Print Form

Arizona In-Home Care Association
Agency Member Profile

Member Information

Business Name: BrightStar Care of Phoenix

Registered Name (if different from above): TLK Management Corp.

Address: 4515 S. McClintock Drive, Suite 203 (Street) Tempe, AZ 85282 (City, State, Zip)

Telephone: 480-897-1166 Fax: 480-897-1188

Email: todd.macdonald@brightstarcare.com Website: see below

Counties Served: Maricopa and Pinal https://www.brightstarcare.com/phoenix-tempe

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: 480-897-1166

Other business locations: .

N/A

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
- 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: Amount: $_____ Details: We do not charge for cancellation but would appreciate 24 hour notice if at all possible
☐	☒	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:

Todd McDonald, Owner/President Brian Haviland, Director

Katie McDonald, Owner

Operating as a Business since: Sept. 2014 AZNHA Member Since: January 2021

Additional Information: