



Corner Home Medical

Service Guide



Our Mission

To foster compassionate care, collaborative education, quality, innovation and enhanced independent lifestyle... above all Trust.

Table of Contents

| | |
|--------------------------------------|--------|
| SERVICES AND POLICIES | 3 - 4 |
| BILLING SERVICES AND PAYMENT OPTIONS | 5 |
| MEDICARE NOTICE | 6 |
| WHEN TO CONTACT US | 7 |
| QUESTIONS OR CONCERNS | 8 |
| MEDICARE DMEPOS SUPPLIER STANDARDS | 9 - 11 |
| NOTICE OF PATIENT PRIVACY | 12 |
| PATIENT BILL OF RIGHTS | 13-14 |
| STATEMENT OF PATIENT RESPONSIBILITY | 15-16 |
| PATIENT SAFETY INFORMATION | 17-21 |
| EMERGENCY PREPAREDNESS GUIDE | 22-24 |

Welcome to Corner Home Medical

We appreciate the confidence you have placed in us. We will do everything within our power to make your experience with us comfortable and positive.

Corner Home Medical is a merger of two strong family owned companies (Merwin Home Medical and Corner Medical) who are dedicated to meeting the needs of the communities they serve.

Be assured that if there ever exists a question or concern about the service you are receiving from us, we want you to contact us so that we can resolve the issue and make your experience even better.

Most Sincerely, The Steinhauer and Neumann Families
and the Corner Home Medical Staff

SERVICES AND POLICIES

Services Offered by Corner Home Medical include: Delivery and in-home instruction; Insurance processing and billing; Medicare/Medicaid provider; Physician contact to assist with coverage issues; Service department; 24-hour emergency services; Home delivery; Mail-out service; Respiratory therapy staff; Licensed dieticians; Home and medical equipment technicians.

Return Policy: Corner Home Medical will allow returns on most saleable items within fifteen (15) days after purchase. Items must be in the original unopened package and accompanied by the sales order. Items billed through insurance must be returned unopened within 15 days of the purchase date.

—**Non-returnable items** include but are not limited to: personal care items, bathroom products, food or enteral products, wheelchair cushions, seat or bed cushions, pillows, seat lift chairs and breast pumps. Items that have suffered physical damage by the customer may not be returned for any reason.

—**Special Order Items:** All special-order items except for seat lift chairs will require a non-refundable payment of 100% of the item cost upon placing the order. Seat lift chairs will require a non-refundable payment of 50% of the item cost upon placing the order. The balance will be due before delivery of the chair. Special order items are not returnable.

—**Non-refundable items** include but are not limited to: compression stockings, hernia belts or soft goods which have been worn, used or opened are not refundable.

Warranty Information: Every product sold or rented by our company carries a manufacturer's warranty. Corner Home Medical will notify all customers, including Medicare beneficiaries, of the warranty coverage, and will honor all warranties under applicable law. All warranties are extended by the manufacturer and NOT by Corner Home Medical. Depending on the circumstances, Corner Home Medical will assist you in resolving warranty issues.

Rental Agreement: If you are renting prescribed medical equipment from Corner Home Medical, the minimum rental period is one month. Refunds cannot be made for any unused portion of time. Oral or written instructions regarding the care and operation of the equipment will be provided at the time of delivery. The equipment will be delivered in good working order and with the exception of normal wear, must be returned in good working order. If not, costs incurred to repair equipment is the responsibility of the patient/responsible person renting the equipment. Equipment will remain at the address where delivery is made unless consent is given by Corner Home Medical to move the equipment to another location. If the patient is admitted to a skilled nursing home or admitted to the hospital, Corner Home Medical should be notified. In case of destruction or loss, the patient will be responsible for the charged retail replacement cost of the equipment. The patient is responsible for notifying Corner Home Medical when the equipment is no longer needed.

Service/Repairs: Customers should call anytime you are having difficulty with your equipment, day or night. Our technicians and therapists will guide you through the problem and assist to correct issues. You may bring equipment for service or repair to our retail locations during business hours, Monday through Saturday. All repair charges are due upon receipt, unless arrangements have been made prior to repair services.

Shipping & Delivery: Routine, ongoing supplies may be shipped via parcel delivery, Monday through Friday. Private pay items on orders under \$100 will incur a \$12.95 shipping fee. Please allow two to three business days to receive your order. Same day delivery may be available for a courier fee. Larger items and durable medical equipment may be subject to additional delivery fees, and are delivered by one of our Technicians directly to your home. You will need to be home or have an authorized person at home to sign for the delivery.

