



Agency name: _____

IHCA Home Care “Seal of Approval”

The IHCA Home Care “Seal of Approval” adds credibility, incites confidence, shows that your agency is committed to quality standards, and will place you ahead of your competition, in a competitive market.

1. Is your agency a current member of IHCA?

- Yes
- No

2. Do you provide a minimum eight (8) hours of initial training to caregivers that cover the following areas:

- Eating and Feeding
- Toileting, Incontinence, Personal Care and Hygiene
- Mobility and Transferring
- Dressing
- Bathing
- Medications/Treatments
- Knowledge of program limitations and duties that require a licensed nurse
- Supervision of Cognitive Impairments, behaviors
- Caregiver First Aid
- Demonstration of Personal Cares
- Client rights, privacy, reporting concerns and financial considerations
- Demonstration of Personal Cares (when appropriate)

- Yes
- No

3. Do you provide eight (8) hours of continuing education to caregivers, annually?

- Yes
- No

4. Do you do background checks on your caregivers?

- Yes
- No

5. Do you do TB testing on your caregivers upon hire?

Yes

No

6. Does your agency employ or contract with an RN to provide orientation, training, coordinate & supervise care?

Yes

No

7. Does your agency maintain liability insurance?

Yes

No

8. Does your agency provide worker's compensation?

Yes

No

9. Does your agency have an active Quality Improvement (QI) program that addresses at a minimum:

(i) Conduct resident, family, & employee satisfaction surveys

(ii) Client health outcomes such as hospital readmissions

(iii) Protect client rights / person-centered care

Yes

No

Comments: Please provide an explanation &/or additional information for any "No" responses.

I attest to the accuracy of the responses above.

Signature: _____

Date: _____

Title: _____