

Abuse, Neglect, and Exploitation

Helping Restore Ability

Course Description

- In this course we will go over what abuse, neglect, and exploitation look like and how to address these issues
- Instructors- Karina Brewer & Robin Medina
- Trainings- At orientation and once a year on your employment anniversary date.
- Based on our policies and procedures manual

Instructor Contact Information



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Course Objectives

Course Objectives	Skills Developed
1-What is abuse?	Know what abuse/elderly abuse looks like
2-Signs of abuse	Be able to identify signs of abuse
3-What is Neglect?	Know what neglect means
4-What is exploitation?	Know what exploitation looks like
5-Our responsibility	Know your responsibility if suspected neglect, exploitation or abuse occur

Section 1- Abuse

Elder and disabled abuse is the mistreatment of a disabled/elder person by someone who has a relationship with them and is involved in their care.

- Elderly and disabled persons are more vulnerable to become victims of abuse because of their dependence on others for care.

According to the NCEA (National Center on Elderly Abuse), "30% of adults with disabilities, who used PAS for support of activities of daily living, reported one or more types of mistreatment (i.e. physical abuse, verbal abuse, financial abuse) by their primary provider."

It's our job to begin changing this heartbreaking statistic!



What makes this abuse so complex?

- Some diseases and chronic illnesses can mask/mimic the visible signs of abuse
 - e.g., certain medications, diseases causing easy bruising
- No single characteristic identifies an abuser
- Abuse is often subtle, especially when it is pre-meditated.
- Abuse can also be spontaneous
- Often the victims and abusers will attempt to hide the abuse



Types of abuse

- Physical abuse- Non-accidental use of bodily force that results in physical pain, injury, or death
 - e.g., physical restraining, force-feeding, hitting, shaking, kicking, etc.
- Emotional abuse- Treatment in a way that causes psychological pain or distress
 - e.g., intimidation by yelling or threats, withholding attention, isolating client from the outside world, humiliation or ridicule, etc.
- Sexual abuse- any sexual contact without consent or sexual activities with someone who is unable to give consent
- Abandonment- deserting of a person in a public place or other location with no intention of returning for them or finding alternative care

Why does abuse happen? (contributing factors)

- Mental illness
- Drug addiction
- Alcoholism
- Financial stress
- Caregiver stress
- Lack of proper caregiver skills/training
- Family history of violence

If you ever feel as though the situation is becoming too stressful, contact your supervisor immediately so proper arrangements of care can be made.

Section 2- Signs of abuse

- Sudden changes in the individual (depression, withdrawn)
- Fear or agitation
- Physical signs may include
 - Bruising, welts (commonly on back/stomach areas), broken bones, rope marks, vaginal, anal bleeding
 - Underclothes are torn, stained/bloody



<https://www.youtube.com/watch?v=OEGhbbpel30>

Section 3- Neglect

- Neglect is when the person who assumes responsibility for providing necessary care (attendant) to a client, refuses or otherwise fails to do so.
 - e.g., Task list- cleaning, grooming, meal preparation, medication assistance, etc. ; failing to do these tasks for your client knowingly is neglecting your obligation as their caregiver.
- Self-neglect is when the person taking care of themselves does so in a way that jeopardizes health and well-being



Signs of Neglect



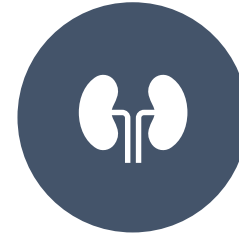
UNTREATED
BEDSORES



UNSANITARY LIVING
CONDITIONS



FLEAS, BEDBUGS,
LICE



FECAL/URINE
ODORS



POOR HYGIENE



DEHYDRATION



UNSAFE LIVING
CONDITIONS

Section 4- Exploitation

- Exploitation is when someone who has a relationship with the client (caregiver, family member) misuses the person's resources for personal or monetary benefits.
 - e.g., taking/misusing clients personal checks, credit cards, ATM cards, social security card, food stamps etc., theft of jewelry, property, money



Signs of Exploitation



UNEXPLAINED/SUDDEN
INABILITY TO PAY BILLS



OVERDUE RENT



UTILITIES TURNED OFF



DISAPPEARANCE OF
PERSONAL PROPERTY



CHANGES IN WILL,
POWER OF ATTORNEY
OR PAYEE



CLIENT SIGNING PAPERS
THEY DON'T
UNDERSTAND



EXCESSIVE PAYMENT
FOR CARE/SERVICES



UNHEALTHY
RELATIONSHIP

Our Responsibility

- It is **mandatory** for us, as an agency, to report all concerns of suspected abuse, neglect and exploitation according to Texas guidelines
- It is *your responsibility* as a caregiver to report suspected abuse, neglect or exploitation **within 24 hr. of discovering**
 - Immediately to Abby Starling (817-635-6038)
 - Texas Department of Family and Protective Services (TDFPS) at **(1-800-252-5400)** or at their secure website (www.dfps.state.tx.us/Contact_Us/report_abuse.asp)
 - Texas Health and Human Services (HHSC) at **(1-800-458-9858)**



Materials

Books

- HRA Policies/Procedures Handbook

Websites

- [https://www.tcsheriff.org/images/victim-services/docs/crimes against disabled and elderly.pdf](https://www.tcsheriff.org/images/victim-services/docs/crimes%20against%20disabled%20and%20elderly.pdf)
- [https://ncea.acl.gov/NCEA/media/docs/Abuse-of-Adults-with-a-Disability-\(2012\).pdf](https://ncea.acl.gov/NCEA/media/docs/Abuse-of-Adults-with-a-Disability-(2012).pdf)
- <https://www.helpguide.org/articles/abuse/elder-abuse-and-neglect.htm>

Videos

- <https://www.youtube.com/watch?v=OEGhbbpel30>

If you have questions, please ask your supervisor.



HELPING RESTORE ABILITY
A Non Profit Serving Texans with Disabilities

Rights of the Elderly / Patient Bill of Rights

Rights of the Elderly

Section 102.001 Definitions

1. "Convalescent and nursing home" means an institution licensed by the Department of Aging and Disability Services under Chapter 242, Health and Safety Code.
2. "Home health services" means the provision of health service for pay or other consideration in a patient's residence regulated under Chapter 142, Health and Safety Code.
3. "Alternate care" means services provided within an elderly individual's own home, neighborhood, or community, including:
 - a. Day care,
 - b. Foster care,
 - c. Alternative living plans, including personal care services, and
 - d. Supportive living services, including attendant care, residential repair, or emergency response services.
4. "Person providing services" means an individual, corporation, association, partnership, or other private or public entity providing convalescent and nursing home services, home health services, or alternate care services.
5. "Elderly individual" means an individual 60 years of age or older.

Section 102.002 Prohibition

1. A person providing services to the elderly may not deny an elderly individual a right guaranteed by this chapter.
2. Each agency that licenses, registers, or certifies a person providing services shall require the person to implement and enforce this chapter. A violation of this chapter is grounds for suspension or revocation of the license, registration, or certification of a person providing services.

Section 102.003 Rights of the Elderly

1. An elderly individual has all the rights, benefits, responsibilities and privileges granted by the constitution and laws of this state and the United States, except where lawfully restricted. The elderly individual has the right to be free of interference, coercion, discrimination and reprisal in exercising these civil rights.
2. An elderly individual has the right to be treated with dignity and respect for the personal integrity of the individual, without regard to race, religion, national origin, sex, age, disability, marital status, or source of payment. This means that the elderly individual:
 - a. Has the right to make his/her own choices regarding the individual's personal affairs, care, benefits and services.
 - b. Has the right to be free from abuse, neglect, and exploitation, and
 - c. If protective measures are required, has the right to designate a guardian or representative to ensure the right to quality stewardship of the individual's affairs.
3. An elderly individual has the right to be free from physical and mental abuse, including corporal punishment or physical or chemical restraints that are administered for the purpose of discipline or convenience and not required to treat the individual's medical symptoms. A person providing services may use physical or chemical restraints only if the use is authorized in writing by a physician or the use is

Rights of the Elderly / Patient Bill of Rights

necessary in an emergency to protect the elderly individual or others from injury. A physician's written authorization for the use of restraints must specify the circumstances under which the restraints may be used and the duration for which the restraints may be used. Except in an emergency, restraints may only be administered by qualified medical personnel.

