



Doing Work That Matters
Since 1999

Client Intake Packet – Required Documents

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Administrative Policy and Procedure – Bill of Rights		
No. HC FORM – Client – 100.	Date Initiated: 07/17/2007	Date Revised/Reviewed: 08/16/2022
Title: Client Bill of Rights Form	WAC: 246-335-435	Date Approved: 08/16/2022

CLIENT BILL OF RIGHTS AND RESPONSIBILITIES

As a client of First Choice In-Home Care (hereinafter referred to as “First Choice”), you and your family have certain rights and responsibilities that you are entitled to know before care is initiated. You have the right to have these responsibilities explained to you and to have assistance in understanding them so that you may properly exercise those rights and responsibilities.

As a First Choice client, you have the right to:

1. Receive quality services from First Choice for services identified in the plan of care;
2. Be cared for by appropriately trained or credentialed personnel, with coordination of services;
3. A statement advising of the right to ongoing participation in the development of the plan of care;
4. A statement advising of the right to have access to the Department of Health’s listing of licensed home care agencies and to select any licensee to provide care, subject to the individual’s reimbursement mechanism or other relevant contractual obligations;
5. A listing of the total services offered by First Choice and those being provided to the client;
6. Refuse specific services;
7. The name of the individual within First Choice responsible for supervising the client’s care and the manner in which that individual may be contacted;
8. Be treated with courtesy, respect, and privacy;
9. Be free from verbal, mental, sexual, and physical abuse, neglect, exploitation, and discrimination;
10. Have property treated with respect;
11. Privacy and confidentiality of personal information and health care related records;
12. Be informed of what First Choice charges for services, to what extent payment may be expected from care insurance, public programs, or other sources, and what charges the client may be responsible for paying;
13. A fully itemized billing statement upon request, including the date of each service and the charge. Agencies providing services through a managed care plan are not required to provide itemized billing statements;

14. Be informed about advanced directives and POLST, and First Choice's attendant scope of responsibility;
15. Be informed of First Choice policies and procedures regarding the circumstances that may cause First Choice to discharge a client;
16. Be informed of First Choice policies and procedures for providing back-up care when services cannot be provided as scheduled;
17. A description of First Choice's process for clients and family to submit complaints to First Choice about the services and care they are receiving and to have those complaints addressed without retaliation;
18. Be informed of the Department of Health's complaint hotline number to report complaints about First Choice or credentialed health care professionals;
19. Be informed of the DSHS end harm hotline number to report suspected abuse of children or vulnerable adults; and
20. First Choice must ensure that client rights are implemented and updated as appropriate.

First Choice In-Home Care Contact Information:

1. Telephone: 1-877-747-5090 (toll free)
2. Email: info@fcihc.com
3. Address King County: 555 S. Renton Village Place, Ste. 300, Renton, WA 98057
4. Address Pierce County: 535 Dock Street, Ste. 200, Tacoma, WA 98402

Complaint Hotlines:

1. Washington State's Hospital/Home Health Care Agency Complaint Department toll free Hotline telephone number (1-800-633-6828), the hours of operation (8:30 a.m. to 5:00 p.m., Monday through Friday)

As a First Choice client, I understand that in addition to my enumerated rights, I also have the following responsibilities:

1. To provide accurate and complete information about the type of care being requested and that all care provided is consistent with my agreed to Plan of Care.
2. To treat all First Choice employees with respect, courtesy, consideration, and to accept all assigned employees regardless of their age, race, color, national origin, religion, gender identification, disability, or any other category protected by law.
3. To maintain a safe environment for my care and to protect my valuables by storing them in an acceptable manner.
4. To arrange for all supplies, medicines, and other services that First Choice does not provide, but which are necessary to my care and safety.
5. To notify First Choice prior to any shift if I will not be available, or wish to cancel services.

Administrative Policy and Procedure – Delivery of Services		
No. HC FORM – Client – 110.	Date Initiated: 01/07/2007	Date Reviewed/Revised: 08/16/2022
Title: Client-Advanced Directives	WAC: 246-335-420	Date Approved: 08/16/2022

Policy Statement:

The Agency recognizes that all persons have a fundamental right to make decisions relating to their own medical treatment, including the right to accept or refuse medical care. It is the Agency's policy to encourage clients and their families or representatives to participate in decisions regarding medical care and treatment. Valid advance directives, such as Living Wills, Durable Powers of Attorney for Care, POLST, and DNR (Do Not Resuscitate) orders will be followed to the extent permitted and required by law. In the absence of advance directives, the Agency will provide appropriate palliative care and emergency procedures, including calling 911. The Agency will not condition the provision of care, or otherwise discriminate against an individual, based on whether or not the individual has executed an advance directive.

Definitions:

Advance Directive: Instructions from a decisional capable individual regarding future medical treatment in the event that he or she becomes decisional incapable. An advance directive may specify medical treatment the individual consents to or refuses, designate a surrogate decision-maker, or both.

POLST: Portable Medical Orders used during a medical emergency when a client is unable to communicate and needs medical care.

DNR: Do Not Resuscitate is a medical order to refrain from cardiopulmonary resuscitation if a client's heart stops beating.

Palliative Care: Medical interventions intended to alleviate suffering, discomfort, and dysfunction (such as pain medication or treatment of an annoying infection), but not cure.

Surrogate Decision-Maker: A person appointed to make decisions for someone else, as in a durable power of attorney for care (also called an agent).

Procedure:

1. At the time of admission, the Agency will ask the client and/or primary Home Care Aide if an advance directive has been executed by the client. If one exists, proper notation will be made in the client's clinical record.
2. No Agency staff person is permitted to give either medical or legal advice regarding an advance directive.

3. Written information regarding the client's rights under Washington State law to accept or refuse treatment, including the right to execute advance directives, will be made available to clients, upon request, at the time of admission. The Agency will provide updated information on changes in Washington State law concerning individual rights to make decisions about medical care within ninety (90) days from the effective date of any change in law.
4. Each client is encouraged to participate in all aspects of decision-making regarding his/her medical care and treatment. Statements by a competent client of his/her desire to accept or refuse treatment will be documented in the client's record.
5. The client's primary physician will be notified of any alteration in the advance directives, including both written and oral statements by the client.
6. If a client is determined to be incompetent to make decisions, a surrogate decision-maker will be identified. The Agency will inform the surrogate decision-maker of the client's Plan of Care and include him/her in decisions related to the client's care and treatment.
7. A Living Will or Durable Power of Attorney for Health Care may be revoked at any time by a client, either orally or in writing. The client's Physician will be notified immediately of any revocation. Documentation will be placed in the client care record following a revocation.
8. If a client is transferred to another facility or provider, notification of an advance directive will be made to that facility or provider, and a copy of the directive will be forwarded, if available, to the agency.
9. If the client has a signed POLST form:
 - a. In the event of client medical emergency in the presence of Agency staff, the direct care staff member must provide emergency medical personnel with the client's signed POLST form.
 - b. Any section of the POLST form not completed implies full treatment for that section.

