Arizona In-Home Care Association
Agency Member Profile

Member Information

Business Name: Everest Care +

Registered Name (if different from above): Everest Home Health and Hospice

Address: 14970 W. Indian School Road, Suite 230 Goodyear AZ 85395
Street City State Zip

Telephone: 623-692-6062 Fax: 623-518-4659

Email: kbray@everesthhh.com Website: https://www.everestcareplus.com/

Please list zip codes and/or cities you serve. And if you are a franchise agency please provide the zip codes you serve. Sun City, Sun City West, Surprise, Peoria, Goodywar

Weekly Operational Schedule:

___ 7 days/week ___ Monday thru Friday only Hours of Operation: 9 AM - 5 PM

Available after hours? ___ Yes ___ No After Hours Phone: 623-692-6062

Other business locations: (address, phone and contact name/email)

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

Does your agency provide the following services? ___ Yes ___ No

Light Housekeeping:
- Sweep/Vacuum/Mop
- Clean bathroom(s)
- Make bed

Kitchen:
- Meal Preparation
- Wash Dishes
- Menu Planning

Laundry:
- Change bedding:
- Laundry:

General Household:
- Assist w/organization
- Assist w/reading/writing

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.)

Revised November 14, 2022

Transportation/Shopping: ☐ Yes ☐ No

Accompany client to medical, or other, appointments

Caregiver drives ***clients'*** vehicle for such trips

Caregiver drives ***personal*** vehicle for such trips

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

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: A cancellation fee, equivalent to the hourly rate times the minimum required hours per day, will be charged if the agency is not notified by phone of a cancellation at least 24 hours in advance of the scheduled service.
☐	☐	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?
YES	NO	

◉	○	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?
◉	○	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:

Lindamir Murray, Owner

Chad Sackett, Owner

Keanne Bray, Manager

Operating as a Business since: March 2017

AZNHA Member Since: Nov. 2022

Additional Information: _____