4. A mentally retarded elderly individual with a court-appointed guardian may participate in a behavior modification program involving use of restraints or adverse stimuli only with the informed consent of the guardian.
5. An elderly individual may not be prohibited from communicating in his/her native language with other individuals or employees for the purpose of acquiring or participating in any type of treatment, care, or services.
6. An elderly individual is entitled to privacy while attending to personal needs and a private place for receiving visitors or associating with other individuals, unless providing privacy would infringe on the rights of other individuals. This right applies to medical treatment, written communications, telephone conversations, meeting with family, and access to resident councils. An elderly person has the right to send and receive unopened mail, and the person providing services shall ensure that the individual's mail is sent and delivered promptly. If an elderly individual is married and the spouse is receiving similar services, the couple may share a room.
7. An elderly individual may participate in activities of social, religious or community groups unless the participation interferes with the rights of other persons.
8. An elderly individual may manage his/her personal financial affairs. The elderly individual may authorize, in writing, another person to manage his/her money. The elderly individual may choose, without restriction, the manner in which their money is managed, including a money management program, a representative payee program, a financial power of attorney, a trust, or similar method. A person designated to manage an elderly individual's money shall do so in accordance with each applicable program policy, law, or rule. On request of the elderly individual or the individual's representative, the person designated to record and provide an accounting of the money. An elderly individual's designation of another person to manage his/her money does not affect the individual's ability to exercise another right described by this chapter. If an elderly individual is unable to designate another person to manage his/her affairs and a guardian is designated by a court, the guardian shall manage the individual's money in accordance with the Probate Code and other applicable laws.
9. An elderly individual is entitled access to his/her personal and clinical records. These records are confidential and may not be released without the elderly individual's consent, except in the following circumstances:
 - a. To another person providing services at the time the elderly individual transferred, or
 - b. If the release is required by another law.
10. A person providing services shall fully inform an elderly individual, in a language that the individual can understand, of his/her complete medical condition and shall notify the individual whenever there is a significant change in their medical condition.
11. An elderly individual may choose and retain a personal physician and is entitled to be fully informed in advance about treatment or care that may affect his/her well-being.
12. An elderly individual may participate in an individual plan of care that describes his/her medical, nursing and psychological needs and how the needs will be met.

Rights of the Elderly / Patient Bill of Rights

13. An elderly individual may refuse medical treatment after the elderly individual:
 - a. Is advised by the person providing the services of the possible consequences of refusing treatment.
 - b. Acknowledges that the individual clearly understands the consequences of refusing treatment.
14. An elderly individual may retain and use personal possessions, including clothing and furnishings, as space permits. The number of personal possessions may be limited for the health and safety of other individuals.
15. An elderly individual may refuse to participate in services required by the person providing services.
16. Within 30 days following the date the elderly individual is admitted for service, a person providing services shall inform the individual:
 - a. Whether the individual is entitled to benefits under Medicare or Medicaid, and
 - b. Which items and services are covered by these benefits, including items or services for which the elderly individual may not be charged.
17. A person providing services may not transfer or discharge an elderly individual unless:
 - a. The transfer is for the elderly individual's welfare, and the individual's needs cannot be met by the person providing services,
 - b. The elderly individual's health is improved sufficiently so that services are no longer needed,
 - c. The elderly individual's health and safety or the health and safety of another individual would be endangered if the transfer or discharge was not made.
 - d. The person providing services ceases to operate or to participate in the program that reimburses them for the elderly individual's treatment or care, or
 - e. The elderly individual fails, after reasonable and appropriate notices, to pay for service.
18. Except in an emergency, a person providing services may not transfer or discharge an elderly individual from a residential facility until the 30th day after the date the person providing services provides written notice to the elderly individual, the individual's legal representative, or a member of the individual's family stating:
 - a. That the person providing services intends to transfer or discharge the individual,
 - b. The reason for the transfer or discharge (as stated above),
 - c. The effective date of the transfer or discharge,
 - d. If the individual is to be transferred, the location to which the individual will be transferred, and
 - e. The individual's right to appeal the action and the person to who the appeal should be directed.
19. An elderly individual may:
 - a. Make a living will by executing a directive under the Natural Death Act (Chapter 672, Health and Safety Code),
 - b. Execute a durable power of attorney for health care under Chapter 135, Civil Practice and Remedies Code, or
 - c. Designate a guardian in advance of need to make decisions regarding the individual's health care should the individual become incapacitated.

