



# Patient Admission Information

Patient's Name: \_\_\_\_\_  
Start of Care: \_\_\_\_\_

**Confidential**

Contains Protected Health Information

**Orlando**  
556 Florida Central Parkway  
Suite 1060  
Longwood, FL 32750-5177  
(407) 830-1938  
(407) 830-0936 Fax  
(877) 902-3473 Toll-Free

.....  
**Waterman**  
3715 Lake Center Drive  
Mount Dora, FL 32757  
(352) 253-2326  
(407) 830-0936 Fax

.....  
[www.FHREonline.com](http://www.FHREonline.com)

Dear *Patient*,

Welcome! Let us first thank you for choosing AdventHealth Respiratory & Equipment (AHRE) as your home medical equipment company. We appreciate the confidence and trust you have placed in us. Because it is our goal to deliver excellent customer service and satisfaction, we consider it a privilege to provide you with the best equipment and expertise. We take pride in what we do and promise to offer the best medical equipment and care available. In order to meet those expectations, we ask that you notify us of any changes that may interfere with the use of your equipment, such as a change in your address, contact information, insurance coverage, if you are hospitalized, no longer need equipment, or encounter any difficulties.

While our office hours are Monday through Friday from 9am-5pm, we are available 24 hours a day, 365 days a year for urgent situations.

Enclosed, you will find our patient admission packet. This contains valuable information that will answer any questions you may have concerning your equipment, confidentiality, and safety. Please take a few moments to review this material. Should you have any questions or concerns regarding your equipment or information in the packet, please call our office directly. Once again, we thank you for choosing AHRE and look forward to serving you.

With Care,

AdventHealth  
*Respiratory & Equipment*



## Connecting Your Health

AdventHealth is transforming the world of health care, creating an experience that give you qualify care and peace of mind.



### Know You

When you visit, we'll have all of your standard patient information so that you don't have to fill out the same paperwork again. That's how we treat our family.



### Hold Your Hand

Need a referral or have a question? No problem. Call our Connected Care Coordination Center at **407-200-2020** or download our **AdventHealth Connect+** App to get the right care NOW.



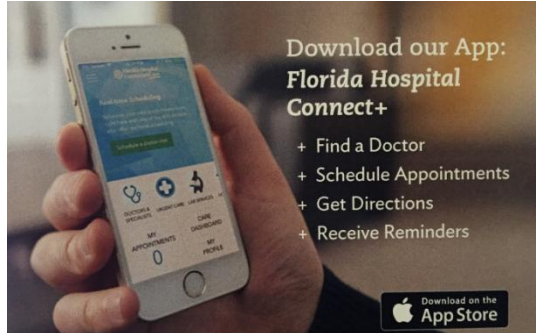
### Give You the Best in Care

Ranked #1 in the State by **US. News & World Report**, AdventHealth can share medical records across our broad network, giving your physicians access to all of your medical records and your seamless quality care.



### Make it Easy

Navigating health care can be very difficult, so we're making it easier for you – Care Coordinators, Scheduling Apps, Reduced Paperwork, Convenient Locations, and Online help at **ConnectedCare.org**.



## Our Network of Care

AdventHealth Connected Care is a network of medical services in Central Florida – connected, to better serve you.



AdventHealth



Centra Care



AdventHealth Medical Group



Sports Medicine & Rehab



Fri – Diagnostic Imaging



Home Care



Home Infusion



Lab Care



Hospice of the Comforter



Medical Equipment

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## I. Mission

We strive to be a cost effective provider of quality care and services, while working collaboratively to provide a caring, respectful, and educational experience to our customers.

## II. Ethics

We require our employees to provide patient care within the ethical framework established by the professional health care provider's organization, the health care profession and the law.

We give patients, legally responsible parties and attending physicians the right to participate in discussions of ethical issues regarding patient care concerns.

Ethical issues may be brought to the attention of any employee, who will then inform the appropriate company personnel to arrange for conferencing as appropriate

## III. Scope of Services

AdventHealth Respiratory & Equipment is a partnership with AdventHealth. Our company provides sales or rentals of home medical equipment and respiratory products. The company services patients located in the Central Florida area.

The Home Medical Equipment that we provide includes, but is not limited to:

### Respiratory Care:

- 50 PSI Compressors
- Airway Clearing Devices  
(Acapella, Cough Assist, Heated High Flow, High Frequency Chest Wall Oscillator [Vest])
- Nebulizer Compressors & Medication
- PAP Therapy (APAP, CPAP, BIPAP)
- Stationary & Portable Oxygen Concentrators
- Suction Pumps

*\*All related supplies for above listed equipment are available.\**

### Basic Home Care Equipment:

- Bedroom & Bath Safety
- Commodes
- Hospital Beds
- Patient Lifts
- Quad Canes & Crutches
- Specialty Air Mattresses
- Trapeze
- Walkers/Rollators
- Wheelchairs

*\*Bariatric Equipment available.\**

## IV. Company Overview

### A. Hours of Operation

**Office/ Retail Store Hours:** Monday through Friday from 9:00am to 5:00pm.

**Office After Hours Coverage:** We also provide 24-hour, 7 days a week emergency service with access to qualified representatives that are available to respond to any questions, problems, or concerns. We also are able to make visits or deliveries, if needed.

### B. Emergency Plan and Instructions

It is important to follow your individualized instructions for any emergency situation. Your family, nurse, or caregiver should work with you to develop these guidelines. If any changes in your condition do occur, please contact your doctor, nurse, family or caregiver as soon as possible.

**Call 9-1-1 if you experience the following:**

- Unconsciousness, severe breathing difficulties, chest pain that does not stop, severe fall with suspected injuries, excessive bleeding.

**Call your Physician for:**

- Prescription refills, significant change in your condition or for new symptoms.

**Call Florida Hospital Respiratory & Equipment:**

- In case of a natural disaster, please contact our office if you evacuate to another location or an emergency shelter.
- If you experience a power outage.
- If you are aware of an approaching storm so that we can arrange the appropriate amount of supplies.

**In the Event of a Natural Disaster:**

**Listen to:**

- 580 WDBO (AM Radio): This is the Emergency Radio Station for Central Florida. If you are located in the surrounding areas of Central Florida, please listen to your local emergency radio station.

**Watch:**

- Any of your local news and/or weather stations such as, ABC, CBS, NBC, The Weather Channel, and FOX.

**Who to Contact:**

- The telephone company and tell them to put you on the essential user list, so you can keep in touch with your healthcare providers and they can keep in touch with you.
- If you have electronically powered home health/medical equipment, please notify your local power company. Tell them to place you on a priority list for power and/or a generator so that there will be no interruption of the power to your equipment.

**Miscellaneous Information:**

- Be sure to stock up on canned goods and non-perishable foods.
- Know where the water and gas shut off valves are located in your house.
- Know the elevation of your property and where your homeowner's insurance papers are located.

- In an event of a disaster you have to decide where to go, whether it may be a hospital, family member's home, or a shelter (space at shelters are limited). If you have special needs, the shelter may not be able to meet them. Consider family and friends out of the path of the storm. For information about special needs shelters or to call and request an application to register, call one of the following county numbers\*:

**Flagler** 386-313-4200  
**Lake** 904-226-1400  
**Marion** 352-622-3205  
**Orange** 407-836-9319  
**Osceola** 407-343-2133  
**Polk** 863-534-5600  
**Seminole** 407-665-5102  
**Sumter** 532-793-2701  
**Volusia** 386-258-4088

*\*\*If it is a special needs shelter, and you are registered, you will need to bring your own equipment and oxygen. Along with your oxygen and equipment, make sure to bring all instructions to the equipment with you.\*\**

- If you're diabetic, try to store your insulin in a cool, dry place. Monitor your blood sugar more often due to the stress or irregular eating during a disaster. Keep glucose tablets or get candy to reverse insulin reactions.
- Ask for a summary of your medical history in the event you are unable to contact your doctor for a long period of time, or if you are planning on leaving the area.
- Contact AHRE to receive extra oxygen tanks or cylinders, or to make the necessary arrangements for a supplier to furnish your oxygen while in another town.
- Pack a bag with the following:
  - ✓ Special foods, if needed (at least 2 day Supply)
  - ✓ Medication for at least 2 weeks
  - ✓ Personal hygiene items identification and valuable papers
  - ✓ Battery operated radio with extra batteries
  - ✓ Flashlight with extra batteries
  - ✓ Hearing aid batteries, if required
  - ✓ Change of clothing
  - ✓ Sleeping Items (i.e. pillow, blanket, folding chair, sleeping bag)
  - ✓ Special needs items (cane, walker, crutches, etc.)



### **C. Charges and Financial Responsibility**

It is our duty to provide services and equipment to everyone in need as long as the patient's needs are within our scope of services, service area, and can be treated safely at home. AHRE is a provider for Medicare, Medicaid, and most commercial insurance carriers. Many insurers require a co-payment and pre-authorization. Co-payments and deductibles are to be paid upon delivery. Medicare and certain third party payers require an ***Advance Beneficiary Notice (ABN)*** be signed in order for the patient or other party to be held financially responsible, in the event a charge is denied as not ***medically necessary***.

When you no longer need rented equipment please be sure to contact FHRE directly to arrange pick up and return. For equipment that is no longer in use, billing will be stopped upon your notification. If the equipment is not returned, the patient may be responsible for any charges.

***It is your responsibility to notify AdventHealth Respiratory & Equipment immediately with any changes in your insurance coverage.***

### **D. Medical Records**

Your medical records are maintained by our staff to document physician orders and/or referrals, assessments, clinical notes and treatments. Your records are kept confidential by our staff and are protected against loss, destruction, and tampering, and/or unauthorized use. Our Notice of Privacy Practices (HIPAA) describes how your protected health information may be used by us or disclosed to others, as well as how you may have access to this information.

Please refer to our Notice of Privacy Practices on pages 9-10.

### **E. Perception of Our Care and Services**

Our patients are very important to us. It is essential that we are clear and provide our services in an efficient way. If you are uncertain regarding our services, the care of equipment, or if you fail to receive equipment, please do not hesitate to ask questions. If you feel as though our service and/or equipment does not meet your expectations, please contact our office in your area, as it is our goal to ensure your satisfaction.

With this packet, you will receive a patient satisfaction survey. Your response helps us to improve our equipment and services. Please complete this survey and return it as soon as possible.