BILLING SERVICES AND PAYMENT OPTIONS

Customer Responsibility: Options include 1) Pay in full by check, money order or cash, or 2) Pay by major credit card or check card.

Private Pay portions will be submitted to you on an invoice or statement, which will be mailed to you. This payment is due upon receipt. If your insurance denies payment, you are responsible for all outstanding charges. If your physician does not complete and forward to Corner Home Medical all necessary documentation supporting medical necessity as defined by your insurance, you will be responsible for all outstanding charges.

Insurance Responsibility: Corner Home Medical will accept **Medicare, Medical Assistance** and most commercial insurance companies for coverage of your needs, as well as many HMO and PPO insurance plans. Insurance claims are filed on your behalf. Your portion is due upon receipt of invoice. If your insurance carrier does not remit payment within 60 days of our billing date, the balance will be due from you. If we do not have a contract with your insurance, we will bill them as a courtesy to you; however, our office does not accept responsibility for collecting on these claims.

As a service to our **Medicare** customers, our office accepts Assignment on most Medicare claims. If Medicare denies your claim, we will bill you, and you can choose one of the above credit options. In some instances, claims will be billed Non-Assigned. **Non-Assigned** means we will bill the retail amount directly to you, which is due upon receipt. Our office will process the claim with Medicare on your behalf, and Medicare will reimburse you directly (the allowable amount.) If you are covered by **Medical Assistance**, we will bill Medical Assistance for all eligible dates of service. Please notify our office immediately of any changes to your medical insurance. If we are not notified of a change to your medical insurance, we will bill the retail amount directly to you.

Equipment rental agreements are between Corner Home Medical and the customer. If your insurance covers the rental item, we will bill your insurance company on your behalf; however, the rental agreement remains with you, not the insurance carrier.

It is your responsibility to understand your insurance coverage and its effects on the rental agreement, especially when you consider changing insurance plans. Before you change insurance, we advise you to call your new insurance carrier and inquire about coverage for the equipment you are renting. In some instances, the rental period and number of rental payments applied towards purchase (if available) may change or start over when changing insurance plans.

BILLING SERVICES AND PAYMENT OPTIONS-continued

You understand that if you do not pay for a product or service upon receipt of an invoice, you may receive autodialed, pre-recorded calls, or both, from or on behalf of Corner Home Medical at the telephone or wireless number(s) provided. You consent to receive future calls at those number(s) by autodialed calls, pre-recorded calls, or both, and understand that your consent to such calls is not a condition of purchasing any goods or services.

MEDICARE CAPPED RENTAL AND INEXPENSIVE OR ROUTINELY PURCHASED ITEMS NOTIFICATION**For Capped Rental Items:**

- Medicare will pay a monthly rental fee for a period not to exceed 13 months, after which ownership of the equipment is transferred to the Medicare beneficiary.
- After ownership of the equipment is transferred to the Medicare beneficiary, it is the beneficiaries' responsibility to arrange for any required equipment service or repair.
- Examples of this type of equipment include: hospital beds, wheelchairs, alternating pressure pads, air-mattresses, nebulizers, suction pumps, continuous positive airway pressure (CPAP) devices, patient lifts and trapeze bars.

For Inexpensive or Routinely Purchased Items:

- Equipment in this category can be purchased or rented; however, the total amount paid for monthly rentals cannot exceed the fee schedule purchase amount.
- It is Corner Home Medical's discretion to establish some products as "purchase only."
- Examples of this type of equipment include: canes, walkers, crutches, commode chairs, low pressure and positioning equalization pads, home blood glucose monitors, and seat lift mechanisms.

WHEN TO CONTACT US

Please remember to contact Corner Home Medical when any of the following situations occur:

- Major changes in your condition that may require changes in your equipment needs.
- Pending changes in your insurance or payer source.
- Financial changes that make it difficult to pay for your services or equipment.
- If you are moving to a new location.
- If you believe you are having problems with the equipment or are unsure as to how to use or care for your equipment.
- If your physician feels you no longer need the equipment.
- If you are being admitted into an acute care hospital or a long term nursing care facility.
- If your physician makes a change in your prescription.
- Any time you have a question as to what is available in the medical equipment/supply market.
- Any time you feel that you are being treated unfairly by Corner Home Medical or have a complaint or a compliment about the company.
- If you would like a copy of your signed paperwork mailed or emailed to you.

