementing this information in all contacts with the clients.
 - 2. Documentation of the orientation and training will be kept in the individual's personnel file.
- B. The Agency will give the client a copy of its complete Policy on Advance Directives at the earlier of:
 - 1. The time the client is admitted to receive services from the Agency; or
 - 2. The time the Agency begins providing services to the client.
- C. If the client is incompetent or otherwise incapacitated and unable to receive the Policy, the Agency will provide the Policy, in the following order of preference, to:
 - 1. The client's legal guardian;
 - 2. A person responsible for the health care decisions of the client;
 - 3. The client's spouse;
 - 4. The client's adult child;
 - 5. The client's parent; or
 - 6. The person admitting the client.
 - 7. The client or the client's representative will sign and date on the Consent form acknowledging receipt of a copy of the Agency's Policy on Advance Directives.
 - a. The Agency's representative will sign and date the Consent form, also.
 - b. If the client is unable to sign/date the Consent form, the reason why will be provided on the form.
 - c. The original signed/dated Consent form will be kept in the client's record at the Agency and a copy will be given to the client or the client's representative.
- D. If the Agency is unable, after a diligent search, to locate an individual listed above, the Agency is not required to provide a copy of the Policy.
- E. If the client has executed an advance directive, the Agency representative will request a copy for the client's record.

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RI.2 Advance Directives

1. The client may decline to provide a copy of his/her advance directive.
 - a. If the client declines to provide a copy of his/her advance directive, it will be documented in the client's record.
 2. If the client does provide a copy of his/her advance directive:
 - a. It will be placed in his/her record at the Agency.
 - b. The paper and/or the electronic record will be flagged so staff can recognize readily that an advance directive is in place.
 - c. The fact that the client has an advance directive will be relayed verbally or in writing to all staff involved in the client's care.
 - d. This information will be listed in the on-call log book, the Calling Tree, the Emergency Preparedness Manual, and related sources.
- F. If the client has not executed an advance directive and wishes to do so, s/he or his/her representative will be encouraged to contact the client's physician, lawyer, or another applicable community resource.

Safety

SAFETY IN THE HOME ENVIRONMENT

Preventing Falls

Client falls are the most commonly reported accident in home health. Here are some pointers to prevent falls:

- Keep your home brightly lit to avoid tripping on objects that are hard to see
- Clear clutter such as books, magazines, newspapers, toys, boxes, etc. from walkways and halls
- Store clothing, dishes, food, and other necessities within easy reach
- Make sure electric and phone cords are out of the way
- Clean spilled liquids, food, or grease immediately
- Use tacks, double-backed carpet tape, or slip resistant backing to keep area rugs in place
- Remove area rugs from the bathroom and kitchen
- Install nonskid treads on stairs
- Always use hand railings on steps and stairs
- Repair loose, wooden floorboards and/or worn carpeting right away
- In the bathroom, apply non-slip strips or use non-slip mats in the shower and tub
- Use grab bars in the shower and tub and next to the toilet seat
- Use a bath seat in the shower or tub
- Use a raised toilet seat
- Discuss your health conditions with your practitioner because some eye and/or ear disorders and limited mobility may increase your risk of falling
- Ask your practitioner or pharmacist to review your medications for side effects and/or interactions that may increase your risk of falling

General Safety Tips for Oxygen Safety in the Home

Oxygen is safe when used properly. Oxygen will not explode or burn; but, it will cause anything that is burning to burn hotter and faster. Follow these basic rules to create a safe environment for using oxygen.

- **Never smoke or allow anyone else to smoke around oxygen!**
- Post NO SMOKING signs in every room of your home where oxygen is in use
- Keep oxygen canisters at least five (5) to ten (10) feet away from any heat source
- Avoid using lotions, creams, or other home care products containing petroleum because these are flammable products; use water-based products instead such as Cetaphil, K-Y, Lubriderm, Neutrogena
- Store oxygen canisters safely and securely in a well-vented area and in an upright position away from any kind of heat source, including the sun
- Turn your oxygen supply valve to the off position when oxygen is not in use
- Don't use anything that may cause a spark around your oxygen like electric heaters, electric blankets, electric razors, electric hair dryers, or friction toys
- Install and maintain smoke detectors in your home
- Keep a fire extinguisher nearby; a medium-sized multi-purpose Dry Chemical extinguisher is recommended
- Notify the power company you are oxygen dependent