Administrative Policy and Procedure – Delivery of Services		
No. HC FORM – Client – 120.	Date Initiated: 01/07/2007	Date Reviewed/Revised: 08/16/2022
Title: Service Interruption	WAC: 246-335-420	Date Approved: 08/16/2022

A. POLICY:

First Choice In-Home Care staff will implement appropriate service interruption action when service interruption occurs due to unavoidable circumstances. Client case records must reflect service attempts, client contacts regarding absence of regularly scheduled home care aide, and notations when substitute home care aides serve the client.

B. PURPOSE:

To define the actions to be taken when a Home Care Aide is unable to make or complete a scheduled work shift.

C. PROCEDURE:

1. First Choice In-Home Care will define Service Interruption in the Client Service Agreement. The Client Service Agreement must be signed by all First Choice In-Home Care clients.
2. All clients will be informed that from time to time there may be an interruption of services due to circumstances that are unavoidable.
3. All clients will be informed that in the event of a service interruption, wherein, First Choice In-Home Care is not able to properly staff the scheduled work shift, the client and/or the client's parent, guardian, and family members agree to provide or arrange for back-up care.
4. In non-emergency situations, First Choice In-Home Care will provide a Substitute Home Care Aide to the client and will be scheduled to arrive at the client's home within twenty-four (24) hours after the original Home Care Aide was scheduled, unless the client agrees otherwise.
 - a. In the event First Choice In-Home Care is not able to properly schedule a Substitute Home Care Aide, the assigned Case Manager or a Home Care Manager will contact the client's DDA/AAA Case Manager to determine if other arrangements can be made to provide care to the client.
5. If the lack of immediate care would pose a serious threat to the health and welfare of the client (essential services), the Substitute Home Care Aide will be scheduled by First Choice In-Home Care to begin providing personal care service to the client at the home of the client within four (4) hours after the original Aide was scheduled, unless otherwise agreed to by the client.
 - a. In the event First Choice In-Home Care is not able to properly schedule a Substitute Home Care Aide the Case Manager, Home Care Manager, or other

designee will contact the client's DDA/AAA Case Manager to determine if other arrangements can be made to provide care to the client

6. If a Home Care Aide is unable to attend or complete a scheduled shift, the Home Care Aide is instructed to contact First Choice In-Home Care, and the client, to immediately and properly notify them of the service interruption.
 - a. Home Care Aides are to contact the client's Case Manager or a Home Care Manager to inform First Choice In-Home Care of the service interruption.
 - b. Home Care Aides are to contact the client to inform him/her of the service interruption.

NOTE: All clients will be instructed to immediately notify First Choice In-Home Care when a scheduled work shift cannot be worked by scheduled Agency staff:

- c. The client should contact First Choice In-Home Care's toll free telephone number at 1-877-747-5090 to report a service interruption.
- d. Once informed by the client, the Case Manager, Home Care Manager, or other designee will complete the necessary actions to assure the client's care needs are met. This includes contacting the agency's On-Call Substitute Home Care Aides to arrange for shift coverage.
- e. The Case Manager, Home Care Manager, or other designee will contact the client to inform him/her whether the subject shift can be properly staffed.

Administrative Policy and Procedure – Quality Improvement Program		
No. HC FORM – Client – 140.	Date Initiated: 07/17/2007	Date Revised/Reviewed: 08/16/2022
Title: Client Complaints and Grievances	WAC: 246-335-455	Date Approved: 08/16/2022

A. POLICY:

First Choice In-Home Care responds appropriately to all complaints by clients and their families and documents all actions taken to resolve the complaint using Form No. 141 – Client Complaint Investigation Form.

B. PURPOSE:

1. To address individual client or family complaints and grievances.
2. To provide a means for early identification of problems.

C. PROCEDURE:

1. First Choice In-Home Care staff will:
 - a) Listen attentively and courteously to complaints expressed by clients and/or their families or representatives.
 - b) Seek to clarify and understand the nature of the complaint.
 - c) Encourage clients and/or their families or representatives to contact an Agency Home Care Manager regarding complaints that cannot be resolved by Agency staff.
 - d) Report complaints directly to a Home Care Manager.
 - e) Inform clients and/or their families or representatives that they are welcome to contact the Washington State Hospital/Home Health Care Agency Complaint Department toll free hotline telephone number at 1-800-633-6828.
2. The Home Care Manager will:
 - a) Review all complaints as they are received.
 - b) Clarify the complaints with appropriate Agency staff.
 - c) Discuss complaints with the clients and/or their families or representatives to clarify their perceptions.
 - d) Initiate a process to resolve the complaint.
 - e) Evaluate and implement corrective actions as indicated.
 - f) Report as needed to the Program Manager and/or Program Director and/or Executive Director.
3. Problems will be reviewed within twenty-four (24) hours, or a process will be in place within forty-eight (48) hours to resolve the complaint. The Agency Program Manager may request that complaints filed by clients and/or their families or representatives be made in writing.

4. Client complaints will be documented and maintained in an administrative file.
5. Client complaints are incorporated as part of the quality assurance review process.
6. When complaints and concerns cannot be resolved through the Agency, clients and/or their families or representatives will be given the Washington State complaint toll-free hotline number,
7. Clients will be informed of the Agency's complaint and grievance Policy and Procedure at the time of admission for Home Care services.

Step	Action	Responsible Person	Approx. Time Frame
A.	Client calls in a complaint to First Choice In-Home Care.	Receptionist routes to Case Manager or Home Care Manager	
B.	Case Manager or Home Care Manager calls the client within 48 hours to schedule an appointment, or if the client prefers, completes complaint interview over the telephone	Home Care Manager or Case Manager	
C.	Meeting with Home Care and Case Manager scheduled, if necessary.	Home Care Manager	Scheduled for the next business day after the day complaint is called in.
D.	Meeting with client. Action to be taken at this meeting is: 1. Completion of client grievance form. 2. Written and detailed notes in the daily log sheet by Case Manager who is in attendance. 3. If complaint involves Home Care Aide, determine if the client wants the Home Care Aide replaced. 4. Discussion with client regarding possible plans of action.	Home Care Manager and/or Case Manager	During the scheduled in-home visit.
E.	The Home Care Manager will develop a plan of action and communicate this plan to the Case Manager, Home Care Aide, and client.	Home Care Manager	Within 4 business days following client visit.
F.	The Home Care Manager will send the client a copy of this plan of action.	Home Care Manager	Within 4 business days a copy is sent to client.
G.	The Home Care Manager will follow-up with the client to determine if the complaint was successfully resolved.	Home Care Manager	Within 60 days.
H.	If the situation involves theft, or accusations of theft, abuse, or neglect, the Executive Director, AAA Case Management, Adult/Child Protective Services, and Police Dept. will be immediately informed and involved to assist as appropriate.	Home Care Manager, Program Manager, and/or Program Director	If this occurs, immediate actions will be taken.
I.	All formal complaints must be communicated to Executive Director.		

Fax completed form to 425-562-2537 or mail to 555 S. Renton Village Place, Ste. 300, Renton, WA 98057

Date of Complaint	Time	AM PM	Date Reported	Reported by
Client Name			Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Client Address				City/Zip
Is Complaint related to a Home Care Aide providing services to the Client? YES NO				
Is Complaint related to the Administrative Staff at First Choice? YES NO				

Name of person making Complaint:
Please Describe the Nature of your Complaint:

Date Complaint Investigated:
Name of Supervisor completing investigation:
Outcome of Investigation:

Please identify all Corrective Actions taken:

Identify all monitoring of Corrective Actions required (if applicable):

Identify Agency evaluation of the Corrective Actions taken (if applicable):

Date Complaint Resolved: _____

Supervisor Name: _____ Date: _____

Supervisor Signature: _____

Administrative Policy and Procedure – Delivery of Services		
No. HC FORM – Client – 150.	Date Initiated: 01/07/2007	Date Reviewed/Revised: 09/06/2022
Title: Auto Release of Liability	WAC: Agency Policy	Date Approved: 09/06/2022

I understand that I may ask my caregiver to drive me and may ask that the caregiver use my car. I hereby consent for my caregiver, an employee of First Choice In-Home Care, to drive my car for services related to my care, including transportation for essential shopping and to/from medical appointments.

I understand and agree that First Choice In-Home Care, as well as its affiliates and employees are not responsible for an accident involving my car that causes injury to its occupants, property damage, and/or bodily injury to others. I also understand that any injuries or damages I sustain from the use of my car will be covered by my auto insurance and are not First Choice In-Home Care's responsibility.

I Certify that the vehicle described below is properly licensed, registered, inspected, in safe and usable condition, and that automobile insurance is carried on it in accordance with applicable Washington State legal requirements.

PLEASE ATTACH COPY OF YOUR CURRENT AUTO INSURANCE CARD

Year, Make and Model of Client's Automobile:	
License Plate No.	
Name of Auto Insurance Company:	
Auto Insurance Policy Number:	
Expiration Date of Auto Insurance:	
Name of Individual Insured:	
Please Identify Auto Insurance Policy Limits:	

SIGNATURES:

CLIENT/POA SIGNATURE:	DATE:

FOR OFFICE USE ONLY:

VERIFIED BY (NAME):	TITLE:	DATE:

Administrative Policy and Procedure – Delivery of Services		
No. HC FORM – Client – 160.	Date Initiated: 01/07/2007	Date Reviewed/Revised: 08/16/2022
Title: Electronic Visit Verification Notice	WAC: Agency Policy	Date Approved: 08/16/2022

Electronic Visit Verification Notice:

Pursuant to Section 12006 of the 21st Century Cures Act, passed by the United States Congress in 2016, Washington State’s Department of Social and Health Services (DSHS) requires all home care agencies providing services to Medicaid clients to utilize an electronic timekeeping system referred to as “Electronic Visit Verification,” or EVV.

The First Choice In-Home Care EVV system is HIPAA (*Health Insurance Portability and Accountability Act*) compliant, meaning that your personal information, including but not limited to, your name, age, address, telephone number, and medical and non-medical data cannot be shared.

First Choice Homecare Aides are to download and use the MedSYS Mobile Visit Verification (MVV) application on their phones for purposes of EVV. The MVV application accurately tracks the time that our assigned Homecare Aides spend with you during their scheduled work shifts, allows for recording of completed tasks, and captures signature approvals from our Homecare Aides and you or your representative.

If our assigned Homecare Aides are unable to use the MVV application, they can, with permission from their First Choice Supervisor, use your landline as an alternative means to clock in and out from their shift and record the personal care tasks they completed during a shift.

The use of the EVV system helps us provide you with a greater degree of customer service alerting us when your Homecare Aide is off schedule for any reason. Our Case Managers are then able to work directly with you to resolve any rescheduling needs immediately.

As required by Washington State and Federal regulations, we wanted to ensure that you were aware of our required use of this technology.

**Health Insurance Portability &
Accountability Act (HIPAA) Compliance Plan**

Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU
MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO
THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices describes how First Choice In-Home Care (FCIHC) may use or disclose your protected health information, with whom that information may be shared, and the safeguards we have in place to protect it. It also describes your rights to access and control your protected health information. Protected health information is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and comparable health care services.

First Choice In-Home Care (FCIHC) is required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by: calling the office and requesting that a revised copy be sent to you in the mail, or asking for one at the time of your next appointment.

ACKNOWLEDGMENT OF RECEIPT OF THIS NOTICE

You will be asked to sign an acknowledgment of receipt of this notice. Our intent is to make you aware of the possible uses and disclosures of your protected health information and your privacy rights. The delivery of your services will in no way depend on your signed acknowledgment. If you decline to sign an acknowledgment, we will continue to provide our services. We can and will also use and disclose your protected health information for provision, payment, and reporting of services, when necessary.

HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION

The following are examples of permitted uses and disclosures of your protected health care information. These examples are not meant to be exhaustive.

Required Uses and Disclosures: By law, we must make disclosures to you unless it has been determined by a competent medical authority that it would be harmful to you. We

must also disclose health information when required by the Department of Social and Health Services in the State of Washington to investigate or determine our compliance with the requirements.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party. For example, we would disclose your protected health information, as necessary, to an insurance company that pays for services provided to you. We will also disclose protected health information to other associates who may be involved in providing your services.

Payment: Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that FCIHC might undertake for health care services we provide for you such as: making a determination of eligibility or coverage; reviewing services provided to you for medical necessity; and undertaking utilization review activities. For example, your protected health information might be disclosed to a business associate to arrange payment for respite services.

Healthcare Operations: We may use or disclose, as-needed, your protected health information to support the daily activities related to healthcare. These activities include, but are not limited to: quality assessment activities; investigations; communications about a service; conducting or arranging for other healthcare related activities; and care coordination.

We will share your protected health information with third party business associates that perform various activities for FCIHC. The business associates will also be required to protect your health information.

We may use or disclose your protected health information, as necessary, to provide you with appointment reminders or other health-related benefits and services that may be of interest to you. For example, your name and address may be used to send you a newsletter about our nonprofit organization and the services we offer.

Others Involved in Your Healthcare: We may disclose to a family member, caregiver, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person who is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care. If there is a family member, other relative or close friend to whom you do not want

us to disclose your protected health information, please notify First Choice In-Home Care.

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law.

Public Health: We may disclose your protected health information to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. First Choice In-Home Care may disclose your protected health information, if authorized by law, to a person, who may have been exposed to a communicable disease, or may otherwise be at risk of contracting or spreading the disease or condition. In addition, we may disclose your protected health information, if we believe that you have been a victim of abuse, neglect or domestic violence, to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

Health Oversight: First Choice In-Home Care may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies, seeking this information, include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

Legal Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), and/or in certain conditions in response to a subpoena, discovery request, or other lawful process.

Law Enforcement: We may disclose protected health information for law enforcement purposes. These law enforcement purposes include: (1) legal processes required by law; (2) information requests for identification and location purposes; (3) issues pertaining to victims of a crime; (4) suspicion that death has occurred as a result of criminal conduct; and (5) in the event that a crime occurs on the premises of FCIHC.

Research: We may disclose your protected health information to researchers when their study has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your protected health information.

Criminal Activity: Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to

prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

Military Activity and National Security: When the appropriate conditions apply, First Choice In-Home Care may use or disclose protected health information of individuals who are Armed Forces Personnel: (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of your eligibility for benefits; or (3) to foreign military authority if you are a member of that foreign military services. We may also disclose your protected health information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in your client record for as long as we maintain the data. A client record contains medical, financial and service information and any other information necessary to provide services to you.

Under certain circumstances, such as protected health information that is subject to law prohibiting access, you may be denied access to protected health information. Depending on the circumstances, a decision to deny access may be reviewed. In some circumstances, you may have a right to have this decision reviewed. Please contact FCIHC if you have questions about access to your client record.

You have the right to request a restriction of your protected health information. This means you may ask First Choice In-Home Care not to use or disclose any part of your protected health information. We will consider all requests for restrictions carefully, but are not required to agree to any restrictions.

You must request a restriction in writing to FCIHC. In your request, you must state: (1) what information you want restricted; (2) whether you want us to restrict FCIHC's use, disclosure, or both; (3) to whom you want the restriction to apply, for example, disclosure to family members or friends who may be involved in your care; and (4) an expiration date.

If FCIHC believes it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If FCIHC agrees to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment.

You may revoke a previously agreed upon restriction, in writing, at any time.

You have the right to request confidential communications. We will accommodate reasonable requests. We will not request an explanation from you as to the basis for the request. Please make this request in writing to FCIHC.

You may have the right to have FCIHC amend your protected health information. If you believe that the information we have about you is incorrect or incomplete, you may request an amendment to your protected health information as long as we maintain this information. While we will accept requests for amendment, we are not required to agree to the amendment.

You have the right to receive an accounting of certain disclosures FCIHC has made, if any, of your protected health information. This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. You have the right to receive specific information regarding these disclosures that occurred after April 1, 2003. You may request a shorter timeframe. The right to receive this information is subject to certain exceptions, restrictions and limitations.

You have the right to obtain a paper copy of this notice from FCIHC, upon request, even if you have agreed to accept this information electronically. To obtain a paper copy, send your written request to First Choice In-Home Care Case Manager.

COMPLAINTS

You may complain to First Choice In-Home Care or to the Department of Social and Health Services or the Department of Health in the State of Washington if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer in writing. We will not retaliate against you for filing a complaint.

CONTACT INFORMATION

You may contact the First Choice In-Home Care Privacy Officer for further information about the complaint process, or for further explanation of this document at:

First Choice In-Home Care
555 S. Renton Village Pl. Ste. 300, Renton, WA 98057
Phone: (425) 747-5000
Fax: (425) 562-2537

This notice was published and became effective on February 26, 2009.

CONSENT FOR PURPOSES OF TREATMENT, PAYMENT AND HEALTHCARE OPERATIONS

I consent to the use or disclosure of my protected health information by First Choice In-Home Care (FCIHC) for the purpose of making referrals on my behalf, carry out treatment to me, or obtaining payment for my health care bills. I understand that referrals or treatment of me may be conditioned upon my consent as evidenced by my signature on this document.

I understand I have the right to request a restriction as to how my protected health information is used or disclosed to make referrals, carry out treatment, or payment. FCIHC is not required to agree to the restrictions that I may request. However, if FCIHC agrees to a restriction that I request, the restriction is binding.

I have the right to revoke this consent, in writing, at any time, except to the extent that FCIHC has taken action in reliance on this consent.

My "protected health information" means health information, including my demographic information, collected from me and created or received by FCIHC or another aging network provider. This protected health information relates to my past, present or future physical or mental health or condition and identifies me, or there is a reasonable basis to believe the information may identify me.

I understand I have a right to review FCIHC's Notice of Privacy Practices prior to signing this document. First Choice In-Home Care's Notice of Privacy Practices has been provided to me. The Notice of Privacy Practices describes the types of uses and disclosures of my protected health information that will occur in my treatment, payment of my bills or in the performance of health care operations of FCIHC. This Notice of Privacy Practices also describes my rights and FCIHC's duties with respect to my protected health information.

First Choice In-Home Care reserves the right to change the privacy practices that are described in the Notice of Privacy Practices. I may obtain a revised notice of privacy practices by calling the

office and requesting a revised copy be sent in the mail or asking for one at the time of my next appointment.

Contact Person: First Choice In-Home Care has a designated **Privacy Officer** as its contact person for all issues regarding patient privacy and your rights under Federal privacy standards.