## F. Complaints and Concern Procedure

It is our goal to provide you with the equipment and services to allow you to remain at home. Also, we are committed to assuring that your rights are protected. Patients are expected to notify our office of any complaints or concerns. If there is a concern or suggestion\*, please contact our local office or customer service representative at any time at the following numbers:

- **FHRE:** 407-830-1938
- **Toll-Free:** 877-902-3473
- **General Manger:** 407-830-1938 Ext. 8119

*\*Patients may share their concerns without fear of discrimination, reduction of services, or retribution.*

If your complaint remains unsolved, you may also contact The Joint Commission (TJC) at 1-800-994-6610. Their automated system is available 24 hours a day.

## G. Patient's Rights and Responsibilities

### Patient's Rights

As a patient, you have the right to:

1. Have your dignity, privacy and respect maintained by AHRE staff.
2. Be informed about and participate in decisions regarding your care, including your individualized plan of care or service.
3. Be informed about any changes that may take place regarding your treatment or services.
4. Be provided with legitimate identification by anyone who enters your home to provide services to you on behalf of AHRE.
5. Have your cultural, spiritual and personal values, beliefs and preferences respected.
6. Have your privacy, security and/or personal information protected at all times including all medical records in accordance with law and regulation.
7. Refuse care, treatment or services within the boundaries set by law, including the anticipated ramifications or consequences that may occur due to the refusal of care and services.
8. Express complaints, grievances or concerns without fear of discrimination or reprisal.
9. Be provided with appropriate information from which you are able to give consent for care or service, and the continuation, transfer, or termination of said care or services.
10. Receive all information in a manner in which you understand.
11. Receive a timely response from AHRE when home care equipment or additional information is needed and/or requested.
12. Be fully informed of AHRE's policies, procedures and charges for services and equipment, including eligibility for third party reimbursement.
13. Receive an explanation of all forms you are requested to sign.
14. Receive home care equipment and services regardless of race, religion, political beliefs, sex, social status, age or disability.

15. Participate in decisions surrounding the formulation of advance directives (i.e., living wills) and/or the consideration of ethical issues that may arise.
16. Be assured that your rights are honored by all AHRE staff.
17. Be informed of your responsibilities regarding home care equipment and services.
18. Voice any concerns or complaints to **AHRE directly**.  
If they are not resolved, you can contact **The Joint Commission (TJC)** at 1-800-994-6610. Their automated system is available 24 hours a day.

- ❖ **To report abuse, neglect, or exploitation: 24 Hour Hot Line 1-800-96ABUSE or (1-800-962-2873)**
- ❖ **The State Home Health Hotline 1-888-419-3456.** Available Monday-Friday, 8:00am-5:00pm EST.

### **Patient's Responsibilities**

As a patient, you have the responsibility to:

1. Provide complete and accurate information about your medical history, allergies, current medications, surgeries and other matters relating to your health.
2. Agree that rental equipment will be used with reasonable care, not altered or modified, and returned in good condition (normal wear expected). The rental equipment shall at all times remain the property of AHRE.
3. Promptly report any malfunctions or defects in rental equipment to AHRE so that repairs or a replacement can be arranged.
4. Use the equipment for its indicated purpose and in compliance with the physician's prescription. Patient also agrees to keep the equipment in their possession and at the address to which it was delivered unless otherwise authorized by AHRE.
5. Notify AHRE of any hospitalizations or changes in health insurance, address, telephone number, physician, or when the medical need for rental equipment no longer exists.
6. Accept the consequences of any adverse outcomes that may occur if you do not follow the proposed plan of care or treatment course.
7. Review and understand the information given to you regarding your care and any equipment provided to you. Patient also agrees to request any additional information or other assistance with any information that you are given that you do not fully understand.
8. Notify AHRE if you will not be home at the agreed upon time for delivery.
9. Accept all financial responsibility for home medical equipment furnished by AHRE and/or arrange special payment plans as needed.
10. Voice any complaints/concerns to **AHRE directly**.

## H. Insurance Verification

While AHRE is in network with a wide variety of insurances/networks, there are a few that we're not in network with. Should you ever choose or need to change insurances, please notify us immediately of this change. Refer to our list of accepted and not accepted insurances below:

<b>Call To Verify</b>	<b>Not Accepted</b>	<b>Not Accepted (Medicaid HMO's)</b>	<b>Accepted</b>
All Savers	BCBS Empire	Amerigroup Florida	AARP
BCBS of FL	Care Plus	Buena Vista	Adventist Health
Beech Street	Celtic	CareFlorida	Aetna
Conseco	CoreSource - FMH	Clear Health Alliance	Ameriben
Evercare	Health Choice PPO	Florida Healthcare Plans	Assurant Health
First Health	Health Partnership Plan	Florida True Health	AvMed
GEHA	Humana	Healthease	BCBS of Federal
GHI	Mutual of Omaha	Humana Family	BCBS (Out of State)
Golden Rule	MVP	Medica Health Plans of FL	ChampVA
Healthscope Benefits	One Health	Molina Health	Cigna
Kaiser Permanente	Optimum Health	Personal Health Plan	Complete Care Network
Principle Life	PCIP	Positive Health Care	Complete Health
Tricare	Physicians United Plan	Preferred Medical Plan Inc.	Coventry
USAA Life Insurance	Universal Healthcare	Prestige Health	FH Care Advantage
Worker's Comp	Volusia Health Network	Simply Health Care Inc	FHHS (FHCA)
		Staywell Health Plan	FMHN PPO
		Sunshine State Health Plan	Great West
		Vista	Health First (FHCA)
			Magellan
			Medicaid
			Medicare
			MedSave USA
			Meritain
			PHCS
			United Health One
			United Healthcare
			United Healthcare Compass

## V. Notice of Privacy Practices

### AdventHealth Respiratory & Equipment Notice of Privacy Practices

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

AdventHealth Home Infusion, LLP (“the Company”) is providing this Notice of Privacy Practices, as required by law, because the privacy of your health information is very important to you and to us. Your health information includes the information that we maintain that specifically identifies you and your health status.

### 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 & other health information we may have about you. We will provide a copy or summary of 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. 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 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’ve 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 ask 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 our Privacy Official Nancy LaFleur at 500 Winderley Place, Ste. 325, Maitland, FL 32751; 407-660-1122 ext. 5226. You can also 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/](http://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 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

## 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 company, 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](http://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
- 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.

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

## Privacy Official

Our Privacy Official is Nancy LaFleur. She can be contacted at: 500 Winderley Place, Ste. 324, Maitland, FL 32751; 407-660-1122 ext. 5226.

This Notice is effective September 23, 2013.

**POLICY #304: ADVANCED DIRECTIVES**

**PURPOSE**

To determine if the patient has executed any advanced directives.

**POLICY**

On the admission visit, the patient will be asked if he/she has executed an advanced directive. The existence, or lack thereof, does not hamper the patient's access to care/service.

**PROCEDURE**

1. On admission, the home health agency will discuss advanced directives with the patient/family.
2. If the patient has executed a directive, the home health agency will request a copy and forward a copy to the center.
3. Documentation of discussion, if applicable, is recorded in the progress notes.
4. Information received regarding advanced directives will be communicated to the physician and any other health care organization involved in the care of the patient.
5. Acknowledgement by the patient of the presence of a directive will be recorded on the Conditions of Treatment.
6. If a patient request information regarding advanced directives, the Center will provide him/her with a copy of the "Health Care Advance Directives – The Patient's Right To Decide."
7. The advanced directive, if known, will be honored by the Center to the extent of the law.

**HEALTH CARE ADVANCE DIRECTIVES  
THE PATIENT'S RIGHT TO DECIDE**

All adult individuals in health care facilities such as hospitals, nursing homes, hospices, home health agencies, and health maintenance organizations, have certain rights under state law.

You have a right to fill out a paper known as an "advance directive." The paper says in advance what kind of treatment you want or do not want under special, serious medical conditions – conditions that would stop you from telling your doctor how you want to be treated. For example, if you were taken to a health care facility in a coma, would you want the facility's staff to know your specific wishes about decisions affecting your treatment?

**WHAT IS AN ADVANCE DIRECTIVE?**

An advance directive is a written or oral statement which is made and witnessed in advance of serious illness or injury, about how you want medical decisions made. Two forms of advance directives are:

- A "Living Will" and
- Health Care Surrogate Designation.

An advance directive allows you to state your choices about health care or to someone to make those choices for you, if you become unable to make decisions about your medical treatment, an advance directive can enable you to make decisions about your future medical treatment.

## **WHAT IS A LIVING WILL?**

A living will generally states the kind of medical care you want or do not want if you become unable to make your own decisions. It is called a “living will” because it takes effect while you are still living. State law provides a suggested form for a living will. You may use it or some other form. You may wish to speak to an attorney or physician to be certain you have completed the living will in a way so that your wishes will be understood.

## **WHAT IS A HEALTH CARE SURROGATE DESIGNATION?**

A “health care surrogate designation” is a signed and witnessed paper naming another person such as a husband, wife, daughter, son or close friend as your agent to make medical decisions for you, if you should become unable to make them for yourself. You can include instructions about any treatment you want or wish to avoid. State law provides a suggested form for designation of a health care surrogate. You may use it or some other form. You may wish to name a second person to stand in for you, if your first choice is not available.

## **WHICH IS BETTER?**

You may wish to have both or combine them into a single document that describes treatment choices in a variety of situations and names someone to make decisions for you, should you be unable to make decisions for yourself.

## **DO I HAVE TO WRITE AN ADVANCE DIRECTIVE UNDER STATE LAW?**

No, there is no legal requirement to complete an advance directive. However, if you have not made an advanced directive or designated a health care surrogate, health care decisions may be made for you by a court appointed guardian, your spouse, your adult child, your parent, your adult sibling, an adult relative, or a close friend in that order. This person would be called a proxy.

## **CAN I CHANGE MY MIND AFTER I WRITE A LIVING WILL OR DESIGNATE A HEALTH CARE SURROGATE?**

Yes, you may change or cancel these documents at any time. Any change should be written, signed and dated. You can also change an advance directive by oral statement.

## **WHAT IF I HAVE FILLED OUT AN ADVANCE DIRECTIVE IN ANOTHER STATE AND NEED TREATMENT IN A HEALTH CARE FACILITY IN A DIFFERENT STATE?**

An advance directive completed in another state, in compliance with the other state’s law, can be honored in any state.

## **WHAT SHOULD I DO WITH MY ADVANCE DIRECTIVE IF I CHOOSE TO HAVE ONE?**

Make sure that someone such as your doctor, lawyer, or family member knows that you have an advance directive and where it is located. Consider the following:

- If you have designated a health care surrogate, give a copy of the written designation form or the original to the person.
- Give a copy of your advance directive to your doctor for your medical file.
- Keep a copy of your advance directive in a place where it can be found easily.
- Keep a card or note in your purse or wallet which state that you have an advance directive and where it is located.
- If you change your advance directive, make sure your doctor, lawyer, and/or family member has the latest copy.

