Print Form

Arizona In-Home Care Association
Business Member Profile

Member Information

Business Name: Accent Care at Home

Registered Name (if different from above): Accent Care at Home, Inc.

Address: 4001 N. 3rd St., Suite 410 Phoenix, AZ 85012
Street City State Zip

Telephone: 602-749-5559 Fax: 602-749-5521

Email: jacosta@accentcare.com Website: http://accentcare.com/

Counties Served: State Wide - check the AZNHA website for zip codes served

Weekly Operational Schedule:

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

Available after hours? ☒ Yes ☐ No After Hours Phone: 602-749-5559

Other business locations: .

Please refer to page 3 for all Accent Care 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

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

Revised March 7, 2017

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: $TBD_____ Details: _____ AccentCare requests 24 hour notice for cancellations.
☐	☒	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:

Michael Sicuro, Officer (Dallas) Stephan Rodgers, Director (Dallas)

John Acosta, Area Operations Manager, AZ

Operating as a Business since: 10/15/1996 AZNHA Member Since: 10/1/2012

Additional Information: Other office locations:

4001 N. 3rd St., Ste. 410, Phoenix, AZ 85012, 888-567-6492

5151 E. Broadway Rd., Ste 1510 Tucson, AZ 85711, 520-731-3468

3050 N. Navajo Drive, #110, Prescott Valley, AZ 86314, 928-632-5219

60 S. White Mountain Rd., Ste. B, Show Low, AZ 85901, 928-532-5400

500 E. Fry Blvd., Ste. L-11, Sierra Vista, AZ 85635, 520-417-6201

2430 W. 24th Street, Ste. B Yuma, AZ 85364, 928-376-6485

1308 Stockton Hill Rd., Ste C, Kingman, AZ 86401, 928-753-2462

200 W. Frontier St., Ste. G, Payson, AZ 85541 928-468-6205

1845 N. McCulloch Blvd., Ste. A-16, Lake Havasu City, AZ 86403 928-753-2462

470 S. Main St., Ste F, Cottonwood, AZ 86326 928-632-5219

1515 E. Florence Blvd., Ste. 102, Casa Grande, AZ 85122 520-316-0290