

## LIMITATIONS TO OUR HOME CARE SERVICES

There are a number of services that we are not able to provide, due to the limits of our licensure and other operational considerations. If you would need services we are unable to provide, we will work with you and/or your client representative to obtain necessary services from other providers in the community. Examples of services that must be obtained through other community providers are listed here. **This is not an exclusive list.**

1. Certain types of management programs for incontinence of bladder (e.g. urinary catheterization, urostomy) and bowel (e.g. colostomy, ileostomy), not able to be effectively managed due to cognitive impairment causing a breach of infection control practice.
2. Medicare reimbursed Hospice care.
3. Physician ordered services that are beyond the scope of our staff.
4. Advanced, Complex or Specialty Practice Nurse Services.
5. Medicare reimbursed “skilled” home care services, including but not limited to physical therapy, respiratory therapy, speech therapy, occupational therapy.
6. Private duty nursing assistant/companion/aide that has not been prearranged.
7. Dressing, grooming, or bathing assistance related to physical aggression, client’s resistance/refusal without response to dementia redirection techniques.
8. Medication administration if the medications are set-up by someone other than our nurse, or dispensed by a pharmacist. We do not administer controlled substances in liquid form.
9. Conduct that creates an abusive or unsafe work environment for our staff or living environment for other clients or visitors. An immediate notice of termination will be provided.
10. Physical assistance of **two persons** for Activities of Daily Living, mobility, and/or mechanical lift to transfer from one position or place to another is only available at limited locations.
11. Providing eating assistance for clients with complicated eating problems (i.e. difficulty swallowing, recurrent lung aspirations or requiring the use of a tube, parenteral or intravenous instruments)
12. Services by a Dietician or Nutritionist.
13. Service needs that exceed the current service provider agreement and that cannot be safely met by our staff. An immediate notice of termination will be provided.
14. In regards to emergency evacuation and safety, we do not provide one (1) to one (1) evacuation. We follow the fire marshal’s instructions.
15. Unscheduled redirection or intervention to address inappropriate client behavior (e.g. wandering if not in a Memory Care unit or physical or verbal aggression).
16. Requests for specific caregivers related to gender or ethnicity.
17. In the absence of payment, a (10) ten day notice of service termination will be provided.
18. Comprehensive Services will not be provided outside of our Carefree establishments.



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19. 24/7 “live in” assistance
  20. Overnight companion/aide/private duty nursing assistant
  21. Eating assistance or supervision related to choking risk, or client refusal
  22. Physical restraint application, monitoring, supervision, or release.
  23. Three (3) or more hours of personal care services per day
  24. Unscheduled assistance to verbally cue or physically assist the client to the toilet or on-demand assistance with bowel and bladder incontinence care

You are free to make your own arrangements for any health-related and supportive services you may need or desire with any other appropriately licensed providers. Our staff will not provide emergency coverage for home care services promised and arranged for by other home care providers and/or family members. For example, our staff cannot administer medications set-up by another home care provider or by family members.

From time to time, your condition may change temporarily, for example if you experience a bout of flu or are recovering after a hospital stay. We can not provide any home care services to you after a hospital discharge until our nurse has completed a nursing assessment and has worked with you to develop a new Service Plan due to the potential for a change in your condition after a hospital stay. We ask that you provide us with as much notice as possible about your date of discharge from the hospital, so that we can schedule a nursing assessment and have an adequate opportunity to arrange for any necessary additional services you may need. Due to the nature of your needs and/or the availability of our staff, you may require services that we do not have available or cannot make arrangements for immediately upon your return from the hospital. At such times, you should consider arranging additional services from family members or other home care agencies. The Medicare program does cover some home care services after hospitalization, and you may consult with our RN, the hospital discharge planner, and your health plan, clinic, or physician about such additional health care services. Family may be periodically requested to assist with one-on-one needs if care levels or behaviors exceed our staffing abilities.

If your condition change requires additional services on a long-term basis, our staff or other home care agency staff may not be able to provide services and/or the cost of additional services may be prohibitive. In such situations, our staff is available to assist you in finding alternative service providers, which may include alternative living settings. However, we cannot guarantee and do not promise that suitable alternative service providers or living settings can be found for you.