



Arizona In-Home Care Association Business Member Profile

Member Information

Business Name: My Priority Home Care
 Registered Name (if different from above): KMS Solutions, LLC
 Address: 12630 N. 103rd Ave., Suite 215 Sun City AZ 85351
Street City State Zip
 Telephone: 602-376-3485 Fax: 623-374-3144
 Email: info@mypriorityhomecare.com Website: http://www.mypriorityhomecare.com/
 Counties Served: Maricopa

Weekly Operational Schedule:

7 days/week Monday thru Friday only Hours of Operation: 24/7 On Call
 Available after hours? Yes No After Hours Phone: 602-376-3485

Other business locations: .

Our mailing address is 20403 N. Lake Pleasant Rd., Suite 117-305, Peoria, AZ 85382

Services Offered:

Are any of your employees Registered or Licensed for the above services? Yes No
 Does your company have a home health license? Yes No
 Does your company accept AHCCCS / ALTCS Payments: Yes No

Light Housekeeping:

Sweep/Vacuum/Mop Yes No
 Clean bathroom(s) Yes No
 Make bed Yes No

Kitchen:

Meal Preparation Yes No
 Wash Dishes Yes No
 Menu Planning Yes No

Laundry:

Change bedding: Yes No
 Laundry: Yes No

General Household:

Assist w/organization Yes No
 Assist w/reading/writing Yes No

Transportation/Shopping:

Accompany client to medical, or other, appointments Yes No
 Caregiver drives **clients** vehicle for such trips Yes No
 Caregiver drives **personal** vehicle for such trips Yes No
 Are caregivers who drive on behalf of your clients
 required to have clean driving records? Yes No
 Are those caregivers driving records verified via DMV? Yes No

Do caregivers assist in the following home care aide tasks? Yes No

- Bathing/Showering/Personal Hygiene
- Medication monitoring
- Transfers (to/from bed, chair, etc.)
- Dressing/Undressing
- Toileting/Peri Care
- Ambulation (assist w/walking, etc.)

Does your agency offer:

- Registered Nursing Services
- Medical Social Services
- Nutritional Services by a Dietitian
- Speech Therapy
- Respiratory Therapy
- Hospice Services
- Licensed Practical Nursing Services
- Occupational Therapy
- Physical Therapy
- Provide Medical Supplies/Equipment

Client/Consumer Information and Practices

YES **NO**

- We perform an evaluation or assessment prior to providing care for clients.
- We charge a fee for any type of evaluation or assessment prior to providing care for a client. If Yes, please indicate the amount charged for this service: \$ _____
- We require a deposit from customers in order to perform services. If yes, please explain: _____
- We have a minimum amount of hours, whether per day, per week or per month, or minimum charge that is required of its clients. If Yes, please explain: _____
We require a 2 hour minimum shift per day
- We have a business policy regarding cancellation of services. If Yes, please explain: _____
Details: There is no fee for cancellation, however we do ask for 24 hours notice.
- Other fees Explain: _____

Member's Employment Information and Practices

YES **NO**

- Does the business have and perform criminal background checks for all individuals who have direct contact with clients in their homes or in the community?
- Does the Member perform criminal background checks for all managers, supervisors, office personnel and volunteers?
- Does the business obtain at least two positive references from two previous employers in the past five years for each caregiver applicant?
- Does the Member validate home-making and home care skills of caregivers through demonstration and written questionnaires?
- Does the Member require all caregivers to read, write and communicate in English?
- Does the Member require its Caregivers to maintain current First Aide certification and have policies in place to ensure these are updated on a routine basis?