For further information ask those in charge of your care.

Revised: 2/96



## VII. Medicare Information

### A. DMEPOS Supplier Standards

**Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in C.F.R. 424. 57 (c).**

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements and cannot contract with an individual or entity to provide licensed services.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. An authorized individual (one whose signature is binding) must sign the application for billing privileges.
4. A supplier must fill orders from its own inventory, or must contract with other companies for the purchase of items necessary to fill the order. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or from any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site. This standard requires that the location is accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing of records.
8. A supplier must permit CMS, or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards. The supplier location must be accessible to beneficiaries during reasonable business hours, and must maintain a visible sign and posted hours of operation.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll-free number available through directory assistance. The exclusive use of a beeper, answering machine or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its own items, this insurance must also cover product liability and completed operations.
11. A supplier must agree not to initiate telephone contact with beneficiaries, with a few exceptions allowed. This standard prohibits suppliers from contacting Medicare beneficiary based on physician's oral order unless an exception applies.
12. A supplier is responsible for delivery and must instruct beneficiaries on use of Medicare covered items, and maintain proof of delivery.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair directly, or through a service contract with another company, Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these supplier standards to each beneficiary to whom it supplies a Medicare-covered item.
17. A supplier must disclose to the government any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number; i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and implementing regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment of those specific products and services (except for certain exempt pharmaceuticals).
23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. Must meet the surety bond requirements specified in 42 C.F.R. 424.57(c).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 C.F.R. 424.516(f).
29. DMEPOS suppliers are prohibited from sharing a practice location with certain other Medicare providers and suppliers.
30. DMEPOS suppliers must remain open to the public for a minimum of 30 hours per week with certain exceptions.

1/4/2012

Stock Number 11811

**Palmetto GBA**  
National Supplier Clearinghouse  
P.O. Box 100142 • Columbia, South Carolina • 29202-3142 • (866) 238-9652  
**A CMS Contracted Intermediary and Carrier**

## B. Same or Similar

Medicare has a same or similar equipment agreement that states:

***“The beneficiary must not have received the same or similar equipment through Medicare, or the Insurance Provider, within the prior five (5) years.”***

If a patient has received the following equipment in the last 5 years, the claim will be denied by Medicare:

- Airway Clearing Device
- Alternating Pumps & Pads
- Cane (Quad or Regular)
- Commode
- Crutches
- Hospital Bed
- Hoyer Lift
- Lift Chair
- Low Air Loss Pump & Mattress
- Nebulizer/Compressor
- Oxygen Concentrator
- PAP Machine
- Rollator
- Non-Invasive Ventilator
- Walker
- Wheelchair (Motorized and/or Standard)

*\*Includes, but not limited to the items listed above.\**

## C. Capped Rental, Inexpensive or Routinely Purchased Items

### **CPAP, Bi-Level and other Durable Medical Equipment**

**For Capped Rental Items:** Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare Beneficiary. After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiary's responsibility to arrange for any required service or repair. Examples of this type of equipment include: Hospital beds, wheelchairs, alternating pressure pads, air-fluidized beds, nebulizers, suction pumps, continuous airway pressure (CPAP/Bi-Level) devices, patient lifts and trapeze bars.

**For Inexpensive or Routinely Purchased Items:** Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee scheduled purchase amount. Examples of this type of equipment include: Canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, home blood glucose monitor, seat lift mechanisms, bed side rails and traction equipment.

### **Oxygen and Oxygen Related Supplies**

**For Oxygen and Oxygen related supplies** (i.e.: Oxygen concentrator, home-fill station, portable concentrators, liquid Oxygen and portable tanks): Medicare will pay 36 month of rental. After 36 months, rental billing will stop and AHRE will begin billing a maintenance and service fee that will include all supplies and refills needed. The oxygen equipment will remain the property of AdventHealth Respiratory & Equipment (AHRE).

## VIII. Terms and Conditions

- 1. Sales Terms:** AHRE agrees to sell to you and you agree to purchase equipment and/or supplies from AHRE that are the subject of this agreement under the terms and conditions herein.
- 2. Rental Term:** AHRE agrees to rent to you and you agree to rent the equipment that is the subject of this agreement under the terms and condition from AHRE. You agree to pay all rental fees until the equipment has been returned to AHRE. You will also be responsible for any loss or damage to the equipment. The equipment is and shall remain at all times the property of AHRE, unless you purchase the equipment.
- 3. General Terms:** You agree to pay the stated fees for the equipment and/or supplies. We will credit you for any payments received from any insurance company or third party payer. We are not the manufacturer of the equipment or supplies and are not responsible for any defects. The warranties offered by the manufacturers are the only warranties that exist. AHRE makes no warranties of its own, either expressed or implied. We did not prescribe the equipment or supplies and make no representations regarding the benefits derived from the use of the same. In addition to any sums due hereunder, AHRE is entitled to recover all cost and expenses in connection with the enforcement of this agreement, including reasonable attorney's fees, collection fees, and legal expenses and court cost at all pre-suit, litigation, bankruptcy, and appellate levels. A copy of this agreement may be used in place of the original.
- 4. Overpayment Liability:** AHRE, as the supplier of services for the patient, will assume unconditional responsibility for refunding overpayments resulting from the carrier not having received prompt notice of the return of the rented equipment.
- 5. All Sales Are Final.** No refunds on the early return of rental equipment.
- 6. Ownership:** I understand all rented or purchased equipment furnished to me by AHRE (*with the exception of Oxygen equipment*) **will not** belong to me until all bills have been paid in full.

## IX. Warranty

All medical equipment sold or rented by AHRE carries a one (1) year warranty unless otherwise stated by AdventHealth Respiratory & Equipment. This excludes all supplies and single patient use items. AHRE may repair or replace, free of charge, equipment that is under warranty. In addition, an owner's manual with warranty information will be provided to patients for all durable medical equipment where this manual is available. AHRE is a distributor of home medical equipment, not a manufacturer, and is not liable for injuries resulting from defective products.

## X. Basic Home Safety/Fall Prevention Program

### A. Home Safety

#### Patient Safety Assessment

Please check the following boxes if applicable:

##### Living Room:

- Can you turn on a light without having to walk into a dark room?
- Are lamp extensions or phone cords out of the flow of foot traffic in this room?
- Are passageways in this room free from objects and clutter?
- Are curtains and furniture at least 12 inches from baseboards or portable heaters?
- Do your carpets lie flat?
- Do your small rugs and runners stay put when you push them with your foot?

##### Kitchen:

- Are your stove controls easy to see and use?
- Do you keep loose fitting clothing, towels and curtains that may catch fire away from burners and oven?
- Can you reach regularly used items without climbing to reach them?
- Do you have a step stool that is sturdy and in good repair?

##### Bedrooms:

- Do you have a working smoke detector on the ceiling outside your bedroom door?
- Can you turn on a light without having to walk into a dark room?
- Do you have a lamp or light switch within easy reach of your bed?
- Is a phone within easy reach of your bed?
- Is a light left on at night between your bed and the bathroom?
- Are the curtains and furniture at least 12 inches from your baseboards or portable heater?

##### Bathrooms:

- Does your shower or tub have a non-skid surface such as a mat, decals, or abrasive strips?
- Does the tub/shower have a sturdy grab bar (not towel rack)?
- Is your hot water temperature 120° or lower?
- Does your floor have a non-slip surface or does the rug have a non-skid backing?
- Are you able to get off and on the toilet easy?
- Do you have a sturdy step stool that is easy to use, preferably with a hand rail?

##### Hallways/Passageways:

- Do all small rugs or runners stay put when you push them with your foot?
- Does your carpet lie flat?
- Are all lamp, extensions and/or phone cords out of the flow of foot traffic?

### Stairways:

- Is there a light switch at both the top and bottom of inside stairs?
- With the light on, can you clearly see the outline of each step as you go down the stairs?
- Do all stairways have sturdy handrails on both sides?
- Do handrails run the full length of the stairs, slightly beyond the steps?
- Are all steps in a good repair, not loose, broken, missing or worn in places?
- Are stair coverings in good repair; without holes, torn or worn?

### Front & Back Entrances:

- Do all entrances to your home have outdoor lights?
- Are walkways to your entry free from cracks and holes?

### Throughout your house:

- Do you have an emergency exit plan in case of a fire?
- Do you have emergency phone numbers listed by your phone?
- Are there other hazards or unsafe areas in your home not mentioned in this checklist that you are concerned about, if so, what? \_\_\_\_\_

### Outside your home:

- Do your steps have flat surfaces and are they kept in good repair?
- Do all steps have handrails, preferably on both sides of the steps?
- Are your steps painted with a mixture of sand and paint? This can be done for better traction.
- During the winter, are all of your entrances and sidewalks clear of snow and ice?
- Are all entrances well lit?

### **Reconsider Personal Habits:**

- When walking, stay alert to unexpected obstacles such as cords, furniture, pets, toys, etc.
- Avoid rushing to answer phones or the door.
- Take time to make sure your balance is steady before sitting or standing.
- Wear shoes that are supportive and snug fitting, with low heels and non-slippery soles.
- Don't walk around with only socks on your feet.
- If carrying packages, make sure your view isn't blocked and that you have a hand free for opening doors, holding onto railings, or steadying your balance.
- Keep alert for uneven, broken or slippery pavement, sidewalks and ramps.
- Don't rush to cross streets, especially if wet or icy.
- Consider using a cane or walker.
- Find out if your medications might make you feel dizzy, drowsy, or unsteady.
- If you live alone, keep in regular contact with friends, family, or neighbors.

### **If you fall:**

- ✓ Call 9-1-1 and/or any other emergency contacts.
- ✓ Stay warm by covering up with a blanket, coat, towel, rug, or whatever is within your reach.
- ✓ Consult a doctor even if you do not think you have been seriously hurt. Falling may indicate problems with medications or be a symptom of illness of a condition that needs treatment.

## B. Fire and Electrical Safety

### **Failure to comply with these standards can cause fire:**

- Identify frayed, broken, or brittle wire installation and get it replaced.
- Keep cords away from heat sources.
- Keep appliances away from oil or moisture.
- Avoid running electrical cord under the carpeting, rugs, or furniture.
- Avoid tying knots in cords.
- Use extension cords only temporarily and do not overload the cord or the outlet. (Check rating label on cord and appliance)
- If electrical equipment such as an oxygen concentrator does get wet, call the equipment agency promptly to get the equipment checked and/or replaced.