If you have any questions regarding this notice, please contact the designated Privacy Officer:

Michael Howard, Executive Director, Privacy Officer
First Choice In-Home Care
555 S. Renton Village Pl. Ste. 300,
Renton, WA 98057
Phone: 425-747-5000 Fax: 425-562-2537 Email: MHoward@fcihc.com

Administrative Policy and Procedure – Delivery of Services		
No. HC FORM – Client – 220.	Date Initiated: 01/07/2007	Date Reviewed/Revised: 08/31/2022
Title: Definitions of ADL, IADL, and Nurse Delegation	WAC: Agency Policy	Date Approved: 08/31/2022

The following **Care Task Definitions** are provided to all caregivers employed by First Choice In-Home Care.

Below are definitions of tasks that may be authorized in your Client's Plan of Care. Only the tasks that are authorized per the Plan of Care may be provided. There are three categories of tasks, including Activities of Daily Living called **ADLs** (i.e., tasks essential for living), Instrumental Activities of Daily Living called **IADLs** (i.e., routine activities performed around the home or in the community), and **Nurse Delegated Tasks**. Nurse Delegated Tasks may only be provided by an approved, trained and certified Home Care Aide or Nursing Assistant.

Task Name: Ambulation – Task Type: ADL

Ambulation means how a client moves between locations in their immediate living environment and how they move to and return from more distant areas and is referred to in the client's Plan of Care as "**Walk In Room**," "**Locomotion In Room**," and "**Locomotion Outside**". Assisting a client with ambulation includes supervising or guiding the client when walking alone or with the help of a mechanical device such as a walker, assisting with difficult parts of walking such as climbing stairs, supervising or guiding the client if they are able to propel a wheelchair, pushing of the wheelchair, and providing constant or standby physical assistance to the client if totally unable to walk alone or with a mechanical device.

Task Name: Bed Mobility/Positioning – Task Type: ADL

Positioning is very important to prevent bed sores. "Positioning" means how a client moves to and from a lying position, turns side to side, and positions their body while in bed, in a recliner, or other furniture. Assisting a client with positioning includes helping the client to assume a desired position and helping the client to turn. Positioning assistance may also include passive range of motion to maintain joint flexibility or prevent complications, such as contractures and pressure sores. Positioning is done every 2 hours.

Task Name: Transfers – Task Type: ADL

Assisting a client with transfers includes helping the client getting in and out of a bed or wheelchair; on and off the toilet; or in and out of the bathtub. Transfers include supervising or guiding the client when he/she is able to transfer, providing steadying assistance, and helping the client when he/she is unable to assist in his/her own transfer.

- **Transfers can include the use of a slide board, transfer belt, Hoyer lift, or wheelchair.**
- **Do not do this task until you are authorized and trained to do so.**

Task Name: Eating – Task Type: ADL

Assisting a client to eat and drink. Assistance with eating includes supervising or guiding the client when he/she is able to feed themselves, assisting with difficult tasks such as cutting food or buttering bread, and orally feeding the client when he/she is unable to feed themselves.

- **For the safety of the client, do not do any tasks involving feeding tubes.**

Task Name: Toilet Use – Task Type: ADL

Assisting a client with using the bath room, commode, bedpan or urinal, transfer on/off toilet, cleanse, change incontinence pads, manage ostomy or catheter, and adjust clothes.

- **Flushing of colostomy or catheter bag content is allowed.**
- **Flushing of body tubes, giving enemas or suppositories is not allowed.**
- **Lifting clients and performing routine peri/colostomy/catheter tasks cannot be performed by an HCA until trained.**

Task Name: Dressing – Task Type: ADL

Assisting a client with putting on, fastening and taking off all items of clothing, including donning and/or removing a prosthesis.

Assistance with dressing includes supervising/cueing the client to dress and assisting the client with difficult tasks such as putting on socks, pants, shoes, and fastening, zipping, or tying clothing related items.

Task Name: Personal Hygiene – Task Type: ADL

Assisting a client with this task includes combing hair, brushing teeth, shaving, applying makeup, washing/drying face, hand care (including finger nail care and applying nail polish) and menses care.

Task Name: Bathing – Task Type: ADL

Assisting a client with bathing includes supervising or guiding the client to bathe, assisting the client with difficult tasks such as getting in or out of the tub or shower, washing their back and other hard to reach areas, and completely bathing the client if they are totally unable to wash themselves.

Task Name: Skin Care/Body Care – Task Type: ADL

Assisting a client with applying non-prescribed dressings and ointments or lotions to the body, toe nail care, skin care, and applying lotion to the feet. Body care does NOT include foot care if the client is diabetic or has poor circulation, and does NOT include changing bandages or dressings when sterile procedures are required.

- **For skin care, it is important that you observe and report any changes to your Supervisor.**
- **Tasks requiring sterile procedures are not allowed under our Home Care license.**
- **Do not give back rubs, provide massages, or any forms of physical therapy.**

Task Name: Foot Care & Hand Care – Task Type: ADL

For non-diabetic Clients - assisting a client to keep their feet and hands clean and dry. Observe to determine if there are blisters, sores, swelling, dry or cracked skin, redness or sore toe or fingernails.

Task Name: Medication Assistance – Task Type: ADL

This means assisting the client with medications and over the counter preparations or herbal supplements. This includes reminding, coaching, and handing medication containers to the client, opening the medication container, using an enabler, or placing the medication in the client's hand.

You should follow the “5 Rights” of Medication Management:

- 1) Right person – read the label to make sure it is for the client
- 2) Right amount – read the label to see the amount needed
- 3) Right medication – read the label to see if it is the right medication
- 4) Right route – read the label to see how the client should take it
- 5) Right time – read the label or schedule to see if it is the right time to take the medication

Medication Notes:

- **Never give a client an injection.**
- **Never put medication in a client’s mouth.**
- **You may put the medication into the client’s hand.**
- **You can open a blister or bubble pack.**
- **You can pour medication into a bowl or device which the client can pick up.**
- **Do not fill medicine containers (e.g. MEDISSET).**
- **Do not handle or dispose of needles or syringes (the client must do this).**
- **Do not operate medically related devices such as oxygen equipment.**

Task Name: Meal preparation – Task Type: IADL

Assisting a client with meal preparation includes planning meals, cooking, assembling ingredients, setting out food, utensils, and cleaning up after meals.

- **Always wash your hands before handling food.**

Task Name: Ordinary Housework – Task Type: IADL

Assisting a client with ordinary housework includes doing dishes, dusting, vacuuming, mopping, making bed, tidying up, laundry, taking out garbage, and other like activities.

