

## BLOOD BORNE PATHOGENS

### ANSWER KEY

1. F
2. T
3. T
4. T
5. F
6. D
7. A
8. B
9. B
10. D

# ELDER ABUSE AND NEGLECT IN THE HOME SETTING

## ANSWER KEY

1. D

2. B

3. D

4. C

5. B

6. A

7. C

8. D

9. D

10. A

**EMERGENCY PREPAREDNESS  
ANSWER KEY**

1. F
2. d
3. T
4. c
5. T
6. d
7. d
8. T
9. a
10. T

## HIPAA TEST ANSWER KEY

1. T
2. T
3. F
4. T
5. T
6. T
7. T
8. T
9. F
10. T
11. T
12. T
13. A
14. C
15. C
16. C
17. B
18. D
19. C
20. B
21. A
22. B
23. A
24. A/B/C
25. C
26. A
27. B
28. C
29. C
30. C

# MANAGING INFECTION CONTROL IN THE HOME SETTING

## ANSWER KEY

1. B
2. C
3. D
4. D
5. C
6. A
7. B
8. B
9. C
10. D

# MEDICAL DEVICE REPORTING

## ANSWER KEY

1. C
2. D
3. B
4. A
5. A
6. C
7. A
8. B
9. D
10. D

**PROTECTION OF PATIENT  
INFORMATION  
ANSWER KEY**

1. C
2. C
3. D
4. B
5. C
6. A
7. B
8. D
9. B
10. B
11. D
12. D
13. B
14. B
15. A

# The Resurgence of Tuberculosis

## ANSWER KEY

1. B
2. D
3. C
4. D
5. D
6. A
7. C
8. B
9. B
10. A

# **SAFETY CONSIDERATIONS FOR THE HOME HEALTH AIDE**

## **ANSWER KEY**

**1. D**

**2. C**

**3. A**

**4. B**

**5. A**

**6. C**

**7. D**

**8. D**

**9. D**

**10. B**

## **GRIEVANCES/COMPLAINT**

### **ANSWER KEY**

1. TRUE
2. 3

## **CORPORATE COMPLIANCE**

### **ANSWER KEY**

1. TRUE
2. TRUE
3. TRUE

## **COMMUNICATION**

### **ANSWER KEY**

1. True
2. Verbal, Written, Non-verbal  
and Body Language
3. False
4. True
5. False

## **PT RIGHTS & RESPONSIBILITIES**

### **ANSWER KEY**

1. TRUE
2. TRUE
3. EXAMPLES

## **ETHICAL STANDARDS/CODE**

### **ANSWER KEY**

1. TRUE
2. EXAMPLES

#### EXAMPLES OF RIGHTS AND RESPONSIBILITIES:

1. Be informed of your Patient Rights.
2. Exercise these rights at any time.
3. Have your property and person treated with respect.
4. Be free from neglect, or verbal, mental, sexual, and physical abuse, including injuries of unknown source, and/or misappropriation of patient property by anyone furnishing services on behalf of our Agency.
5. Voice and report grievances or complaints regarding treatment or care that are (or fail to be) delivered, the lack of respect for property and/or person, or the violation of any rights to the Agency, accrediting body, and state or local agencies.
6. Participate in, be informed about, and consent or refuse care in advance of and during treatment.
7. Receive all services outlined in the plan of care.
8. Have a confidential clinical record. Access to or release of patient information and clinical records is available with a written request of the agency.
9. Be advised of:
  - a. The extent to which payment for Agency services may be expected from Medicare, Medicaid, or any other federally-funded or federal aid program known to the Agency,
  - b. The charges for services that may not be covered by Medicare, Medicaid, or any other federally-funded or federal aid program known to the Agency,
  - c. The charges the individual may have to pay before care is initiated; and
  - d. Any changes in the information provided when they occur. The Agency must advise the patient and representative (if any), of these changes as soon as possible, in advance of the next home health visit in accordance with CMS notice requirements.
  - e. The Agency must comply with the covered/non-covered patient services notification requirements.
10. Have a confidential patient record and access to or release of patient information and records in accordance with Health Insurance Portability and Accountability Act (HIPAA) law and regulation (45 CFR parts 160 and 164).
11. Receive proper written notice, in advance of a specific service being furnished, if the Agency believes that the service may be non-covered care; or in advance of the Agency reducing or terminating on-going care. The Agency must also comply with the requirements of notifying patients regarding termination of services.
12. Be advised of the names, addresses, and telephone numbers of the following Federally-funded and state-funded entities that serve the area where the patient resides.
13. Be free from any discrimination or reprisal for exercising your rights or for voicing grievances to the Agency or an outside entity.
14. Be informed of the right to access auxiliary aids and language services, and how to access these services.
15. Be advised of our Agency's transfer & discharge policies.
16. Be informed how to contact (contact information & hours of operation) of the state toll free hotline, and if the agency is accredited, the accreditation body hotline, and that its purpose is to voice grievances or receive complaints/questions about local Agencies and to receive complaints concerning the implementation of Advance Directive requirements.
17. Our agency will honor any court decisions concerning competency and the role of the appointed representative.
18. To be informed in writing of policies and procedures for implementing advance directives and have health care providers comply with advance directives in accordance with state laws.

#### EXAMPLES OF ETHICAL ISSUES:

Patients who refuse treatment or care decisions regarding the withholding or withdrawal of treatment.

- b. Patients who do not comply with the physician's plan of treatment or do not fulfill their responsibilities regarding the care or service they receive.
- c. Lack of consideration or respect for patients' rights, confidentiality of records or release of financial information.
- d. Patients who may be victims of child or elder abuse or who can no longer take care of or provide for themselves.
- e. Patients who live in an environment that poses a threat or risk to themselves or to our Agency staff.

# CULTURAL DIVERSITY

## ANSWER KEY

1. TRUE
2. FALSE
3. FALSE
4. TRUE
5. HAND
6. FALSE
7. FEAR
8. FALSE
9. EYE
10. FALSE