### **In order to prevent the possibility of a fire, please comply with the following standards:**

#### Install and Maintain Smoke Alarms:

- Install working smoke alarms on every level of your home, especially inside and outside of sleeping areas.
- Test and dust each alarm monthly, change the batteries at least once a year, and replace the entire smoke alarms unit every 8-10 years.
- Interconnected smoke alarms are best because if one sounds, they all sound. Get smoke alarms that can sound fast. Ionization and photoelectric smoke alarms detect distinctly different, yet potentially fatal, fires.

#### Use Smoking Materials Safely:

- Never smoke in bed, while drowsy, or while under the influence of medication or alcohol.
- Use large, deep ashtrays for smoking debris, and let the contents cool before you dispose them.
- Never smoke while using oxygen or anywhere near a medical oxygen source, even if it is turned off.

#### Pay Attention to your Cooking:

- Keep out handles turned inward, and keep cooking surfaces and surrounding areas free from clutter and grease build-up.
- Use potholders and oven mitts.
- Never lean over a hot burner and avoid wearing loose clothing with flowing sleeves while cooking.
- Never leave food that is cooking on the stove unattended.

#### Heat your Home Safely:

- Have a professional service all heating equipment annually.
- Keep combustibles and anything that can burn or melt away from all heaters, furnaces, fireplaces, and water heaters.
- Never use a range or oven to heat your home.

### Practice Electrical Safety:

- Have a professional electrician inspect your home's electrical wiring system at least every 10 years, and make recommended repairs.
- Never overload the electrical system. Plug each appliance directly into its own outlet and avoid using extension cords.
- Have an electrician install ground fault circuit interrupters (GFCIs) in rooms where water may be present.
- Install and maintain electrical appliances according to the manufacturers' instructions.

### Keep Matches/ Lighters Away from Children:

- Store matches and lighters in a locked drawer or a high cabinet away from the reach of grandchildren or other youngsters.
- Make sure lighters are child-resistant.

### Know What to Do in Case of a Fire:

- Practice two ways out of every room in your home.
- Get out as soon as you discover a fire; do not try to fight the fire.
- Once out of the house, stay out; do not attempt to enter a burning home to gather possessions left behind.

**\*This survey is for your own reference. Please dial 9-1-1 immediately, your doctor or any of the reference numbers listed in Section "F" for further assistance, preferably from a neighbor's phone.\***

## **C. Oxygen Safety**

- Use oxygen only as directed.
- **Do not smoke around oxygen! Post "No Smoking" signs at the home.**
- Store oxygen cylinders away from heat and direct sunlight. Do not allow oxygen to freeze or overheat.
- Keep oil/petroleum products (such as Vaseline, oily lotions, face creams, or hair dressings), grease and flammable material away from your oxygen system. Avoid using aerosols (such as room deodorizers) near oxygen.
- Dust the oxygen cylinder with a cotton cloth and avoid draping or covering the system with any material.
- Keep open flames (such as gas stoves and lighted candles) at least 10 feet away from the oxygen source.
- Have electrical equipment properly grounded and avoid operating electrical appliances such as razors and hairdryers while using oxygen. Keep any electrical equipment that may spark at least 10 feet from the oxygen system.
- Use 100% cotton bed linens and clothing to prevent static electricity.
- Place oxygen cylinders in appropriate stand to prevent tipping, or secured to the wall or placed on their side on the floor. Store in a well-ventilated area and not under outside porches or decks or in the trunk of a car.
- Have a back-up portable oxygen cylinder in case of a power or oxygen concentrator failure.

## D. Special Safety Instructions

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## E. Resource Guide for Smoking Cessation

Smoking is a very dangerous and bad habit. It can be detrimental to your health, which is why it is essential that you quit smoking, especially if you are using oxygen. Twenty minutes after smoking your heart rate drops, and two to three weeks later, your risk of heart attack decreases, and your lung function begins to improve. Within ten to fifteen years after quitting, your lung cancer death rate is about half that of a smoker's and your risk of cancers of the mouth, throat, esophagus, bladder, kidney, and pancreas decreases. Your risk of coronary heart disease is also back to that of a nonsmoker's. Quitting can only benefit your health and lifestyle in a positive way.

Source: CDC Office on Smoking and Health,  
National Center for Chronic Disease Prevention and Health Promotion

There are many different programs and references you can use to help you quit. Some of the following are:

- Free Live Phone Support: 1-800-QUIT NOW
- [tobaccofreeflorida.com](http://tobaccofreeflorida.com)
- [smokefree.gov](http://smokefree.gov)
- [surgeongeneral.gov/tobacco](http://surgeongeneral.gov/tobacco)
- Call 1-877-QUIT-IT-NOW to schedule FREE ongoing cessation classes in Volusia County
- Central Florida Area Health Education Center: Phone: 407-889-2292
  - Serving Brevard, Lake, Orange, Osceola, Polk, Seminole, and Sumter Counties.



## F. Helpful Phone Numbers

Florida Department of Children & Families	1-800-962-2873
Adult Protective Services Abuse Hotline	1-850-414-2000
Florida Department of Elder Affairs (DOEA)	1-800-963-5337
Florida Department of Health (DOH)	1-850-245-4334
Florida Department of Financial Services	<a href="http://www.fdfs.com">www.fdfs.com</a>
Florida Developmental Disabilities Council, Inc.	1-850-488-4180
	1-800-580-7801
Florida Agency for Healthcare Administration	1-888-419-3456
	<a href="http://www.fdhc.state.fl.us">www.fdhc.state.fl.us</a>
Aging with Dignity	1-888-594-7437
	<a href="http://www.agingwithdignity.org">www.agingwithdignity.org</a>
Elder Helpline Information & Referral	1-800-963-5337
Hotline to Report Against Fraud	1-800-HHS-TIPS
Medicare & Medicaid Programs	1-800-447-8477
Medicare	1-800-633-4227
Local Medicaid Office	
Flagler and Volusia	904-798-4200
Lake, Marion, Sumter	352-840-5720
Orange, Osceola, Seminole	407-420-2500
Polk	813-350-4800
Poison Control	1-800-222-1222
The Joint Commission (TJC)	1-800-994-6610

## G. Infection Control

Good hygiene and cleanliness help prevent infection. Used bandages, dressings, or surgical gloves can spread infection and harm the environment. If these items are not disposed correctly, they can injure trash handlers, family members, and others who may possibly come in contact with them.

Notify your doctor or Homecare if you develop any of the following signs and/or symptoms of infection:

- Pain/tenderness/redness/swelling of body part(s)
- Inflamed skin/rash/sores/ulcers
- Painful urination
- Confusion
- Nausea/vomiting/diarrhea
- Fever or chills
- Sore throat/cough
- Increased tiredness/weakness
- Pus (green/yellow drainage)

You can help control infection by following these guidelines:

- Wash your hands before and after touching wounds, whether surgical, traumatic, or associated with an invasive device
- Wash your hands after situations during which microbial contamination for hands is likely to occur, especially those involving contact with mucous membranes, blood or body fluids, secretions or excretions.

Wash your hands before and after handling or eating foods, after going to the rest room, changing a diaper, handling soiled linens, touching pets, coughing, sneezing, or blowing your nose. Hand washing needs to be done frequently and correctly.

For Routine Hand washing, a vigorous rubbing together of all surfaces lathered hands for at least 15 seconds, followed by a thorough rinsing under a stream of water, is recommended.

- Paper towel or a dry towel is to be used to turn off the faucet to prevent recontamination of washed hands.
- Hands are to be washed immediately after patient care.

Hand washing with plain soap:

- No bar soap should be used
- Liquid soap dispensers must be replaced or cleaned and filled with fresh product when empty; liquids are not to be added to a partially filled dispenser.

Spills in the home:

- Blood or body fluid spills are cleaned by putting on gloves and wiping fluid with paper towels. Use a cleaning solution of household bleach and water (1 cup of bleach, 10 cups of water) to wipe the area again. Double-bag the used paper towel and dispose of them in the trash.

\*For a more detailed explanation of proper hand washing, please visit the Centers for Disease Control and Protection website at <http://www.cdc.gov/handwashing>.

## **XI. General Equipment**

### **A. Admission: Packet Checklist—General Equipment/Oxygen**

#### **All Admission Packets:**

- Welcome Letter
- Emergency Preparedness Plan – Pages 4-6
- Patient's Rights and Responsibilities – Pages 7-8
- Notice of Privacy Practices – Pages 9-10
- Advance Directives – Pages 11-12
- Medicare DMEPOS Supplier Standards – Page 13
- Fall Prevention Program – Pages 16-17
- Resource Guide for Smoking Cessation – Page 20
- Helpful Phone Numbers – Page 21
- Perceptive Home Assessment Forms
- Consent Form
- Invoice
- Quality Assurance Questionnaire / Satisfaction Survey

#### **General Equipment:**

##### **Operating, Safety, and Cleaning Guidelines for the following:**

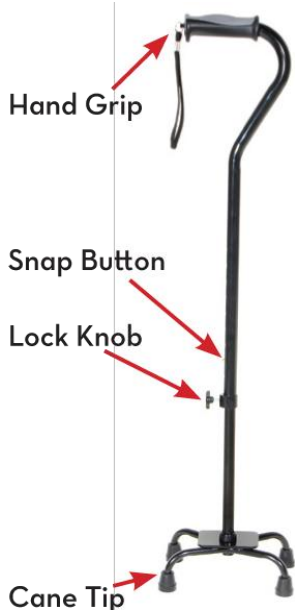
- Quad Cane
- Folding Walker
- Wheelchair
- Bedside Commode & Raised Commode Seat
- Hospital Bed
- Nebulizer/PSI Compressor
- Oximeter
- Suction Machine
- Alternating Pressure Pad and Pump
- Patient Lift
- Low Air Loss Mattress
- Oxygen

The items above have been explained so that you fully understand them. A copy of each was given to you for your records and future reference.