- **Waxing floors, shampooing carpets, or cleaning drapes are not authorized tasks.**
- **For your safety, we have a 20 pound lifting limit; do NOT lift or move furniture.**
- **Provide tasks only for people authorized to receive tasks in the household.**

Wood supply may also be a part of Ordinary Housework:

Assisting a client with maintaining wood supply assistance includes splitting, stacking, or carrying wood, when client uses wood as the sole source of fuel for heating and/or cooking. Very few clients require assistance with their wood supply.

Task Name: Range of Motion (ROM) – Task Type: IADL

This means the limit to which a part of the body can be moved around a joint. ROM exercises can be active or passive.

- **Active Range of Motion** means independent exercises performed by a client to restore or maintain their joint function to its optimal range. You can remind or cue a client. You cannot perform the exercise for them (you cannot touch them to move their limbs).
- **Passive Range of Motion** means assisting a client with their exercises when they are unable to move their own joint (move their limbs for them). This can be done only if the client has an established exercise plan from a Physical Therapist and only for maintenance purposes. The plan must clearly state it is passive range of motion and it

must be updated annually. HCA's and NAs must be trained to do passive range of motion – do not attempt without being trained.

Task Name: Essential Shopping – Task Type: IADL

Assisting a client with shopping is limited to brief, weekly trips in the local area to shop for food, medical necessities and household items required specifically for the client's health, maintenance or well-being.

- Limited to one trip per week to the nearest full service shopping facility.
- Never purchase alcohol, marijuana, or cigarettes for the client.
- Never use the client's EBT card unless a completed EBT Waiver with signature of Aide, Client, and management is in place.
- If the client cannot go with you to shop and wants to use cash, you must have verbal approval from your Supervisor to use client's cash. If approved, after shopping, always count out the change and leave the store receipt with the client.
- Checks must be written payable to the place of business, only for the amount of purchase, and signed by the client. Checks should never be made out to the HCA.
- Stay with the client at all times so the client does not fall.
- The client must be the only passenger in the car.
- Only drive a client's car when given permission to by your Supervisor. Never ride in a client's car as a passenger.
- You are prohibited from shopping or running errands for yourself while working for a client.

Task Name: Transportation to Medical Services – Task Type: IADL

Assisting a client with traveling to a physician's office or clinic in the local area to obtain medical diagnosis or treatment. Includes traveling by vehicle, bus or taxi.

- Follow the FCIHC wheelchair transportation policy when transporting a client's wheelchair.
- Remain in the medical facility until the client's appointment is completed.
- Transportation of a client to or from a hospital facility is only allowed for routine outpatient treatment
- Do not transport the client when the client has undergone anesthesia.
- The client must be the only passenger in the car.
- Only drive a client's car when given permission to by your Supervisor. Never ride in a client's car as a passenger.

Task Name: Respite Care – Task Type: Additional ADL Task

Respite Care is a specific type of service only provided to clients of the Developmental Disabilities Administration (DDA). The Respite Care service is authorized in addition to the clients other ADL and IADL tasks in the Client's Plan of Care.

Task Name: Turn and Reposition – Task Type: Additional ADL Task

Some clients, due to the lack of mobility, will have an authorized Turning and Repositioning requirement. This requirement is to ensure the client is turned and repositioned on a predetermined schedule to ensure pressure sores do not develop on the client's body. If this task is authorized per the Client's Plan of Care, a Turning and Repositioning schedule will be provided to

you by your Supervisor and you must complete the schedule and submit the completed schedule with your monthly Task Sheet.

Task Name: Telephone Use – Task Type: Additional ADL

Assisting a client with making or receiving telephone calls, including using assistive devices such as large numbers on a phone or amplification, and helping with sending and retrieving text messages.

Task Name: Protective Supervision – Task Type: Additional ADL

This means providing guidance/protection to a client who cannot be left alone due to impaired judgment.

Task Name: Vital Signs – Task Type: Additional ADL

Assisting a client with taking vital signs is for *informational purposes only* due to a client being unable to complete the task independently. Examples include handing a client a digital thermometer, sliding a blood pressure cuff over the arm, turning on a device, recording digital readings, and communicating those readings back to a client. Devices must be electronically operated with digital readouts.

NURSE DELEGATION:

Specially trained HCAs/NAs can provide additional tasks under the direction of a Registered Nurse. This is called ‘nurse delegation’. If a nurse delegated task is required and authorized for a client, you may be asked if you wish to take part in this program by your Supervisor.

In order for an HCA/NA to perform nurse delegated tasks, the FCIHC policy states the HCA/NA must be a Certified Nursing Assistant or Certified Home Care Aide. In addition, the HCA/NA must complete a specialized nine-hour self-study course on nurse delegation, pass the nurse delegation exam, be approved by the FCIHC Supervisor to do nurse delegation, and be specifically instructed by the Registered Nurse on the task being delegated for the specific client. The task can only be provided to the specific client and only under direction and supervision of the Registered Nurse.

For insulin injections, there is an additional Nurse Delegation Focus on Diabetes three-hour self-study course and exam that must be completed prior to the delegated HCA/NA being allowed to perform nurse delegated tasks related to diabetes and insulin injections.

The tasks that can be Nurse Delegated include:

Medication Administration	Insulin Injections or Blood Glucose Monitoring	Wound Care	Bowel Movement Program
Gastrostomy Tube Feeding	Non-Sterile Suctioning	Ostomy Care	Catheter Care
Tracheotomy Care	Foot Care for Diabetic Clients	Application of Prescribed Ointments	

Note: the following tasks **may never be provided** by First Choice In-Home Care employees:

- 1) Sterile Procedures,
- 2) Administration of medications by injection (*with the exception of insulin*),
- 3) Maintenance of central intravenous lines, and
- 4) Tasks that require the judgement of a Registered Nurse.

Time and Task Sheet Instruction Aide

oice In-Home Care, Inc.

Write Client Name Here

Write Your Name Here

Write the current month and year

These Numbers are the days of the month

This is your shift START TIME and should be the SAME time you called-in

This is your shift END TIME and should be the SAME time you called-out

Write total monthly work hours here

If you work split shifts (two shifts) with one Client, use boxes in these columns to record START and END time for your second shift.

Write the total hours worked each shift

Have Client initial here at the end of each shift to verify your reported work activities. Client Must Initial After Each Work Shift.