FOR QUESTIONS OR CONCERNS

EQUIPMENT QUESTIONS:

Call 763-535-5335 (Greater Twin Cities area) or 320-257-6184 (St. Cloud) and ask for a Technician or Manager. 507-208-4350 (Rochester) and ask for a Technician or Manager.

FOR CONCERNS WITH BILLING:

Call 763-535-5335 and ask for a Billing Representative (Option #2)

FOR SERVICE CONCERNS OR COMPLAINTS:

Call 763-535-5335 and ask for Customer Service or a Manager. (Opt. #3)
Submit an email via form at [www.cornermedical.com/contact us/](http://www.cornermedical.com/contact-us/)

AFTER HOURS CONTACT INFORMATION

Call 763-535-5335 or toll free 866-535-5335. You will be prompted to enter "0" to be connected with our 24-hour on-call service. If you are experiencing a medical emergency, please call your local emergency response services at **911**.

If you have a complaint about Corner Home Medical or a person providing you with care, you may write, call or visit the office of Health Facility Complaints, Minnesota Department of Health. You may also call the Ombudsman for Older Minnesotans:

OFFICE OF HEALTH FACILITY COMPLAINTS

Minnesota Department of Health
85 E 7th Place, Suite 300, PO Box 64970
St. Paul, MN 55164-0970
651-201-4201 or 1-800-369-7994
Email: health.ohfc-complaints@state.mn.us

DME REGIONAL CARRIER (MEDICARE)

Provider Services
P.O. Box 39
Lawrence, KS 66044
1-800-MEDICARE (1-800-633-4227)

HOME CARE OMBUDSMAN

P.O. Box 64971
St. Paul, MN 55164-0971
651-431-2555 or 1-800-657-3591

THE COMPLIANCE TEAM

1-888-291-5353

MEDICARE DMEPOS SUPPLIER STANDARDS

Note: This is an abbreviated version of the supplier standards every Medicare DMEPOS supplier must meet in order to obtain and retain their billing privileges. These standards, in their entirety, are listed in 42 C.F.R. 424.57(c).

1. A supplier must be in compliance with all applicable Federal and State licensure and regulatory requirements.
2. A supplier must provide complete and accurate information on the DMEPOS supplier application. Any changes to this information must be reported to the National Supplier Clearinghouse within 30 days.
3. A supplier must have an authorized individual (whose signature is binding) sign the enrollment application for billing privileges.
4. A supplier must fill orders from its own inventory, or contract with other companies for the purchase of items necessary to fill orders. A supplier may not contract with any entity that is currently excluded from the Medicare program, any State health care programs, or any other Federal procurement or non-procurement programs.
5. A supplier must advise beneficiaries that they may rent or purchase inexpensive or routinely purchased durable medical equipment, and of the purchase option for capped rental equipment.
6. A supplier must notify beneficiaries of warranty coverage and honor all warranties under applicable State law, and repair or replace free of charge Medicare covered items that are under warranty.
7. A supplier must maintain a physical facility on an appropriate site and must maintain a visible sign with posted hours of operation. The location must be accessible to the public and staffed during posted hours of business. The location must be at least 200 square feet and contain space for storing records.
8. A supplier must permit CMS or its agents to conduct on-site inspections to ascertain the supplier's compliance with these standards.
9. A supplier must maintain a primary business telephone listed under the name of the business in a local directory or a toll free number available through directory assistance. The exclusive use of a beeper, answering machine, answering service or cell phone during posted business hours is prohibited.
10. A supplier must have comprehensive liability insurance in the amount of at least \$300,000 that covers both the supplier's place of business and all customers and employees of the supplier. If the supplier manufactures its

MEDICARE DMEPOS SUPPLIER STANDARDS—continued

own items, this insurance must also cover product liability and completed operations.