## B. Welcome to Wellscripts

Patient,

## B. Quad Cane

Operating Guide:	Safety Guide:	Cleaning Guide:
<p>Some equipment comes with manufacturer's guidelines in booklet form and/or on the equipment. If you were provided with a manufacturer's guideline, please follow those instructions. Otherwise, please follow the generic operation guidelines below:</p> <p>Adjusting for Right/Left Hand Use:</p> <ol style="list-style-type: none"> <li>1. Loosen the lock knob.</li> <li>2. Depress the snap button and turn cane handle 180 degrees until the button locks into the same height adjustment hole on the other side of the cane.</li> <li>3. When the handle and the height of the cane are positioned correctly and the snap button protrudes through the height adjustment hole on the handle, turn the lock knob clockwise to secure.</li> </ol> <p>Adjusting for Proper Cane Height:</p> <ol style="list-style-type: none"> <li>1. Stand as upright as possible on a firm, flat surface and let your arm hang down naturally by your side.</li> <li>2. Adjust cane so top portion of handle touches inside of wrist where it meets the patient's palm.</li> <li>3. Turn the anti-rattle collar counterclockwise to loosen.</li> <li>4. Press in the snap button.</li> <li>5. Slide extension up or down until snap button protrudes through an adjustment hole on handle end of cane.</li> <li>6. Repeat steps 4-5 until cane is at the proper cane height.</li> <li>7. Tighten lock knob by turning clockwise.</li> </ol>	<ol style="list-style-type: none"> <li>1. Check rubber tip for rips, tears, cracks, or wear. If any of these conditions exist, replace the tip immediately.</li> <li>2. The canes are designed to be an ambulatory aid for patients weighing up to 300 lbs. They are not designed to support the total weight of patients.</li> <li>3. Ensure that the snap button fully protrudes through the adjustment hole of cane.</li> <li>4. Before using the cane, ensure that it is securely locked in place.</li> </ol>  <p>The diagram shows a quad cane with four feet. Red arrows point to four specific parts: the 'Hand Grip' at the top, the 'Snap Button' on the handle, the 'Lock Knob' on the shaft, and the 'Cane Tip' on one of the feet.</p>	<ol style="list-style-type: none"> <li>1. Wipe down and dry as needed.</li> </ol>

### C. Folding Walker

#### Operating Guide:

Some equipment comes with manufacturer's guidelines in booklet form and/or on the equipment. If you were provided with a manufacturer's guideline, please follow those instructions. Otherwise, please follow the generic operation guidelines for Walkers below:

1. Make sure that the front wheels are attached, then align feet in the middle of the back legs of the walker.
2. Lift the walker up and place it comfortably in front of you, making sure that all four legs of the walker are on the ground.
3. Carefully walk forward, one step at a time.



#### Safety Guide:

1. Make certain that all folding lock mechanisms are secured and fully engaged. This will indicate that the walker is fully opened and locked in place.

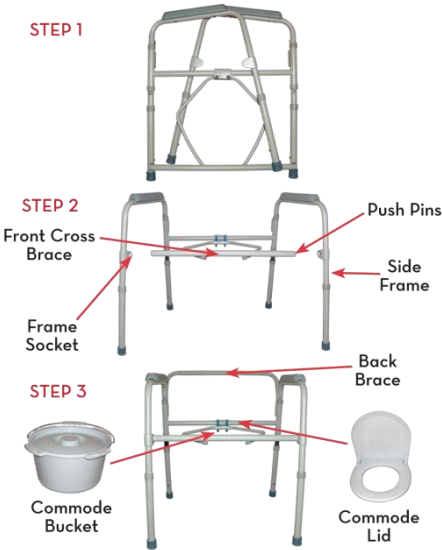


2. Be aware of rugs and carpeting.
3. Keep path clear of electrical cords or other items which may cause the patient to trip.
4. Avoid water or slippery surfaces.
5. **Do not** push one side of the walker ahead and then the other side without lifting the walker first.
6. **Do not** use on stairs or escalators.


#### Cleaning Guide:

1. Wipe down walker with a damp cloth and solution periodically. Solution consists of warm or hot water and a mild detergent.
2. Dry the walker thoroughly.

## D. Bedside Commode and Raised Toilet Seat

Operating Guide:	Safety Guide:	Cleaning Guide:
<p>Some equipment comes with manufacturer's guidelines in booklet form and/or on the equipment. If you were provided with a manufacturer's guideline, please follow those instructions. Otherwise, please follow the generic operation guidelines for Commodes below:</p> <p><b>Assembly Instructions:</b></p>  <p><b>STEP 1</b></p> <p><b>STEP 2</b></p> <p>Front Cross Brace, Push Pins, Side Frame, Frame Socket, Back Brace</p> <p><b>STEP 3</b></p> <p>Commode Bucket, Commode Lid</p> <p><b>Commode Chairs:</b></p> <ol style="list-style-type: none"> <li>1. The patient should back up to the commode until he/she feels the back of his/her legs touching the equipment.</li> <li>2. Carefully reach back for the armrest. Place both hands firmly on the arm rest before sitting down.</li> <li>3. Slowly lower his or herself onto the commode by bending his/her elbows, knees and hips, if possible.</li> </ol> <p><b>Raised Toilet Seat:</b></p> <ol style="list-style-type: none"> <li>1. Raise the toilet cover and seat.</li> <li>2. Place the raised toilet seat on the toilet bowl.</li> <li>3. Slowly be seated. If there are not any safety rails in place, have someone assist the patient in sitting and/or getting up from the seat.</li> </ol>	<p><b>Commode Chair:</b></p> <ol style="list-style-type: none"> <li>1. Be sure that the height of the chair has been adjusted prior to use.</li> <li>2. Toilet seat must be in down position before use.</li> <li>3. All four leg extensions with rubber must touch the floor simultaneously at all times.</li> <li>4. Patients with limited physical strength should be supervised or assisted while using commode.</li> <li>5. Be sure the commode is securely in position.</li> <li>6. <b>Do not</b> have a rug in front of the commode.</li> <li>7. Always use safety rails when available.</li> </ol> <p><b>Raised Toilet Seat:</b></p> <ol style="list-style-type: none"> <li>1. Always be sure that the seat is correctly and securely in place before using.</li> <li>2. Patients with limited physical strength should be supervised or assisted while using commode.</li> <li>3. Check for secure fit before using product. The patient's weight should be centered over the toilet seat, not too forward or too far to one side.</li> </ol>	<p><b>Cleaning Guide:</b></p> <ol style="list-style-type: none"> <li>1. All commodes must be emptied after each use.</li> <li>2. Commode should be cleaned with a damp cloth and a solution as often as possible. Solution consists of hot water and any regular household cleaning products.</li> <li>3. <b>Do not</b> use an abrasive cleaner, cloth, or pad with these products.</li> </ol>

## E. Wheelchairs


Operating Guide:	Safety Guide:	Cleaning Guide:
<p>Some equipment comes with manufacturer's guidelines in booklet form and/or on the equipment. If you were provided with a manufacturer's guideline, please follow those instructions. Otherwise, please follow the generic operation guidelines for Wheelchairs below:</p> <ol style="list-style-type: none"> <li>1. To open the chair, tilt the wheelchair to one side and push down on the seat rail until completely opened.</li> <li>2. Test wheels for proper tightness by leaning the chair to one side and spinning the wheel.</li> <li>3. To adjust the length of the foot rests, the patient should sit in the wheelchair with his/her feet on the foot plates, then loosen the bolt on the clamp and raise or lower the foot plate to desired position.</li> <li>4. Wheel locks are engaged by pushing handles completely forward. Be sure to test wheel locks before use.</li> <li>5. To close and fold the chair, fold foot plates to vertical position, grab seat with both hands at the front and back edge, then lift.</li> </ol> 	<ol style="list-style-type: none"> <li>1. Wheels should be inspected at least once a month to ensure proper tightness.</li> <li>2. Always lock wheels, left and right, when getting in or out of the wheelchair, leaning forward in chair, or while in an elevator or wheelchair lift.</li> <li>3. Keep all hands and fingers out of the spokes of the wheelchair.</li> <li>3. <b>Do not</b> operate wheelchair on roadways, streets, or any surfaces with vehicular traffic.</li> <li>4. <b>Do not</b> stand on wheelchair.</li> <li>5. Abruptly changing directions while going down an incline could cause instability or possible tipping over.</li> <li>6. Wheelchair should be on a smooth, stable and level area with wheel locks engaged before transferring user in or out of wheelchair.</li> </ol>	<ol style="list-style-type: none"> <li>1. Wipe chrome parts of the chair with a clean, soft cloth and solution once a week, or more frequently if the need should arise. The solution can consist of mild detergent and warm or hot water.</li> <li>2. <b>Do not</b> use an abrasive cleanser that will scratch the finish of the chair.</li> <li>3. <b>Do not</b> get water or liquid cleaning solutions in the wheel or caster bearings.</li> <li>4. Tires can be cleaned with a damp cloth occasionally. Replace tires if they become severely worn or if cracking appears.</li> <li>5. Entire chair except for wheel and caster bearings can be lightly sprayed with disinfectant and air dried.</li> </ol>



## F. Hospital Bed

Operating Guide:	Safety Guide:	Cleaning Guide:
<p>Some equipment comes with manufacturer's guidelines in booklet form and/or on the equipment. If you were provided with a manufacturer's guideline, please follow those instructions. Otherwise, please follow the generic operation guidelines for Hospital beds below:</p> <p>The FHRE representative is responsible for assembling the hospital bed for the patient.</p> <ol style="list-style-type: none"> <li>1. The electric bed should be positioned in a room where there is a clear path for the patient to exit and enter.</li> <li>2. The bed height can be adjusted up or down to fit the needs of the patient. <u>Full-electric:</u> there are hand controls <u>Semi-electric:</u> there is a manual bed crank at the foot of the bed.</li> <li>3. Proper adjustment of the height of the bed is achieved when the top of the mattress has reached mid-thigh of the standing patient.</li> <li>4. Side rails can be adjusted to three positions by pulling out the set pin and adjusting up or down.</li> </ol>	<ol style="list-style-type: none"> <li>1. The bed should be plugged into a properly grounded, uncluttered wall outlet.</li> <li>2. <b>Do not</b> use a lightweight or non-polarized extension cord to connect bed to outlet.</li> <li>3. <b>Do not</b> place throw rugs beside the bed where the patient may slide when getting up or down.</li> <li>4. Safety rails should <b>always</b> be used.</li> </ol> <div data-bbox="678 934 977 1165" data-label="Image"> </div>	<ol style="list-style-type: none"> <li>1. Unplug the power cord before cleaning or performing maintenance on the electrical bed.</li> <li>2. Wipe down the entire bed frame with a disinfectant and allow to dry completely before using the bed.</li> <li>3. Periodically remove mattress and clean mattress deck.</li> <li>4. The mattress should be turned top to bottom and over monthly in order to prevent sagging.</li> </ol>