Rights of the Elderly / Patient Bill of Rights

20. An elderly individual may complain about his/her care or treatment. The complaint may be made anonymously or communicated by a person designated by the elderly individual. The person providing the service shall promptly respond to resolve the complaint. The person providing services may not discriminate or take other punitive action against an elderly individual who makes a complaint.

Section 102.004 List of Rights

1. A person providing services shall provide each elderly individual with a written list of the individual's rights and responsibilities, including each provision of Section 102.003, before providing services or as soon after providing services as possible, and shall post the list in a conspicuous location.
2. A person providing services must inform an elderly individual of changes or revisions in the list.

Section 102.005 Cumulative

1. The rights described in this chapter are cumulative of other rights or remedies to which an elderly individual may be entitled under law.

Patient Bill of Rights

Patient Rights

The Law provides certain rights as a home health Patient and/or Patient's representative. These include the right:

- ☐ The Patient has the right to exercise his/her rights as a Patient of the agency.
- ☐ In the case of a Patient adjudged incompetent, the rights of the Patient will be exercised by the person appointed by law to act on the Patient's behalf.
- ☐ In the case of a Patient who has not been adjudged incompetent, any legal representative may exercise the Patient's rights to the extent permitted by law.
- ☐ The Patient has the right to have his/her person and property treated with consideration, respect and full recognition of his/her individuality and person needs.
- ☐ A patient has the right to be free from abuse, neglect, and exploitation by an agency employee, volunteer, or contractor.
- ☐ The Patient has the right to be treated by the physician of his/her choice, the right to participate in the planning of his/her care, the right to be informed in advance of expected outcomes, barriers to treatment, and any changes in the care to be furnished, and the unrestricted right to communicate with his/her physician and any other persons responsible for the planning of his/her care.
- ☐ The Patient has the right to health care that meets professional standards, and is performed by personnel who are qualified through education and experience to carry out the services for which they are responsible.
- ☐ The Patient has the right to courteous, individualized and humane health care that is given without discrimination to race, color, creed, sex, age, national origin or disability.
- ☐ The Patient has the right to receive treatment regardless of his/her usage of drugs or alcohol.
- ☐ The Patient has the right to the appropriate assessment and management of pain.
- ☐ The Patient has the right to request information about his/her diagnosis, prognosis and treatment, including alternatives to care and risks involved, in terms that can be readily understood by the Patient and his/her family, in order for the Patient to give informed consent.

Rights of the Elderly / Patient Bill of Rights

- ☐ The Patient has the right to refuse home health care and to be informed of the possible health consequences of this action.
- ☐ The Patient has the right to coordination and continuity of health care.
- ☐ The Patient has the right to appropriate instruction and/or education from health care personnel so that he/she can achieve an optimal level of wellness and self-care.
- ☐ The Patient has the right to confidentiality of all personal and medical records (except as provided by law or third-party payer contracts) and all communication, written or oral, between Patients and health care professionals.
- ☐ The Patient has the following rights pertaining to his/her health records:
 - The right to refuse to answer questions,
 - The right to challenge them,
 - The right to see, review and request changes on the consent,
 - The right to have their records corrected for accuracy,
 - The right to be informed when oasis (outcome and assessment information set) information will be collected and the purpose of the collection,
 - The right to be informed that oasis information will not be disclosed except for legitimate purposes allowed by federal privacy acts and,
 - The right to transfer all such records in the case of continuing care.
- ☐ The Patient has the right to information on the charges of all agency services prior to treatment and will be notified both orally and in writing of the following:
 - the extent to which payment may be expected from Medicare, Medicaid, or any other federally funded program or private insurance known to this agency,
 - the charges for services that will not be covered by Medicare, Medicaid, or any other federally funded program or private insurance, and
 - any known change in these charges as soon as possible, but no later than 30 working days from the date the agency becomes aware of the change.
- ☐ In the case of reduction or termination of services, the Patient has the right to receive written notification of such action.
 - notice must be received by the Patient at least 5 days prior to any reduction or termination of services, and
 - notification must include the reason for denial, reduction, or termination, regulation relied upon, if any, the procedure to request reconsideration, and the name and telephone number of the agency staff member to call
- ☐ The Patient has the right to voice grievances regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the agency and must not be subjected to discrimination or reprisal for doing so

Rights of the Elderly / Patient Bill of Rights

- ☐ The Patient has the right to lodge complaints with the administrator, the Consumer Protection Office of Texas, the Department of Aging and Disability Services (DADS), and with any other person or agency
 - To direct complaints to DADS: Department of Aging and Disability Services, Consumer Rights and Services Division, P.O. Box 149030, Austin, TX 78714-9030, toll free 1-800-458-9858.
 - Complaints directed to the Administrator, AGENCY NAME / ADDRESS / PHONE, will be fully documented, reviewed within 10 days and resolved within 30 days.

