



Arizona In-Home Care Association Business Member Profile

Member Information

Business Name: All Ways Caring HomeCare
 Registered Name (if different from above): BrightSprings Health Services
 Address: 706 E. Bell Road,
Street City State Zip
 Telephone: 623-434-8565 Fax: 623-434-8560
 Email: rich.orrison@rescare.com Website: https://www.allwayscaring.com
 Counties Served: See Page 3 for service areas

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: See page 3 for phone #s

Other business locations: .

Refer to page 3 for all service locations

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 have a business policy regarding cancellation of services. If Yes, please explain: Details: There is no cancellation fee, however we do request 24 hours prior to cancellation.
- 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?

YES **NO**

- Does the Member require its Caregivers to maintain current CPR certification and have policies in place to ensure these are updated on a routine basis?
- Does an employee of the Member conduct an interview with caregiver applicants that cover employment history experience, training, skills and employment preferences?
- Does the Member perform drug testing for all new caregiver employees?
- Does the Member perform random drug testing for cause for caregiver employees?
- Does the Member require all caregiver employees to be tested for TB annually?
- Are Member's Caregivers W-2 Employees. If no, please explain below.

Comments: _____

Business Information:

Name(s) of Owner(s), Officer(s), Director(s), followed by Title:

Jon B. Rousseau, President & CEO of BrightSpring

Rich Orrison, Arizona State Director of All Ways Caring HomeCare

Operating as a Business since: August 1988 AZNHA Member Since: February 2019

Additional Information: Corporate headquarters are located in Louisville, Kentucky and are registered as: BrightSpring Health Services. They have offices across the United States

ARIZONA OFFICE LOCATIONS:

709 E. Mingus Ave, Suite #201 Cottonwood, AZ 86326-3716 Office: 928-634-5448 Fax: 928-649-9031

2323 E. Greenlaw Lane, #8 Flagstaff, AZ 86004-1849 Office: 928-556-0195 Fax: 928-526-3122

1830 S. Alma School Road, Bldg. 4, #118 Mesa AZ 85210 Office: 480-491-1140 Fax: 480-491-4135

2400 W. Dunlap Ave, Suite #115 Phoenix, AZ 85021 Office: 602-863-4400 Fax: 602-375-0520

3001 N. Main St., Suite. 1B, Prescott, AZ 86314 Office: 928-275-6722

10451 W. Palmeras Drive, Suite #103 Sun City, AZ 85373 Office: 623-974-7500 Fax: 623-974-7519

2750 S. 4th Avenue, Suite #112 Tucson, AZ 85713 Office: 520-323-4393 Fax: 520-319-6274