## G. Nebulizer Compressors

Operating Guide:	Safety Guide:	Cleaning Guide:
<p>Some machines come with manufacturer’s guidelines in booklet form and/or on the machine. If you were provided with a manufacturer’s guideline, please follow those instructions. Otherwise, please follow the generic operation guidelines for Nebulizers below*:</p> <ol style="list-style-type: none"> <li>1. Plug the power cord into a properly grounded AC electrical outlet. If the unit is an AC/DC powered model, you may also plug the power cord into an appropriate DC power supply (car lighter). <b>Do not</b> use an Extension cord.</li> <li>2. Attach one end of plastic tubing to the “air” outlet on the compressor and the other end to the “Nebulizer cup.”</li> <li>3. Fill the Nebulizer cup with the prescribed medication.</li> <li>4. Switch the compressor to the “ON” position and begin treatment as prescribed.</li> <li>5. When treatment is complete, please switch the compressor to the “OFF” position. (When using the 12 volt DC option, begin and end operation by plugging or unplugging the unit to the appropriate power supply.)</li> <li>6. Disconnect the Nebulizer and tubing and unplug from the power source. Wipe the unit with a damp cloth to clean.</li> <li>7. Store the Nebulizer Compressor and tubing in the storage compartment of the compressor. <b>do not</b> submerge the unit in water.</li> <li>8. Check external filter, if equipped, and clean or replace as needed.</li> </ol> <p>*Unauthorized disassembly and/or repair voids all warranties and should not be attempted</p>	<ol style="list-style-type: none"> <li>1. Always unplug unit’s electrical power cord after use.</li> <li>2. <b>Do not</b> submerge the unit in water or liquid.</li> <li>3. <b>Do not</b> place, store, or use the unit where it can be pilled or accidentally fall into water.</li> <li>4. <b>Do not</b> operate while bathing.</li> <li>5. If unit should fall into water, unplug immediately. <b>Do not</b> reach for the unit if connected to the power source.</li> <li>6. Never operate this unit if power cord is damaged, if the unit has been submerged or dropped into water, or if it is not working properly.</li> <li>7. <b>Do not</b> operate the unit while it is sitting on a soft surface, couch, bed, or carpet, etc... This can cause air openings to be blocked. Keep any air openings free of lint, hair, etc...</li> <li>8. Please contact FHRE directly if you have any questions, concerns, or issues with your unit.</li> </ol>	<ol style="list-style-type: none"> <li>1. Remove tubing and medicine cup for the compressor.</li> <li>2. Disconnect medicine cup from the tubing.</li> <li>3. Disassemble the medicine cup and wash all items in hot soapy water. Rinse thoroughly to remove all soap residue.</li> <li>4. Remove items for water and allow to air dry. <b>Do not</b> towel dry or wash in the dishwasher.</li> <li>5. Reassemble medicine cup, attach to tubing and replace in plastic bag for storage until your next treatment.</li> <li>6. Always take treatments as prescribed by your physician.</li> </ol> 


## H. Oximeter

Operating Guide:	Safety Guide:	Cleaning Guide:
<p>The clinician or medical professional will:</p> <ol style="list-style-type: none"> <li>1. Set alarm limits as ordered by the physician</li> <li>2. Clean probe site with soap and water and then rinse and dry thoroughly.</li> <li>3. Apply appropriate probe:            Adult=Finger Probe.            Infant=Neonate or Infant Probe</li> <li>4. Turn Oximeter "ON."</li> <li>5. Teach caregiver how to respond to alarms.</li> <li>6. Instruct on changing site of probe every 6-8 hours on infants.</li> </ol>	<ol style="list-style-type: none"> <li>1. The patient and/or caregiver should be thoroughly familiar with the equipment before using.</li> <li>2. The instrument should not be used in presence of flammable agents or anesthetics.</li> <li>3. <b>Do not</b> allow water or fluids to enter instrument.</li> <li>4. Proper operation of the Oximeter and sensors may be influenced by bright ambient light, patient movement, dysfunctional hemoglobin, and/or certain intravascular dyes.</li> <li>5. To avoid electromagnetic interference effects, maintain at least 8 inches between Oximeter and Apnea monitor and other electrical/electronic equipment.</li> <li>6. There are no user serviceable parts or adjustments inside the instrument. <b>Do not</b> attempt to open the instrument case.</li> <li>7. Call FHRE directly if you suspect the machine is malfunctioning or if you need further directions or assistance.</li> </ol>	<ol style="list-style-type: none"> <li>1. The Oximeter can be wiped with isopropyl alcohol or a commercial cleaning solution.</li> <li>2. <b>Do not</b> over wet your cloth when cleaning.</li> <li>3. Avoid caustic or abrasive cleaners that will mar the enclosure or key pad.</li> <li>4. Use extra care in cleaning the display window to avoid scratching the finish.</li> </ol> <div data-bbox="1198 1003 1365 1247" data-label="Image"> </div>

## I. Suction Machine

Operating Guide:	Safety Guide:	Cleaning Guide:
<p>Some machines come with manufacturer’s guidelines in booklet form and/or on the machine. If you were provided with a manufacturer’s guideline, please follow those instructions. Otherwise, please follow the generic operation guidelines for suction machines below:</p> <ol style="list-style-type: none"> <li>1. Plug power cord into wall electrical receptacle and turn power switch “ON.”</li> <li>2. Press canister lid firmly in place on top of the canister.</li> <li>3. Pinch air tube and adjust regulator to required suction reading on the vacuum gauge.</li> <li>4. Attach patient suction tube to canister lid.</li> <li>5. Attach prescribed suction catheter to suction tube. (the suctioning for the patient should not be done by anyone without proper training)</li> <li>6. When finished, the unit should be turned “OFF”, then disconnect the power cord.</li> <li>7. The collection bottle should be emptied. The apparatus and attachments should be thoroughly cleaned.</li> <li>8. Empty collection bottle when approximately <math>\frac{3}{4}</math> full.</li> </ol>	<ol style="list-style-type: none"> <li>1. Unit should only be used if it is a physician’s order.</li> <li>2. The caregiver must be thoroughly instructed in proper suctioning techniques.</li> <li>3. The unit should never be left unattended when plugged into a power source.</li> <li>4. <b>Do not</b> handle electrical appliance with wet hands when plugged into a power source.</li> <li>5. Under no circumstances will the ground prong on a 3 prong plug be torn off to make it usable. Use a 3 to 2 adapter.</li> </ol> 	<ol style="list-style-type: none"> <li>1. Unplug power cord before cleaning.</li> <li>2. <b>Do not</b> submerge the unit in water or a liquid solution.</li> <li>3. Use gloves, eye protection, and an apron when handling machine parts.</li> <li>4. Remove collection bottle, stopper, tubing, and overflow glass from the machine and place it in wash basin, then wash with hot soapy water. (<b>Do not</b> wash plastic parts in the dishwasher).</li> <li>5. Rinse with warm clean water.</li> <li>6. For infection control, wipe machine with a clean cloth dampened in a solution of 1 part bleach and 9 parts water.</li> <li>7. Discard cleaning solution after each use. <b>Do not reuse.</b></li> <li>8. When finished cleaning, reattach the parts to the machine.</li> </ol>

## J. Alternating Pressure Pad and Pump

Operating Guide:	Safety Guide:	Cleaning Guide:
<p>Some equipment comes with manufacturer's guidelines in booklet form and/or on the equipment. If you were provided with a manufacturer's guideline, please follow those instructions. Otherwise, please follow the generic operation guidelines below:</p> <ol style="list-style-type: none"> <li>1. Remove bed covering from mattress.</li> <li>2. Place alternating pressure pad on top of the mattress with the air supply tubing at the foot of the bed.</li> <li>3. Remake the bed so that only the sheet is between the patient and the alternate pressure pad.</li> <li>4. Attach air supply tubing to the alternating pressure pad pump and place pump on the floor under the bed and connect pump power cord to the electrical wall receptacle.</li> <li>5. Turn pump switch "ON." (Some pumps come on when unit is plugged into power source.</li> <li>6. Allow a few minutes for alternating pressure pad to inflate.</li> <li>7. Allow pump to operate at all times when patient is in bed.</li> </ol>	<ol style="list-style-type: none"> <li>1. Pump operates on 115V A/C.</li> <li>2. If the patient's home has two prong electrical receptacles only and the power cord is a three prong electrical plug, use a 3 to 2 prong adapter. Under no circumstances will the ground prong be torn off the plug to make it work.</li> <li>3. <b>Do not</b> overload house electrical receptacle.</li> <li>4. <b>Do not</b> use extension cord with pump.</li> <li>5. Keep power cord and air pump tubing under the bed and out of the way so those walking around the bed will not trip.</li> </ol> <div data-bbox="630 1150 971 1381" style="text-align: center;"> <p>Pad + Pump Kit</p>  </div>	<ol style="list-style-type: none"> <li>1. Alternating Pressure Pad is cleaned when bed linens are changed or at other times as necessary. Remove the pad from the bed; wipe a cloth that is dampened in a pan with warm water and mild soap.</li> <li>2. Wipe pad with a clean cloth dampened in clean water to remove all of the soap residue. Allow to air dry.</li> <li>3. The pad can be lightly sprayed or wiped with an acceptable disinfectant such as Lysol or another type of disinfectant that will not irritate the patient. Allow to air dry before repositioning on the bed.</li> <li>4. Discard cleaning solutions after each use. <b>Do not reuse.</b></li> <li>5. Disconnect pump from electrical power source wipe with a damp (not wet) cloth. <b>Do not</b> submerge the pump in water or liquid.</li> </ol>

