

## **CLIENTS RIGHTS AND RESPONSIBILITIES**

**Water Tower Nursing and Home Care, Inc. (WTN) is a Home Services Agency licensed by the Illinois Department of Public Health. WTN is very proud of the commitment made by our home care team who are dedicated to caring for and working with individuals who want to maintain an undiminished quality of life. Home services provided by WTN are non-medical and may include, but are not limited to the assistance with daily living and personal care.**

**WTN strives to provide home services which ensure each Client's comfort, security, privacy and dignity. WTN respects your rights as a Client. We want you to understand your rights and responsibilities as a partner with WTN in your care.**

### ***The Client has the right to...***

- 1. Choose the home services agency that will provide you with the needed or desired support and/or companionship services.**
- 2. Receive considerate, kind and respectful care regardless of age, race, creed, color, natural origin, marital status, disability or sexual orientation.**
- 3. Participate in the development and implementation of your service plan.**
- 4. Information about your service plan in terms that you can understand.**
- 5. Refuse care to the extent permitted by law and to be informed of the possible consequences of the refusal.**
- 6. Designate a representative to make informed decisions about your care.**
- 7. Formulate advance directives and have them followed.**
- 8. Have your family, representative of your choice, and your physician notified of your admission in our home care services.**
- 9. Be free from all forms of abuse, harassment, neglect or financial exploitation.**
- 10. Be free from any forms of restraint or seclusion as a means of convenience, discipline, coercion, or retaliation.**
- 11. Information about rules and regulations affecting your care.**
- 12. Know the names and professional titles of your caregivers and home care professionals.**
- 13. Have services provided by dependable and responsible caregivers.**
- 14. Receive services as contracted and an explanation of all charges for service.**
- 15. Request a change of caregiver.**
- 16. Confidentiality and security of your personal, financial and health information.**
- 17. Request a restriction of use or disclosure of protected health information (PHI).**
- 18. Inspect and copy your client record within the limits of the law.**
- 19. A prompt response to any request for service within the scope of non-medical services provided by WTN.**

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### ***The Client has the right to... (Continued)***

20. Basic hygiene and infection control practices.
21. Basic personal and environmental safety precautions.
22. Maintenance of a clean, safe and healthy environment.
23. Have your property respected.
24. Have your questions, comments, concerns, or complaints reviewed and, if possible, resolved without interruption in service.
25. Be free from any form of retaliation due to the voicing of a concern or complaint.
26. A referral to another home services agency if service provided by WTN is terminated based on the inability to meet your financial obligations.
27. A referral to a home health or home nursing agency if service provided by WTN is terminated based on the Client's need for medical type services, which WTN does not provide.

### ***The Client has the responsibility to...***

1. Provide accurate and complete personal information including your full name, address, home telephone number, date of birth, and Social Security number.
2. Provide accurate and complete information about all matters pertaining to your health, including medications and past or present medical conditions.
3. Provide the name, address, and telephone number of your Responsible Party if applicable.
4. Provide the name, address, and telephone number of an individual or relative to be contacted in an emergency.
5. Ensure that WTN has a copy of advance directives if applicable.
6. Notify a WTN Supervisor of changes to your personal information and keep documents pertinent to your home services up to date.
7. Notify a WTN Supervisor if a Long Term Care Insurance Policy is in effect.
8. Notify a WTN Supervisor if you do not understand information about your care.
9. Notify a WTN Supervisor if it becomes necessary to modify or discontinue home services.
10. Notify a WTN Supervisor of any concerns or complaints as soon as possible. WTN requests all complaints be reported as soon as possible after occurrence to ensure accurate processing.
11. Pay all bills within seven (7) days or make an alternate arrangement with a WTN Supervisor to assure that your financial obligations for home care services are fulfilled as promptly as possible.
12. Act in a considerate and cooperative manner and to respect the rights and property of others.