11. A supplier is prohibited from direct solicitation to Medicare beneficiaries. For complete details on this prohibition see 42 CFR § 424.57 (c) (11).
12. A supplier is responsible for delivery of and must instruct beneficiaries on the use of Medicare covered items, and maintain proof of delivery and beneficiary instruction.
13. A supplier must answer questions and respond to complaints of beneficiaries, and maintain documentation of such contacts.
14. A supplier must maintain and replace at no charge or repair cost either directly, or through a service contract with another company, any Medicare-covered items it has rented to beneficiaries.
15. A supplier must accept returns of substandard (less than full quality for the particular item) or unsuitable items (inappropriate for the beneficiary at the time it was fitted and rented or sold) from beneficiaries.
16. A supplier must disclose these standards to each beneficiary it supplies a Medicare-covered item.
17. A supplier must disclose any person having ownership, financial, or control interest in the supplier.
18. A supplier must not convey or reassign a supplier number, i.e., the supplier may not sell or allow another entity to use its Medicare billing number.
19. A supplier must have a complaint resolution protocol established to address beneficiary complaints that relate to these standards. A record of these complaints must be maintained at the physical facility.
20. Complaint records must include: the name, address, telephone number and health insurance claim number of the beneficiary, a summary of the complaint, and any actions taken to resolve it.
21. A supplier must agree to furnish CMS any information required by the Medicare statute and regulations.
22. All suppliers must be accredited by a CMS-approved accreditation organization in order to receive and retain a supplier billing number. The accreditation must indicate the specific products and services, for which the supplier is accredited in order for the supplier to receive payment for those specific products and services (except for certain exempt pharmaceuticals).

MEDICARE DMEPOS SUPPLIER STANDARDS—continued

23. All suppliers must notify their accreditation organization when a new DMEPOS location is opened.
24. All supplier locations, whether owned or subcontracted, must meet the DMEPOS quality standards and be separately accredited in order to bill Medicare.
25. All suppliers must disclose upon enrollment all products and services, including the addition of new product lines for which they are seeking accreditation.
26. A supplier must meet the surety bond requirements specified in 42 CFR § 424.57 (d).
27. A supplier must obtain oxygen from a state-licensed oxygen supplier.
28. A supplier must maintain ordering and referring documentation consistent with provisions found in 42 CFR § 424.5716(f).
29. A supplier is prohibited from sharing a practice location with other Medicare providers and suppliers.
30. A supplier must remain open to the public for a minimum of 30 hours per week except physicians (as defined in section 1848(j) (3) of the Act) or physical and occupational therapists or a DMEPOS supplier working with custom made orthotics and prosthetics.

NOTICE OF PATIENT PRIVACY
EFFECTIVE JULY 1, 2015

We are committed to preserving the privacy of your personal health information. In fact, we are required by law to protect the privacy of your medical information and to provide you with NOTICE describing:

**HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND
DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION.**

We are required by law to have your written consent before we use or disclose to others, your medical information for purposes of providing or arranging for your health care, the payment for, or reimbursement of the care that we provide to you, and the related administrative activities supporting your treatment.

We may be required or permitted by certain laws, to use and disclose your medical information for other purposes, without your consent or authorization.

As our patient, you have important rights relating to inspecting and copying your medical information that we maintain, amending or correcting that information, obtaining an accounting of our disclosures of your medical information, requesting that we restrict certain uses and disclosures of your health information, or making a complaint if you think your rights have been violated.

We have available a detailed Notice of Privacy Practices which fully explains your rights and our obligations under the law. We may revise our Notice from time to time. The effective date at the top right hand side of this page indicates the date of the most current Notice in effect.

You have the right to receive a copy of our most current Notice in effect. If you have not yet received a copy of our current Notice, please call Customer Service at (763) 535-5335 and we will provide you with a copy.

If you have any questions, concerns, or complaints about the **Notice** or your medical information, please contact Tammi Bagstad, Compliance Officer, Corner Home Medical at 1-866-535-5335, or The Compliance Team at 1-888-291-5353.

PATIENT BILL OF RIGHTS

- The right to receive written information about rights in advance of receiving care or during the initial evaluation visit before the initiation of treatment, including what to do if rights are violated.
- The provider must advise the recipient of the right to participate in planning the care or treatment.
- The right to be told in advance of receiving care about the services that will be provided, the frequency of visits, other choices that are available, and the consequences of these choices, including the consequences of refusing services.
- The right to refuse services or treatment.
- The right to formulate a health care directive.
- The right to know, in advance, any limits to the services available from a provider, and the providers grounds for termination of services.
- The right to know what the charges are for services, regardless of who will pay the bill.
- The right to know that there may be other services available in the community, including other providers, and to know where to go for information.
- The right to choose freely among available providers and to change providers after services have begun, within the limits of health insurance, medical assistance, or other health programs.
- The right to have personal, financial, and medical information kept private, and to be advised of the providers policies and procedures regarding disclosure of such information.
- The right to be allowed to access records and written information from records in accordance with section 144.335.
- The right to be served by people who are properly trained and competent to perform their duties. The right to ask and be shown proper identification from any healthcare member entering your home.
- The right to be treated with courtesy and respect, and to have the patient's property treated with respect.

