



Arizona In-Home Care Association Business Member Profile

Member Information

Business Name: About Care Home Care

Registered Name (if different from above): Flagstone Healthcare IV, LLC

Address: 2655 W. Guadalupe Rd., Ste. 18 Mesa AZ 85202
Street City State Zip

Telephone: 480-999-7000

Fax: _____

Email: coitojack@gmail.com

Website: http://www.aboutcarehomecare.com

Counties Served: Maricopa

Weekly Operational Schedule:

☒ 7 days/week ☐ Monday thru Friday only Hours of Operation: 24'7

Available after hours? ☒ Yes ☐ No After Hours Phone: 480-999-7000

Other business locations: .

About Care Home Care is a stand alone agency, but is part of the Flagstone Healthcare group that includes Blessings for Seniors, Legacy Home Care, Home Care Resources, and Hyde Park Home Healthcare

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

Laundry:

Change bedding: ☒ Yes ☐ No

Laundry: ☒ Yes ☐ No

Kitchen:

Meal Preparation ☒ Yes ☐ No

Wash Dishes ☒ Yes ☐ No

Menu Planning ☒ 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 | - Dressing/Undressing |
| - Medication monitoring | - Toileting/Peri Care |
| - Transfers (to/from bed, chair, etc.) | - Ambulation (assist w/walking, etc.) |

Does your agency offer:

- | | |
|--|--|
| <input type="checkbox"/> Registered Nursing Services | <input type="checkbox"/> Hospice Services |
| <input type="checkbox"/> Medical Social Services | <input type="checkbox"/> Licensed Practical Nursing Services |
| <input type="checkbox"/> Nutritional Services by a Dietitian | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Speech Therapy | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Respiratory Therapy | <input type="checkbox"/> Provide Medical Supplies/Equipment |

Client/Consumer Information and Practices

YES **NO**

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | We perform an evaluation or assessment prior to providing care for clients. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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: \$_____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | We require a deposit from customers in order to perform services. If yes, please explain:
We require a deposit equal to one half of the estimated first week's service. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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: _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | We have a business policy regarding cancellation of services. If Yes, please explain:
Amount: \$_____ Details: We ask for 24 hours notice, waived in event of an emergency. |
| <input type="checkbox"/> | <input type="checkbox"/> | Other fees Explain: _____ |

Member's Employment Information and Practices

YES **NO**

- | | | |
|-------------------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the Member perform criminal background checks for all managers, supervisors, office personnel and volunteers? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the business obtain at least two positive references from two previous employers in the past five years for each caregiver applicant? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the Member validate home-making and home care skills of caregivers through demonstration and written questionnaires? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does the Member require all caregivers to read, write and communicate in English? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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? |

YES



1



Are Member's Caregivers W-2 Employees. If no, please explain below.

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Jack Gais, President & CEO

October 0000

June 2017