World of Words Speech & Feeding Services LLC

Nondiscrimination Notice

World of Words Speech & Feeding Services LLC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. World of Words Speech & Feeding Services LLC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

World of Words Speech & Feeding Services LLC:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact 361-220-6455

If you believe that World of Words Speech & Feeding Services LLC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

World of Words Speech & Feeding Services LLC

Agency Address: 5606 N. Navarro -200K Victoria, TX 77904

Agency Number: 361-220-6455

TTY Number: 1 (800) 735-2988

Agency Fax: 361-433-0138

Agency Email: _____

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, World of Words Speech & Feeding Services LLC is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Emergency Preparedness Resource List

Radio and TV stations the Agency will use for emergency notifications:

Station Id Number	Station Id Letters	Station Phone Number
FM 108	KIXS	361-573-0777
TV Channel Id Number	TV Channel Id Letters	TV Channel Phone Number
channel 25	ABC	361-575-2500

FEDERAL RESOURCES

The Centers for Disease Control and Prevention: Emergency Preparedness

- www.emergency.cdc.gov/

The Department of Homeland Security (DHS): secures the nation from many threats. For disasters:

- <https://www.dhs.gov/topic/disasters>

Federal Emergency Management Agency (FEMA): FEMA is an operational and support component of DHS that supports citizens and first responders to ensure that we work together to build, sustain, and improve our capability to prepare for, protect against, respond to, recover from, and mitigate all hazards.

- If your area has been declared a disaster area, access to disaster help and resources: www.disasterassistance.gov
- Family Emergency Plan: www.ready.gov/make-a-plan
- Family Emergency Supply Kit from Homeland Security: www.ready.gov/build-a-kit
- FEMA: www.fema.gov; 1.800.621.3362; 1.800.462.7585 (TTY)
- Information to prepare for, respond to and mitigate emergencies, including natural and man-made disasters: www.ready.gov

U. S. Food and Drug Administration: Emergency Preparedness

- www.fda.gov/emergencypreparedness/emergencypreparedness/default.htm

STATE RESOURCES

State of Texas Emergency Assistance Registry (STEAR): Individual Registration Form

- <https://stear.tdem.texas.gov/Services/STEAR/Login.aspx>

Texas Association of Regional Councils, Citizen Corps: The Department of Homeland Security's grassroots effort to provide opportunities for citizens to get emergency response training, participate in community exercises, and volunteer to support local first responders.

- DHS site: <https://www.ready.gov/citizen-corps>
- Texas site: <http://texascitizencorps.org/Texas> telephone number: 512.478.4715

Emergency Preparedness Resource List

Texas Disaster Medical System, Emergency Operations Center and Personnel: lists emergency management personnel in each county:

- <http://www.tdms.org/county.aspx>

Texas Division of Emergency Management:

- <https://tdem.texas.gov>

Texas Evacuation Routes

- <https://www.txdot.gov/driver/weather/hurricane.html>

Texas Health and Human Services Commission Tropical Weather-related Information:

- www.dads.state.tx.us/hurricane/index.cfm

Texas Health and Human Services Commission 2-1-1 Texas: a program committed to helping Texas citizens connect with the services they need such as food and housing:

- www.211texas.org/; call 2-1-1; or call 1.877.541.7905

OTHER RESOURCES

American Red Cross:

- www.redcross.org; 1.800.red.cross (1.800.733.2767)

National Association for Home Care & Hospice:

- Emergency Preparedness Packet for Home Health Agencies Prepared by The National Association for Home Care & Hospice (2008). Although this is geared toward agencies providing Medicare services, it does have ideas that are good for LHHS/PAS Providers: http://www.nahc.org/assets/1/7/EP_Binder.pdf

Salvation Army:

- <https://www.salvationarmyusa.org/usn/>; 1.800.sal.army (1.800.725.2769)

Sheriff's Association of Texas: Interactive Map for information about County Sheriff Departments

- https://www.sheriffstx.org/county_map/

Emergency Preparedness and Response Plan (Plan)

Emergency Preparedness and Response Plan (Plan)

Responsibilities During Each Phase

The following elements are excerpts from the Agency's Emergency Preparedness and Response Plan Policy (EC.5) and related best practices.