Advance Directives and Do Not Resuscitate Orders

Living Will (used when you have a terminal illness or irreversible condition)

- ☐ What is it?
 - A form that allows you to direct physicians to withhold or withdraw life-sustaining treatment
 - An Advance Directive doesn't go into effect until 2 physicians certify your condition as terminal.
- ☐ Why do I need one?
 - An Advance Directive allows you to tell doctors and those close to you what you wish to be done should you need life-sustaining treatment. If you don't have an Advance Directive, doctors may use machines, such as respirators, to keep you alive.
- ☐ What do I do?
 - Decide for yourself what treatment you will and will not accept.
 - Talk with family, clergy and/or friends.
 - Complete the form.
- ☐ Points to remember:
 - You can change your Advance Directive at any time.
 - Anyone 18 years or older can fill out an Advance Directive; don't wait until you're sick.
 - An Advance Directive goes into effect only when you have a terminal or irreversible illness.
 - The Directive pertains to health care decisions - not to financial matters.

Do-Not-Resuscitate (DNR) Order

- ☐ What is it?
 - You are instructing physicians and all medical institutions that might care for you that in the event of cardiac or respiratory arrest, you do not consent to the administration of cardiopulmonary resuscitation (CPR) in any form.
- ☐ Why do I need one?
 - A DNR form or ID will tell health care providers not to use CPR and other life-sustaining techniques. If you do not have a DNR Order, health care providers may do everything medically possible to revive you.

Rights of the Elderly / Patient Bill of Rights

☐ What do I do?

- Ask your healthcare provider for the DNR Order.
- Complete the form. Keep your original form.
- Talk with family, clergy and/or friends.
- You can also notify health care providers of your decision by wearing an approved ID necklace or bracelet

☐ Points to remember

- Anyone can use a DNR Order.
- To show that you have a DNR Order, you must have your original form or a copy of the completed form with you or wear an approved ID necklace or bracelet.
- The DNR Order pertains to health care decisions-not to financial matters. Durable Power of Attorney (with Health Care Powers Only)

Medical Power of Attorney

☐ What is it?

- A form that allows you to appoint someone to make health care decisions or you if you are no longer able to make them for yourself
- What is a Declaration for Mental Health?
 - Under Texas law, a competent adult may declare their preference for mental health treatment should they become incapacitated in the future, The mental health treatment covered by the directive includes psychoactive medications, electroconvulsive or other convulsive treatment, emergency care and other preferences. The declaration only becomes effective should the person be declared to be incapacitated at a time later by a court of law. The form must be signed by two witnesses who will not benefit from the person's will, and who are not related to or caring for the person completing the form. The witnesses must affirm that the person signing the declaration appeared to be of sound mind. The declaration stays in effect until the person is no longer incapacitated.

☐ Why do I need one?

- So that someone you choose can speak for you when you cannot. If you have not named someone, a guardian may be appointed for you by a court.

☐ What do I do?

- Choose your Durable Power of Attorney. Discuss your health care requests with this person.
- Complete the form.

☐ Points to remember

- ☐ You can change your Durable Power of Attorney at any time for any reason
- ☐ Anyone 18 years or older can choose a Durable Power of Attorney.
- ☐ The person you choose makes decisions for you only if you cannot make decisions for yourself.

Rights of the Elderly / Patient Bill of Rights

If you have not executed Advanced Directives and would like to, please ask your health care provider or your physician for the appropriate forms.

The information in this brochure is available in large print. Please request your Agency Representative to provide if needed.