- The right to be free from physical and verbal abuse.
- The right to reasonable, advance notice of changes in services or charges.
- The right to a coordinated transfer when there will be a change in the provider of services.
- The right to voice grievances regarding treatment or care that is, or fails to be furnished, or regarding the lack of courtesy or respect to the patient or the patient's property.
- The right to know how to contact an individual associated with the provider who is responsible for handling problems and to have the provider investigate and attempt to resolve the grievance or complaint. The provider shall document in writing all complaints, as well as document in writing any resolution of the complaint against anyone furnishing services on behalf of the provider.
- The right to know the name and address of the state or county agency to contact for additional information or assistance.
- The right to assert these rights personally, or have them asserted by the patient's family or guardian when the patient has been judged incompetent, without retaliation.
- The right to be involved in discussing or resolving conflicts or ethical issues in regard to your care.

A home health provider may not require a person to surrender these rights as a condition of receiving services. A guardian or conservator or, when there is not a guardian or conservator, a designated person, may seek to enforce these rights. A provider must protect and promote these rights.

As your home health care provider, we strive to provide quality services. If you need assistance, have questions, or a complaint, please contact us at:

Corner Home Medical
2730 Nevada Ave N
New Hope, MN 55427

763-535-5335

STATEMENT OF PATIENT RESPONSIBILITIES

The staff of Corner Home Medical strive to provide the best care possible to patients and their families. To assist us in that care, we have identified several areas of responsibility for patients and their families to enable the staff to effectively manage each individual's plan of care.

Together, we can accomplish the goals for effective home health services. All patients of Corner Home Medical or their families possess responsibilities. These include the responsibility to:

1. Remain under a doctor's care while receiving services from us, report any unexpected changes in health status to the doctor, and keep Corner Home Medical informed of physician visits and/or changes in the prescribed care.
2. Provide Corner Home Medical with all requested insurance and financial information, and notifications of additions or changes in insurance coverage. Sign the required consents and releases for insurance billing or have a designated authorized representative sign for the patient.
3. The patient and/or family is responsible for participating in the development of the plan of care and subsequent changes, including participation in your care by asking questions and expressing concerns.
4. The patient and/or family is responsible for assisting in the provision of a safe environment in which care can be given in so much as he/she is able. This includes a safe environment for the patient's care as well as Corner Home Medical staff during the provision of this care.
5. The patient and/or family has the responsibility to notify Corner Home Medical when scheduled visits cannot be kept.

6. The patient and/or family has the responsibility to properly care for and follow instructions in regard to equipment and to notify Corner Home Medical if there are questions or problems with equipment.
7. The patient and/or family has the responsibility for supplying accurate and complete information regarding past illness, hospitalizations, medications, documentation of health care directives, and other matters related to his/her health in so much as possible.
8. Follow instructions given by the health care team, according to the plan of care. The patient and/or family is responsible for his/her actions if the plan of care is not followed, including any responsibility for any refusal of treatment.
9. The patient and/or family is responsible to express concerns about the course of treatment or ability to comply if not understood or cannot be followed.
10. Abide by Corner Home Medical policies that restrict duties our staff may perform.
11. Advise Corner Home Medical management of any dissatisfaction or problem with your care.

PATIENT SAFETY INFORMATION

INTRODUCTION: The information on the following pages is intended to cover basic safety issues related to the equipment you are receiving from Corner Home Medical. We value you as a person and a customer. We want your equipment to meet your medical needs and to accomplish your goals in a safe manner. If you are having a medical emergency, please call 9-1-1; do not delay getting help by calling Corner Home Medical.

It is important that you use the equipment provided only in the manner for which it is intended. You should not modify it or make changes to prescribed usage without first consulting your physician. If changes are being made to your medical plan related to the use of the equipment, you are obligated to contact Corner Home Medical to assure that the equipment as it is currently set will continue to meet your needs, or if changes in settings are needed that they are done properly.

GENERAL SAFETY INFORMATION: It is important that your medical equipment be set up in a location that allows you best use of it, yet it does not impede your safe mobility or that of other family members within your home.