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WTN prides itself on being an exceptional provider of non-medical home services to our Clients. WTN wants you, your family member(s) and your designated representative(s) to feel comfortable communicating with the WTN home care team, and encourages asking questions or voicing any comments, concerns or complaints. WTN also recognizes and values the importance of the client-caregiver relationship and wants you, your family member(s) and your designated representative(s) to feel comfortable and secure with the special bond formed with the caregiver(s). Questions, comments, concerns or complaints may first be discussed with the caregiver(s). If it is not appropriate to discuss your matter with your caregiver or the matter is not resolved, please contact a WTN Supervisor as soon as possible. The following information is being provided to ensure that you, your family member(s) and your designated representatives have WTN Supervisor contact information.

### **General Office Information**

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| <b><u>Office Location and Mailing Address:</u></b> | Water Tower Nursing and Home Care, Inc.<br>845 N. Michigan Avenue, Suite 902W<br>Chicago, IL 60611 |
| <b><u>Office Hours:</u></b>                        | 8:30 a.m. to 6:00 p.m. Monday through Friday<br>8:30 a.m. to 3:00 p.m. Saturday                    |
| <b><u>24/7 Telephone Contact:</u></b>              | (312) 280-4980   |
| <b><u>Email:</u></b>                               | <a href="mailto:info@WaterTowerNursing.com">info@WaterTowerNursing.com</a>                         |

### **Contact Information for WTN Supervisors**

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| <b><u>All Aspects of Business Both Administrative and Care Related</u></b><br>Director/Agency Manager: | Mark Paley, RPh.      |
| <b><u>Administrative, Caregiver, Billing and Insurance Issues</u></b><br>Director of Operations:       | Kathy Kwiatkowski     |
| <b><u>Client Assessment and Caregiver Supervision and Monitoring</u></b><br>Client Care Supervisor:    | Michelle Rakoncay, RN |
| <b><u>Billing and Insurance Issues</u></b><br>Bookkeeper:  | Jamie Kirsch          |

### **Complaint Resolution Process**

WTN strives to successfully resolve complaints in a consistent, fair and timely manner; and without the interruption of service if possible. WTN Clients are entitled to file a complaint and to be free from retaliation for doing so. WTN encourages the Client/Client's designee to call a WTN Supervisor for immediate assistance and requests all complaints be reported as soon as possible after occurrence to ensure accurate processing.

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### **Complaint Resolution Process (continued)**

If the immediate WTN Supervisor is unable to resolve the matter, the Client/Client's designee will be guided through WTN's formal complaint resolution process. The Agency Manager or a designated WTN Supervisor will acknowledge the formal complaint within three (3) business days via telephone, or in writing if requested. Accurate details of the complaint will be recorded, an investigation will be conducted and resolution of the complaint is usually within thirty (30) calendar days. WTN will keep the Client/Client's designee informed throughout the complaint resolution process as frequently as possible.

WTN does not handle complaints which are more effectively handled by government, private agencies, or the legal system. WTN reserves the right to use its discretion in reporting any complaint to the appropriate government, private agencies, or the legal system.

### **Additional Resources**

**Elder Abuse** is a serious problem affecting hundred of thousands of elderly persons each year. The National Center for Elder Abuse (NCEA), along with its many partner organizations, serves as the most comprehensive national resource for professionals and the public. Its mission is to "promote understanding, knowledge sharing, and action on elder abuse, neglect and exploitation". The NCEA's website is <http://www.elderabusecenter.org> and the phone number is (222) 898-2586.

### **IDPH Central Complaint Registry**

Complaints in regard to WTN being licensed as a Home Services Agency under the Home Health, Home Services and Home Nursing Agency Licensing Act may be submitted either in writing, by telephone, or by electronic means. The Central Complaint Registry operates a toll-free statewide telephone line, twenty-four (24) hours a day. The telephone number is (800) 252-4343. Calls are received Monday through Friday, 8:00 a.m. to 5:30 p.m., at the Department's offices at 525 W. Jefferson, Springfield, Illinois 62761. Coverage of the Central Complaint Registry continues after 5:30 p.m. and weekends and holidays by Central Complaint Registry staff, who are contacted at private telephones by an answering service.