Agency	Preparedness	Mitigation	Response	Recovery
	<p>Prepare risk assessment identifying potential disasters in the service area</p> <p>Appoint Disaster Coordinator/Alternate</p> <p>Establish communication plan</p> <p>Give client emergency preparation information upon admission and establish client triage level (See Admit Pack)</p> <p>Assist client with registering with 2-1-1 if requested</p> <p>Orient staff</p> <p>Set up calling tree</p> <p>Set up a safe office environment</p> <p>Secure information technology systems</p> <p>Prepare for emergency financial needs</p> <p>Prepare for utility disruptions</p> <p>Arrange for an offsite location</p> <p>Make arrangements for information sharing with local media and emergency management authorities</p>	<p>Review and revise emergency preparedness information</p> <p>Ensure calling tree is updated</p> <p>Conduct and evaluate drills</p> <p>Ensure there is an adequate inventory of supplies</p> <p>Monitor public information systems</p> <p>Ensure staff keep their vehicles filled with gas and well maintained</p> <p>Ensure staff keep their cell phones charged</p> <p>Notify emergency management authorities of clients needing assistance if they did not register with 2-1-1</p> <p>Notify utility companies of clients with special needs who will need electricity and water as quickly as possible</p>	<p>Put Plan in place including, but not limited to:</p> <p>Activate client triage</p> <p>Notify client's emergency contact if client needs assistance</p> <p>Notify local emergency management personnel if unable to reach clients or they need assistance</p> <p>Call in all staff to the office</p> <p>Keep in communication with staff, clients, and emergency personnel</p> <p>Contact local radio and TV stations as a way of communicating with clients and staff</p> <p>Contact community resources as needed for clients needing assistance</p> <p>Secure the office</p> <p>Secure client records</p> <p>Relocate if needed due to safety concerns</p> <p>Notify Health and Human Services (HHS) if the Agency relocates</p> <p>Supervisory and attendant visits may be made if it is safe to do so</p> <p>Continue making calls to clients, staff, the media, and local emergency personnel as needed</p>	<p>Contact clients to evaluate their safety and see if they need assistance</p> <p>If clients evacuated, ensure they are home</p> <p>Resume services</p> <p>Make arrangements for staff needing emotional support</p> <p>Replenish supplies</p> <p>Repair furniture and/or equipment if damaged</p> <p>Ensure utility service has been restored</p> <p>Notify HHS that Agency has returned to the office if it had relocated</p> <p>Administrator will facilitate a meeting with staff to evaluate the response and determine if any changes need to be made</p>

Emergency Preparedness and Response Plan (Plan)

Client	Preparedness	Mitigation	Response	Recovery
	<p>Register with 2-1-1</p> <p>Prepare Family Emergency Preparedness Plan including evacuating, sheltering in place, gathering contact information for family and friends, and providing for pets</p> <p>Put ICE (In Case of Emergency) in your cell phone followed by the names and numbers of your emergency contacts</p>	<p>Review and update Family Emergency Plan</p> <p>Contact Agency if help is needed with completing the registration with 2-1-1</p> <p>Contact Agency to update any changes in client's condition or contact information</p> <p>Listen to radio and TV for news and instructions</p> <p>Be sure to have food and water for 3 to 7 days</p>	<p>Activate your Family Emergency Preparedness Plan</p> <p>If you did not develop one, listen to the radio and TV for news and instructions</p> <p>Evacuate if instructed to do so</p> <p>Contact the Agency if you are relocating or need assistance</p> <p>Contact your family and friends</p> <p>Stay calm and in contact with those who can assist you if it is needed</p> <p>Call 911 for emergencies, not the Agency</p>	<p>If you relocated, let the Agency know you have returned home</p> <p>If your condition has changed, contact the Agency</p> <p>If you need a change in tasks, authorized hours, or your schedule, contact the Agency</p>

Responsibilities of the Client and the Agency During a Disaster

Responsibilities During Each Phase

The following elements are excerpts from the Agency's Emergency Preparedness and Response Plan Policy (EC.5) and related best practices.

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