## K. Patient Lift


Operating Guide:	Safety Guide:	Cleaning Guide:
<p>Some equipment comes with manufacturer's guidelines in booklet form and/or on the equipment. If you were provided with a manufacturer's guideline, please follow those instructions. Otherwise, please follow the generic operation guidelines below:</p> <ol style="list-style-type: none"> <li>1. Spread the base of legs to the widest position before lifting.</li> <li>2. For smooth and easy lifting, have the lift, chains, sling, commode or wheelchair in ready position.</li> <li>3. With the patient in the center of the bed, roll patient on side away from the attendant.</li> <li>4. Roll the patient on side toward the attendant and center the patient on sling. With the base of lifter under bed, press the down button on the control handset to lower the boom.</li> <li>5. Hook the hanging strips with the hanging bar. If a chain is used, make sure the "S" hooks are away from the patient.</li> <li>6. Lock rear casters, lift the patient by pressing the up button on the control handset.</li> <li>7. Lift the patient until the patient's feet swing easily off the bed keeping the patient facing the attendee.</li> <li>8. Unlock rear casters and transfer patient to and above commode or wheelchair. Lock the brakes of both lifter and commode or wheelchair.</li> <li>9. Press the down button on control handset to gradually lower the patient.</li> <li>10. During the descent, assist patient to attain correct sitting posture.</li> <li>11. For transferring to wheelchair, when patient is seated, push down on boom to slacken hanging strips of sling. Patient can remain seated in sling.</li> <li>12. For commode use, adjust clothing before moving lift to straddle commode. Keep hanging strips taut and make sure patient is in a comfortable position.</li> </ol>	<ol style="list-style-type: none"> <li>1. Do not attempt any transfer without the approval of the patient's nurse.</li> <li>2. Patient lifts should be used only by order of the physician. Use only a sling that is made by and/or recommended by the manufacturer of that patient lift.</li> <li>3. The physician, nurse, or medical attendant should determine the proper and safe sling to use.</li> <li>4. Use care and discretion to determine if a patient lift should be used to lift a severely handicapped patient.</li> <li>5. Base legs on lifter should be spread to widest position when lifting patient if lift is equipped.</li> <li>6. Keep patient centered between the legs of base and facing toward the attendant who is operating the lift.</li> <li>7. Check position of sling to be sure seat is close to knees.</li> <li>8. Adjust the links of chains or slides on web straps to insure the most comfortable position.</li> <li>9. Make sure wheels are locked when putting the patient into and out of the patient lift, if so equipped.</li> <li>10. Visually inspect the nut and bolt that attaches the boom to the top of the mast, verify that the nut and bolt are securely fastened.</li> </ol>	<ol style="list-style-type: none"> <li>1. Clean lift with a warm soapy wash cloth or sponge. Wipe with a damp, non-soapy cloth to rinse.</li> <li>2. Soak the lifting sling in the 1 part bleach to 9 parts water solution, then hand wash with laundry soap and let air dry.</li> <li>3. For infection control, the complete lift, minus the sling, should be wiped with a clean cloth and a solution of 1 part bleach to 9 parts water. While cleaning with solution, gloves and an apron should be worn.</li> <li>4. Discard cleaning solution after each use. Do not reuse.</li> <li>5. The entire lift can then be sprayed with disinfectant and allowed to air dry.</li> </ol> <div data-bbox="1175 1192 1403 1541" data-label="Image"> <p>The image shows a patient lift device. It consists of a four-wheeled base with a central mast. A boom extends from the top of the mast, and a sling is attached to the end of the boom. The device is designed to lift a patient from a bed or wheelchair and transfer them to another location, such as a wheelchair or commode.</p> </div>

## L. Low Air Loss Mattress

Operating Guide:	Safety Guide:	Cleaning Guide:
<p>Some equipment comes with manufacturer's guidelines in booklet form and/or on the equipment. If you were provided with a manufacturer's guideline, please follow those instructions. Otherwise, please follow the generic operation guidelines below:</p> <ol style="list-style-type: none"> <li>1. Remove the system from the carry bag.</li> <li>2. Plug the pump power cord into the electrical outlet. Leave "ON/OFF" switch in "OFF" position.</li> <li>3. The pump should be placed feet down on any convenient surface or alternatively suspended from the bed foot rail by means of the swing hooks.</li> <li>4. Place low air mattress on the top of the bed frame with the air feed tubes located near the pump at the foot of the bed.</li> <li>5. Ensure that the quick deflate plug at the head-end is securely inserted.</li> <li>6. Place the protective cover over the cell assembly and fix into position, smooth coating on outside. This will reduce the risk of the cell assembly becoming contaminated.</li> <li>7. Connect male and female air feed tubes to appropriate air outlets on pump unit, ensuring that the tubes are not "kinked" or twisted. Push the connectors in until they click.</li> <li>8. Switch on the pump unit. The "ON/OFF" and red low pressure indicator will illuminate.</li> <li>9. Allow approximately 25 minutes for the pad to inflate fully. The low pressure indicator will go out once the pad is fully inflated.</li> <li>10. Place a bed sheet over the mattress replacement and tuck in loosely without wrinkles.</li> <li>11. Adjust the patient weight control for the appropriate patient weight. Increase the weight by 90 lbs when the patient is in the sitting position.</li> </ol>	<ol style="list-style-type: none"> <li>1. Keep the pump away from liquid.</li> <li>2. <b>Do not</b> expose the system, especially the mattress, to open flames.</li> <li>3. <b>Do not</b> use hypercarbonate or phenolic based cleaning solutions.</li> <li>4. Keep sharp objects away from the mattress.</li> <li>5. Ensure that the pump and electric cord are positioned in a manner that will not cause accidental harm.</li> <li>6. Use side rails on the bed while system is in use, where possible.</li> </ol> <div data-bbox="672 1108 993 1373" data-label="Image"> </div>	<ol style="list-style-type: none"> <li>1. The mattress can be cleaned while on the bed using hot water and a mild household detergent. If the mattress is soiled, it can be wiped down using 1,000ppm sodium hypochlorite solution, sodium dichloroisocyanurate solution (NaDCC) or any other non-phenolic, EPA-approved, hospital grade disinfectant. The top cover must be dry prior to use.</li> <li>2. The mattress cover can be washed and thermally disinfected in a washing machine. Recommended maximum temperature is 176°F.</li> </ol>



## M. Oxygen

Operating Guide:	Goals:	Maintenance:
<p>Some machines come with manufacturer's guidelines in booklet form and/or printed on the machine. If you were provided a manufacturer's guideline, please follow those instructions. Otherwise, please follow the generic operation guidelines for Oxygen below:</p> <ol style="list-style-type: none"> <li>1. Fill and maintain humidifier bottle (if applicable) with distilled water. Fill to the center of the jar and attach to the oxygen concentrator outlet fitting.</li> <li>2. Attach the supply tube with cannula to humidifier bottle or oxygen concentrator outlet fitting.</li> <li>3. Plug oxygen concentrator power cord into an electrical outlet.</li> <li>4. Push the concentrator power switch to "ON." An audible alarm may sound for a brief period of time, then it will cease. If it does not stop after 2-3 minutes, please call FHRE directly.</li> <li>5. Adjust to the physician prescribed liter-per-minute (LPM) flow rate on the front of the concentrator.</li> <li>6. Center the ball at the prescribed LPM number, Do not deviate from the prescribed flow rate without consulting your physician.</li> <li>7. To discontinue use, push the power switch to the "OFF" position.</li> </ol>	<p><b>Following these instructions, the patient and/or caregiver will demonstrate an accurate understanding of, and the ability to, properly and safely use the prescribed therapy and operate the necessary equipment.</b></p> <p><b><u>Patient Understands:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The purpose of the prescribed home therapy</li> <li><input type="checkbox"/> Understands the physician's prescription O<sub>2</sub> via mask/nasal cannula at _____ liters/min. _____.</li> <li><input type="checkbox"/> The hazards of oxygen and the precautions necessary to operate the system safely.</li> <li><input type="checkbox"/> Precautions and hazards of smoking near oxygen</li> <li><input type="checkbox"/> To never attempt any repairs</li> </ul> <p><b><u>Oxygen Safety:</u></b></p> <p>Is there anyone smoking in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No—If <b>yes</b>, advise patient and caregiver on hazards and precautions of smoking around oxygen equipment.</p> <p>Can the patient/caregiver hear the concentrator alarm? <input type="checkbox"/> Yes <input type="checkbox"/> No—If <b>no</b>, advise patient/caregiver how to check the power light to see if concentrator is powered on.</p> <p>Did the patient/caregiver post "No Smoking" signs at the main entrance of their home? <input type="checkbox"/> Yes <input type="checkbox"/> No—If <b>no</b>, advise patient/ caregiver that it is in their best interest to post "No Smoking" signs. In an event of a fire, the fire department needs to know Oxygen is stored in the home.</p> <p>Does the patient have a fire extinguisher? <input type="checkbox"/> Yes <input type="checkbox"/> No—If no, instruct patient/caregiver on advantages of having one.</p> <p><b><u>Patient Understands How To:</u></b></p> <p><b><u>Concentrator:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Turn the machine ON and OFF</li> <li><input type="checkbox"/> Set the liter flow</li> <li><input type="checkbox"/> Know the alarm conditions/able to hear alarm, if not able to hear—educate on alternative method of checking concentrator</li> <li><input type="checkbox"/> Clean the filter and frequency required</li> <li><input type="checkbox"/> Change the humidifier and frequency required (if applicable)</li> <li><input type="checkbox"/> Change the mask/nasal cannula and frequency required</li> <li><input type="checkbox"/> Use the backup system and when it is required</li> </ul> <p><b><u>Cylinder:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Turn tank ON and OFF</li> <li><input type="checkbox"/> To set the flow meter</li> <li><input type="checkbox"/> To read regulator gauge and determine how much oxygen is left in the cylinder</li> <li><input type="checkbox"/> To attach the oxygen tubing</li> <li><input type="checkbox"/> Remind patient of extra washer and its use</li> </ul> <p><b><u>FHRE Representative Should:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure that support person(s) are present during instructions</li> <li><input type="checkbox"/> Leave all necessary instruction guides</li> <li><input type="checkbox"/> Ensure that patient has company phone number</li> <li><input type="checkbox"/> Explain emergency service</li> <li><input type="checkbox"/> Explain refill procedures</li> </ul> <div style="text-align: right;">  </div>	<p><b><u>Humidifier:</u></b></p> <ol style="list-style-type: none"> <li>1. The humidifier bottle (if applicable) should be filled with distilled water only.</li> <li>2. The water should be changed on a daily basis and thoroughly cleaned, then refilled.</li> <li>3. The humidifier can be cleaned with warm water and mild soap. Be sure to rinse well.</li> <li>4. To disinfect the humidifier, use one part white vinegar and three (3) parts water. This is recommended once a week.</li> </ol> <p><b><u>Oxygen Concentrator:</u></b></p> <ol style="list-style-type: none"> <li>1. The housing of the unit should be wiped with a clean damp cloth to prevent dust build up. A mild soapy water solution may be used to clean soiled areas.</li> </ol> <p><b>Never</b> attempt to fix problems with the concentrator.</p> <p>Please call FHRE directly to report the issue.</p>



## XII. CPAP AND BI-LEVEL UNITS

### A. Packet Checklist—Respiratory Equipment

#### All Admission Packets:

- Welcome letter
- Emergency Preparedness Plan—pages 2-4
- Patient's Rights and Responsibilities—pages 5-6
- Notice of Privacy Practices—pages 7-8
- Advance Directives—pages 9-10
- Medicare DMEPOS Supplier Standards—page 11
- Fall Prevention Program—pages 14-15
- Resource Guide (Smoking Cessation)—page 18
- Helpful Phone Numbers—page 19
- Perceptive Home Assessment Forms
- Consent form
- Invoice
- Quality Assurance Questionnaire/ Satisfaction Survey (post card)

#### Respiratory Set-Up:

- Cough Assist
- CPAP/Bi-Level
- Heated High Flow
- High Frequency Chest Wall Oscillation (Vest)
- Non-Invasive Ventilator
  - Admission Education
  - Maintenance
  - Supply Re-Order

The items above have been explained so that you fully understand them. A copy of each was given to you for my records and future reference.