Scope of Services

- ☐ Skilled Nursing
- ☐ Home Health Aide
- ☐ Physical Therapy
- ☐ Speech Therapy
- ☐ Occupational Therapy
- ☐ Medical Social Worker

Home Health Aide Responsibilities

- ☐ Bathing/Hygiene
- ☐ Hair/Nail Care
- ☐ Dress
- ☐ Assist with Ambulation
- ☐ Transfers
- ☐ Assist with elimination
- ☐ Linen Change
- ☐ Range of Motion
- ☐ Light Meal Preparation
- ☐ Light housekeeping pertaining to Patient

The Home Health Aide Responsibilities DO NOT INCLUDE:

- ☐ Vacuum/Mop Entire House
- ☐ Wash Windows
- ☐ Clean cupboards/closets
- ☐ Mow Lawn
- ☐ Transportation (Unless prior arrangements made)
- ☐ Skilled procedures unless delegated by the RN and approved by the Patient

If non-covered services are needed, please notify the Agency or the Nurse so an attempt can be made to assist with this need

Rights of the Elderly / Patient Bill of Rights

Patient Responsibilities

- ☐ The Patient has the responsibility to participate in the plan of care to the degree that they are capable.
- ☐ Patients and their families have the responsibility to carry out the plan of care, as instructed, to arrive at the highest possible level of health, wellness and independence and to inform the agency when instructions are not followed.
- ☐ The Patient has the responsibility to notify the agency of any changes in treatment.
- ☐ The Patient has the responsibility to disclose pertinent health related information accurately to plan and carry out care, including information on advanced directives
- ☐ The Patient has responsibility to have and maintain contact with his/her physician to allow the physician to order and supervise care.
- ☐ The Patient has the responsibility to notify the agency of a change in the primary physician.
- ☐ Patient has the responsibility to be available to the staff for home visits at a mutually agreed upon time.
- ☐ The Patient has the responsibility to inform the agency of appointments that will alter a scheduled visit by the agency's staff.
- ☐ The Patient has the responsibility to provide a safe working environment for the home health staff.
- ☐ The Patient has the responsibility to provide information and releases when required for billing purposes.
- ☐ The Patient has the responsibility to notify the agency of a change in insurance carriers, insurance plan, reduction in insurance benefits or termination of benefits prior to such changes.
- ☐ The Patient has the responsibility to allow the agency to act on his/her behalf in filing appeals of denied payment of service to the fullest extent possible.
- ☐ The Patient has the responsibility to inform the agency of any dissatisfaction with service of care.
- ☐ The Patient has the responsibility to inform agency personnel when instructions to the Patient or Patient's representative cannot be understood or followed.
- ☐ The Patient has the responsibility to communicate in a respectful manner with staff and administration.

Agency Responsibilities

- ☐ To be available to respond to the physician in a timely manner.
- ☐ To submit written documentation and medical information to the physician, in a timely manner.
- ☐ To follow the Plan of Care as ordered by the physician.
- ☐ To notify the physician of changes in the Patient's status.

NON-DISCRIMINATION

Agency does not discriminate:

- ☐ In admissions or treatment on the basis of race, color or national origin.
- ☐ In admissions, with access to, or treatment on the basis of disability.
- ☐ On the basis of age in the provision of services except where age is a factor necessary to normal operation or achievement of statutory objectives.

Rights of the Elderly / Patient Bill of Rights

Quiz

Employee: _____ Date: _____

Graded By (RN): _____ Grade: _____

True or False

1. _____ An elderly individual has all the rights, benefits, responsibilities, and privileges granted by the constitution and laws of this state and the United States, except where lawfully restricted.
2. _____ An elderly individual has the right to be treated with dignity and respect for the personal integrity of the individual, without regard to race, religion, nation origin, sex, age, disability, marital status, or source of payment.
3. _____ An elderly individual may not complain about the individuals' care or treatment.
4. _____ It is not necessary for a person providing services to an elderly individual to full inform them, in a language that the individual can understand, of the individuals' total medical condition and shall notify the individual whenever there is a significant change in the persons' medical condition.
5. _____ An elderly individual has the right to be free from physical and mental abuse, including corporal punishment or physical or chemical restraints that are administered for the purpose of discipline or convenience and not required to treat the individuals' medical condition.
6. _____ A person providing services may use physical or chemical restraints if the elderly individual is difficult to control or handle without a physician's order.
7. _____ The patient has the right to lodge a complaint against this Agency or receive information regarding any Texas home health agency by calling the toll free Texas Home Health Hotline.
8. _____ The home health patient does not have the right to appropriate assessment and management of pain.
9. _____ The home health patient has the right to participate in the planning of the care and planning changes in the care or treatment.
10. _____ Home health employees do not have to treat the patient's property with respect.