PERSONAL CARE TIME & TASK SHEET

ADL's No. 1 - 10	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
Ambulation																							
Bed Mobility																							
Transfers																							
Eating																							
Toilet Use																							
Dressing																							
Personal Hygiene																							
Bathing																							
Application of Lotion																							
Footcare (Non-Diabetic)																							
Hand Care																							
Medication Assistance																							
Meal Preparation																							
Ordinary Housework																							
Essential Shopping																							
Transportation to Medical																							
Nurse Delegated Care																							
Range of Motion																							
Turn and Reposition																							
Telephone Use																							
Behavioral Support																							
Protective Supervision																							
Vital Signs																							

For EACH shift worked for Client, mark all personal care tasks completed with an "X", or mark an "R" for tasks refused by Client or not completed. This is how we know what care tasks you perform each work shift.

End of Month Time & Task Sheet Submission:

Submit Time & Task Sheets by the 1st day of the next month. Drop document off at our office or email to Payroll: Payroll@fcihc.com

Have Client sign here at the end of each month to certify your reported work activities

Sign Your Name at the end of each month to certify your reported work activities

Client's Name: _____

Home Care Aide's Name: _____

Month Reporting: _____ Year Reporting: _____

Date	Time In 1	Time Out 1	Time In 2	Time Out 2	Total Hours	Client Initials	Office Use
1							
2							
3							
4							
5							
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Total Hours: _____

Office Address, for submission via drop-off OR submission via mail:
15015 Main St, Suite 209
Bellevue, WA 98007
535 Dock Street, Suite 200
Tacoma, WA 98402

For submission via email, send to: Payroll@fcihc.com
For submission via fax, fax to: 425-562-2537 or 253-926-2231

PERSONAL CARE TIME & TASK SHEET ONLY - Do not use for Respite Hours

Authorized Client Signature: _____ Home Care Aide's Signature: _____

NOTICE: Time & Task Sheets must be received by the 1st day of each month. Task Sheets can be dropped off, mailed, or faxed. For each shift, mark an "X" for each task completed or an "R" for each task refused. Mark clock-out time.

First Choice In-Home Care, Inc.

PERSONAL CARE TIME & TASK SHEET

Client's Name:

Home Care Aide's Name:

Month Reporting:

Year Reporting:

Date	Time In 1	Time Out 1	Time In 2	Time Out 2	Total Hours	Client Initials	Office Use
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Total Hours →

Office Address, for submission via drop-off OR submission via mail:
555 S. Renton Village Pl. Ste. 300
Renton, WA 98057

For submission via email,
send to: **Payroll@fcihc.com**
For submission via fax, fax
to: 425-562-2537 or
253-926-2231

PERSONAL CARE TIME & TASK SHEET

ADL's No. 1 - 10	Ambulation	Bed Mobility	Transfers	Eating	Toilet Use	Dressing	Personal Hygiene	Bathing	Application of Lotion	Footcare (Non-Diabetic)	Hand Care	Medication Assistance	Meal Preparation	Ordinary Housework	Essential Shopping	Transportation to Medical	Nurse Delegated Care	Range of Motion	Turn and Reposition	Telephone Use	Behavioral Support	Protective Supervision	Vital Signs
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PERSONAL CARE TIME & TASK SHEET ONLY - Do not use for Respite Hours

Authorized Client Signature:

Home Care Aide's Signature:

NOTICE: Time & Task Sheets must be received by the 1st day of each month. Time & Task Sheets can be dropped off, mailed to either office location, emailed, or faxed. For each shift worked, place an "X" in each task box for each authorized task completed during the shift or an "R" for each authorized task the Client refused during the shift. The Client MUST initial the clock-in and clock-out times for each shift worked and the Client and Home Care Aide MUST sign the Time & Task Sheet.





First Choice In-Home Care

Emergency Contact List

For Clients of First Choice In-Home Care:

Please complete the Emergency Contact List so that in the event of an emergency, your home care aide will know who to contact.



**Remember, in the event of an
Emergency call **911 FIRST****

Client's Telephone Numbers:	Home: _____ - _____ - _____ Cell: _____ - _____ - _____
Client's Address: Include street, apartment numbers and zip code	
Nearest Cross Streets and landmarks (apartment name, house color, etc.)	
Client's physician and nearest hospital	Physician _____ Hospital _____ Phone _____ Phone _____
Client's Family Members	Name: _____ Phone: _____ Name: _____ Phone: _____ Name: _____ Phone: _____

First Choice In-Home Care Staff can be contacted by calling 1-877-747-5090
King County 425-747-5000 - Pierce County 253-926-2230 - Snohomish County 425-741-0070

Communicating With First Choice In-Home Care

If you have internet access the best way to communicate with us, other than by telephone, is by using our Web Site - www.fcihc.com
our Toll Free Number is **1-877-747-5090**

First Choice In-Home Care Blog



Forging A Partnership That Ensures Quality Home Care

Apr 13, 2016 9:00:00 AM / by First Choice posted In In-Home Health Care, Caregiver

0 Comments

If you are the primary caregiver for a loved one, you understand the stresses and hardships that come with your responsibilities.

Intellectually, you may know that you need some help to handle the load.

However, it may be an emotional struggle for you to think of relegating some of your loved one's care to a professional caregiver. It is even possible that you feel that doing so indicates a personal failure of some sort.

Rest assured, however, that seeking help to handle your loved one's needs indicates, not failure, but love on your part. The reality is that, despite the best intentions of family and friends of those who require help, a professional caregiver may be able to offer your loved one a level of care that exceeds what you are able to do alone.

[Read More →](#)



In Home Care Can Help You Find a Balance in Your Life

Apr 5, 2016 4:30:00 PM / by First Choice posted In In-Home Health Care, Balance

0 Comments

Here is the unvarnished truth. Caregiving is hard. If you are the primary caregiver for an aged loved one, your caregiving responsibilities likely impact your physical and emotional health, your career, your personal finances, and your relationships with others.

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Our Web Site has many interesting and helpful tools.

Find us on the Web at
WWW.FCIHC.com

We Update our Web Site Every Week!

We update our web site weekly so there is always new and relevant information that you will find useful...

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Care You Can Trust

Since 1999

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Providing in-home personalized care services & assistance

In Pierce, King and Snohomish Counties

Why

we do what we do



We are a group of highly motivated individuals who have come together to help people.

[Learn More](#)

How

we do what we do

What

we do

Specialized Care Services

First Choice In-Home Care provides compassionate support and personalized care services in the comfort of your own home and in your community. We'll work with you to understand your specialized needs and then establish personalized services tailored specifically to your age, physical condition or cognitive abilities. We can assist those recovering from illness, injury or surgery, living with a chronic disability or navigating the natural process of aging. We are able to provide personal care, homemaking, respite, companion and many other care services in your home, at the hospital, within a permanent or temporary care facility and other places of residence.