**Patient Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient's Signature:** \_\_\_\_\_

**AHRE Representative Signature:** \_\_\_\_\_

## B. CPAP/Bi-Level Admission

Patient Name: \_\_\_\_\_

Device Provided: \_\_\_\_\_ Settings: \_\_\_\_\_

Following these instructions, the patient and/or caregiver will demonstrate an accurate understanding of, and the ability to properly and safely administer the prescribed therapy and/or equipment.

PAP Device and Humidifier	Mask/Nasal Pillow Fit and Adjustment	Contract, Warranties and Services	Instructions
<ul style="list-style-type: none"> <li><input type="checkbox"/> Purpose and pressure setting of the prescribed home therapy.</li> <li><input type="checkbox"/> Connects only to a wall socket.</li> <li><input type="checkbox"/> Proper connection of tubing.</li> <li><input type="checkbox"/> How to turn the machine on and off.</li> <li><input type="checkbox"/> Connection/integration of the pressure unit to the humidifier.</li> <li><input type="checkbox"/> Proper filling of the humidifier to the fill line with distilled water.</li> <li><input type="checkbox"/> Proper care of filters and verbally explains correct replacement intervals.</li> <li><input type="checkbox"/> Temperature control regulates the humidity (dry/wet) of the delivered air and demonstrates how to regulate it.</li> <li><input type="checkbox"/> "Ramp" allows the gradual build up to therapy pressure over time and demonstrates how to activate and reset it.</li> </ul>	<p><b>How to:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Attach head gear.</li> <li><input type="checkbox"/> Put on and take off the mask.</li> <li><input type="checkbox"/> Identify adjustment points on their mask and use them to assure proper seal and fit.</li> <li><input type="checkbox"/> Pull the mask slightly away from the face to allow the air pressure to form the best seal.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> This is a ___ month rental contract, at the end of which the patient owns the equipment, if all co-pays and deductibles have been made.</li> <li><input type="checkbox"/> The device is a rental item that will be billed monthly to the insurance company.</li> <li><input type="checkbox"/> The co-pay is ____%</li> <li><input type="checkbox"/> There is a 1 year warranty on all units.</li> <li><input type="checkbox"/> For supply reorders, the patient may call FHRE.</li> <li><input type="checkbox"/> For repairs, the patient will call FHRE for an appointment.</li> </ul>	<p><b>Patient Understands:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> It is my responsibility to schedule a face-to-face appointment with my physician after 31 days of treatment for CPAP / Bi-Level compliance.</li> <li><input type="checkbox"/> Your insurance may require a compliance download within the first 90 days of being set up with the unit.</li> <li><input type="checkbox"/> I may be required to submit a downloadable card to FHRE. If I fail to be compliant with Insurance Guidelines through a compliance download, I will either purchase in full or return the unit to FHRE.</li> </ul> <p><b>AHRE Representative Should</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure patient understands to <b>contact AHRE directly</b> with any questions or concerns.</li> <li><input type="checkbox"/> Leave all necessary guides.</li> <li><input type="checkbox"/> Explain Emergency Service.</li> </ul>

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

AHRE Representative Signature: \_\_\_\_\_

### C. Maintenance & Supplies for CPAP/Bi-Level Unit

Please follow the operation and cleaning guidelines found in the manufacturer's manual. For general CPAP/Bi-Level units, please follow the directions listed below and contact us immediately if you find any discrepancies with your order.

**Phone: (407) 830-1938, Option 1**

**Email: [Sales@FHREOnline.com](mailto:Sales@FHREOnline.com)**

**\*\* We are open Monday – Friday from 9:00am – 5:00pm.\*\***

#### **EVERY MONTH**

- Disposable Filters                      2 per month (Do not wash. Check bi-weekly for signs of discoloration or teating.)
- Pillow Cushions                         2 per month
- Nasal Cushions                         2 per month
- Full Face Cushion                      1 per month

*\*Reminders\**

Daily: Wash with mild soapy water (mild dish washing soap) and rinse well.  
NEVER clean the mask with alcohol.

#### **EVERY 3 MONTHS**

- Frame w/ Cushion                      1 every 3 months

*\*Reminders\**

Daily: Wash with mild soapy water (mild dish washing soap) and rinse well.  
NEVER clean the mask with alcohol.

- Tubing                                      1 every 3 months

Weekly: Wash with mild soapy water (mild dish washing soap), rinse well and hang dry.

#### **EVERY 6 MONTHS**

- Water Chamber                         1 every 6 months

*\*Reminders\**

Daily: Wash with mild soapy water (mild dish washing soap) and rinse well.

Optional – Weekly: Soak for 30min in a solution containing 1 part white vinegar, 3 parts distilled water, mix and rinse well.

- Headgear/Chin Strap                 1 of each every 6 months

*\*Reminders\**

Weekly: Hand wash in a standard laundry detergent and air dry.  
Do NOT bleach, put in the dryer or iron either supply.

- Non-Disposable Filter                 1 every 6 months

*\*Reminders\**

Weekly: Wash with soapy water and rinse well. Allow it to air dry before placing it back in the unit.

**\*\*Check with your individual insurance plan to determine the frequency of allowable supply replacement.\*\***

## D. Respiratory Therapy Devices

Patient Name: \_\_\_\_\_

Device Provided: \_\_\_\_\_ Settings: \_\_\_\_\_

Following these instructions, the patient and/or caregiver will demonstrate an accurate understanding of, and the ability to properly and safely administer the prescribed therapy and/or equipment.

Heated High Flow	High Frequency Chest Wall Oscillator	Cough Assist Device	Contract, Warranties and Services
<ul style="list-style-type: none"> <li><input type="checkbox"/> Purpose and device setting of the prescribed home therapy.</li> <li><input type="checkbox"/> Connect only to wall socket.</li> <li><input type="checkbox"/> How to turn on and off.</li> <li><input type="checkbox"/> Proper filling of the humidifier to the fill line with distilled water.</li> <li><input type="checkbox"/> Proper care of filters.</li> <li><input type="checkbox"/> Temperature control regulates the humidity (dry/wet) of the delivered air and demonstrates how to regulate it.</li> <li><input type="checkbox"/> How to connect tubing.</li> <li><input type="checkbox"/> How to put on and take off cannula.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Purpose and device setting of the prescribed home therapy.</li> <li><input type="checkbox"/> Power connectivity.</li> <li><input type="checkbox"/> How to turn the machine on and off.</li> <li><input type="checkbox"/> How to care for the device.</li> <li><input type="checkbox"/> Coughing techniques for airway clearance.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Purpose and device setting of the prescribed home therapy.</li> <li><input type="checkbox"/> Connect only to wall socket.</li> <li><input type="checkbox"/> How to turn on and off.</li> <li><input type="checkbox"/> Proper care of filters.</li> <li><input type="checkbox"/> Put on and take off the mask.</li> </ul>	<p><b>Patient Understands:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> This is a ___ month rental contract, at the end of which the patient owns the equipment, if all co-pays and deductibles have been made.</li> <li><input type="checkbox"/> The device is a rental item that will be billed monthly to the insurance company.</li> <li><input type="checkbox"/> The co-pay is ____%</li> <li><input type="checkbox"/> There is a 1 year warranty on all units.</li> <li><input type="checkbox"/> For supply reorders, the patient may call FHRE.</li> </ul> <p>For repairs, the patient will call FHRE for an appointment.</p> <hr/> <p><b>AHRE Representative Should</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure patient understands to <b>contact AHRE directly</b> with any questions or concerns.</li> <li><input type="checkbox"/> Leave all necessary guides.</li> <li><input type="checkbox"/> Explain Emergency Service.</li> </ul>

Patient's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

AHRE Representative Signature: \_\_\_\_\_

## E. General Information

AHRE was founded in 2005 and is proud to be locally owned and operated.

### **AHRE Mission:**

*We strive to be a cost effective provider of quality care and services, while working collaboratively to provide a caring, respectful, and educational experience to our customers.*



### **Why choose AHRE?**

- ✓ We have a specialized team dedicated to supplies and supply follow-up to ensure compliance.
- ✓ We offer medications for nebulizers.
- ✓ All PAP therapy set-ups are completed by a Respiratory Therapist.
- ✓ There are same-day set-up options for equipment.

### **Products Offered:**

#### Respiratory Products Offered

- Cough Assist Device
- CPAP, BiPAP, Auto & ASV
- Heated High Flow Unit
- High Frequency Chest Wall Oscillation
- Nebulizers & Medication
- Oxygen, Stationary & Portable Concentrators
- Suction (Oral & Tracheal)
- Tracheostomy Supplies
- Ventilator (Non-Invasive)



#### Other Products Offered

- Bath Benches
- Canes
- Commodes
- Crutches
- Elevated Toilet Seats
- Hospital Beds
- Knee Scooters
- Patient Lifts (Hoyer & Trapeze)
- Walkers
- Wheelchairs



### **Insurances Accepted:**

- AARP
- Adventist Health
- Aetna
- Ameriben
- Assurant Health
- Avmed
- Beech Street
- Blue Cross Blue Shield (No QHP or Empire)
- ChampVA
- Cigna
- Complete Care Network
- Complete Health
- Coventry



- Florida Hospital Care Advantage
- FMHN PPO
- Great West
- Magellan
- Medicaid (No HMO's)
- Medicare
- MedSave USA
- Meritain
- PHCS
- United Health One
- United Healthcare



## Patient Satisfaction Survey

Your satisfaction with our service and equipment is very important to us!

Please check only one (1) box for each of the following questions:

	Disagree (1)	Mostly Disagree (2)	Neither Agree or Disagree (3)	Mostly Agree (4)	Strongly Agree (5)
1. The equipment and/or supplies were delivered on time.					
2. The equipment was clean when delivered.					
3. Equipment was in good, working condition upon delivery.					
4. Instructions were adequate for safe use of equipment.					
5. The staff was courteous, cooperative, and helpful.					
6. Financial responsibilities about billing were explained.					
7. Overall services received were to my satisfaction.					

	Yes	No
8. The fall prevention and home safety program were explained.		
9. Have you fallen in the last 3 months?		
10. Would you recommend our company to family and/or friends?		
11. Do you have any questions regarding your financial responsibility?		

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Check one of the following to indicate who is filling out this survey:  Patient       Family Member       Caregiver/Other

**Suggestions/Comments**

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