[Learn More >](#)

I am very thankful to First Choice for providing quality care providers for my disabled daughter. The Supervisors have always had high standards about their care providers and have always tried their best to find us care. Thank you.

Carmine W.
- Mother of Client



CALL US

Talk with Us 24/7 1-877-747-5090



First Choice In-Home Care

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Daily Personal Care

The majority of our clients choose First Choice In-Home Care for personal care and day-to-day activity support services. These services include preparing daily meals, housekeeping and maintenance chores in addition to assistance with daily living activities such as bathing, hygiene support, grooming, feeding, toileting, transferring and ambulation.



Overnight Care

We provide support to individuals needing assistance throughout the night, including assistance going to bed, toileting, catheter care, personal hygiene, medication management, wound and skin care and other skilled tasks. Caregivers are awake all night and are available to assist with after bedtime transfers, toileting and redirection of confused, agitated or wandering behaviors.



Homemaking

Assuring that the tasks necessary for the upkeep and cleanliness of the home is critical to health, wellness and safety. Homemaking tasks can include: Meal Planning and Preparation (grocery shopping, meal preparation, monitoring diet and food intake, preparing future meals and clean-up); Errands (picking up prescriptions, gathering mail and general shopping); Light Housekeeping (assistance with laundry, changing linens, taking out trash, dusting, vacuuming, mopping, caring for houseplants and general cleaning).



Companionship and Transportation

Companionship and Transportation services include accompaniment to events, non-emergency medical and dental appointments, shopping for meals and household items and completing general errands. We can prepare you and/or accompany you for an outing to a movie or a restaurant; assist with letter writing and participate in game and card playing; reading or general conversation. First Choice In-Home Care is dedicated to assuring our clients health and safety, medical and emotional needs are met on a daily basis. Our Caregivers are also licensed and insured drivers and pick-up and drop-off services can also be provided.



Post-hospitalization Care & Support

Care and support to individuals recovering from general or orthopedic surgery. Our dedicated and respectful professionals provide a range of customized services to assist during the critical first weeks after surgery, when rest is most important and privacy is most valued. We work with the patient, family members and physicians, offering highly personalized care and support, transportation, homemaking and companion services. Our services enable recovering individuals to rest, limit activities that might slow recovery and protect privacy and dignity while allowing time to heal.



Care for our Veterans

You served our county proudly and we are here to serve you. First Choice In-Home Care is contracted with the Puget Sound Veterans Administration to provide skilled home care services to our veterans who are in need of assistance with activities of daily living including shopping, cleaning, meal preparation, bathing, dressing and other essential activities.



Give us a call. We're here to help.

Care You Can Trust Since 1999



Email us:

info@fcihc.com
support@fcihc.com



Call us:

425-747-5000
8:30 am-5 pm (PST) 7 Days a Week



Find us:

555 S. Renton Village Place
Suite 300
Renton, WA 98057


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Our Locations

On the Locations menu item you can find our office addresses and our office hours and utilize our easy maps for driving directions.

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**First Choice In-Home Care**
Care You Can Trust
Since 1999

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Our Locations

We're never too busy to talk to someone as nice as you.

Office Hours:

Monday through Friday 8:30am to 5:00pm
Saturday and Sunday 8:30am to 5:00pm

Please note that our Saturday and Sunday office hours are for emergency needs only.

King County Office

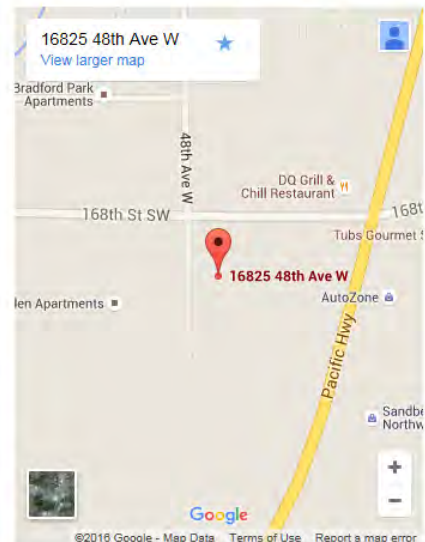
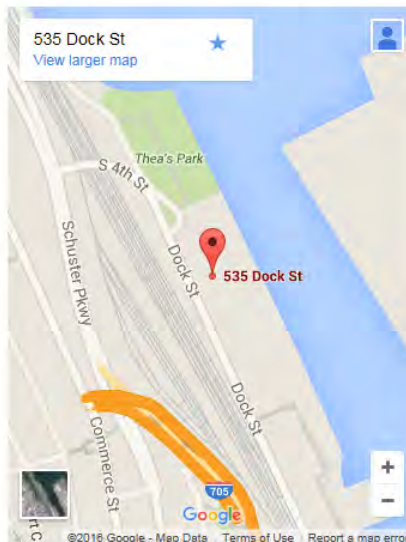
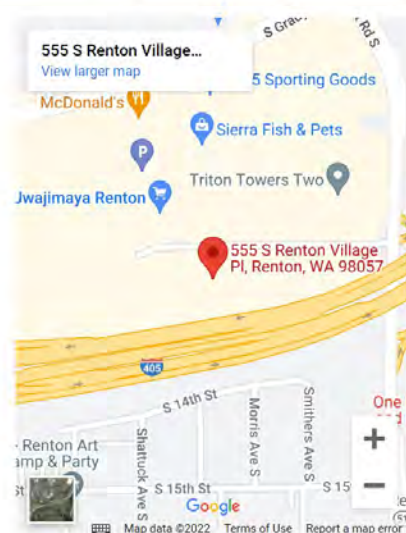
555 S. Renton Village Place
Suite 300
Renton, WA 98057
Tel: 425-747-5000
Fax: 425-562-2537
Toll Free: 1-877-747-5090

Pierce County Office

535 Dock Street,
Suite 200
Tacoma, WA 98402-4604
Telephone: 253-926-2230
Fax: 253-926-2231
Toll Free: 1-877-747-5090

Snohomish County

16825 48th Avenue West,
Suite 131
Lynnwood, WA 98037
Telephone: 425-741-0070
Fax: 425-741-0071
Toll Free: 1-877-747-5090



Proudly serving Pierce, King and Snohomish Counties