Electrically operated equipment must be plugged directly into a grounded outlet. It is unsafe to use extension cords or multiple plug adapters for the equipment. Electric cords must be free from traffic areas where a person may trip and fall or the weight of people or wheelchairs will not damage the power cords and create an electrocution or fire hazard. Always be cautious of overloading electrical circuits. It is highly recommended that you have functioning fire and smoke detectors in your home.

In general, your home should be free from obstruction and clutter. This is particularly true if you are using aids to assist you with ambulation such as canes or walkers. Throw rugs and hallway runners may pose a serious hazard of tripping and falling if your ambulatory abilities are diminished. Hallways and general traffic areas in your home should not have toys, boxes or equipment in them. At night or in the dark you may forget they are there and trip and fall.

If you are at risk for falls such as general weakness, dizziness or light-headedness, you have had surgery or an injury that impairs your legs or balance, or if you have had a stroke with partial paralysis or weakness, it is best if hallways, bathrooms and your sleeping area have a night light to give you some added visibility at night.

If you live alone, it is a good idea to have a friend or family member check on you throughout the day if you have a condition or are on medications which may cause you to fall or impair your cognitive abilities or cause you to lose consciousness. There are commercial products available to assist you in summoning help

in an emergency if you cannot reach a phone.

EMERGENCY MANAGEMENT PLAN: Corner Home Medical does have an emergency management plan. This directs our staff in procedures for dealing with natural or community wide emergencies when they arise. This could be anything from flood and storm damage, civil disturbance, terrorist activities or even outbreaks of infectious disease in the community. Corner Home Medical works closely with civil authorities in the area in developing these plans.

In the event of a non-medical emergency or a disaster in your community, such as fire, loss of electrical power, floods, storms, etc. follow instructions provided by community emergency services. If possible and if needed, take your equipment with you, but only if safe to do so. If necessary, be moved to a local hospital if you cannot go without the equipment, such as oxygen. As soon as safely possible contact Corner Home Medical to inform us of your situation. We will replace your equipment as soon as possible in a safe location. When you are accepted as a client of Corner Home Medical, we always ask for an emergency contact. This should be an individual who does not live with you, who we may contact in an emergency to locate you.

PRODUCT SPECIFIC SAFETY CONSIDERATIONS

AMUBLATORY AIDS: This category includes items such as canes, walkers, crutches and non-powered wheelchairs. Assure that your traffic ways are clear of obstructions such as boxes and tables. It is recommended that you do not use throw rugs or hallway runners with these items as they are easy to trip on. Always back wheelchairs into elevators as front wheels can easily get caught in the elevator door tracks. Do not go up or down un-ramped curbs without assistance in a wheelchair. Do not use walkers for stability when going up or down stairs. Use the handrails on the stairwell. Walkers and canes should be properly height adjusted for your use to prevent injury. In many situations the use of a cane, a walker or crutches will require professional assessment and training to use correctly. Speak with your physician if this is a concern. If using walkers with wheels and a seat, remember to lock the wheels when sitting down or rising from a sitting position. Wheeled walkers are not substitutes for a wheelchair. Walker seats are for your convenience to rest. Do not have anyone push you while seated in a walker. Walker baskets are for lightweight items only. Heavy or awkward items can throw the balance of the walker off and allow you to easily fall.

PATIENT SAFETY INFORMATION-continued

TRANSFER AIDS: Transfer aids are designed to assist with transferring from one stationary position to another such as a bed to a chair, or a chair to a commode, etc. These items are transfer boards, hydraulic lifts, trapeze bars, benches and bed assists. Unless you are totally comfortable with self transfers, it is recommended you always perform transfers with someone to assist. When using transfer boards, always assure that the item you are transferring from and the item you are transferring to are locked into position so they do not move while the transfer is taking place. If using a bed assist (or side rails) to stabilize yourself while transferring out of a bed, make sure the bed is low enough that your feet are flat on the floor when sitting on the side of the bed. When rising after laying down for any period of time, it is recommended that you sit at the side of the bed for a short period of time to reduce the chance of dizziness before standing. Hydraulic lifts are designed for total weight bearing and are not designed for self transfer at all. Hydraulic lifts are not made for mobility to transfer from room to room.

HOSPITAL BEDS AND SIDE RAILS: Hospital beds are designed to allow position changes for individuals who are required to spend large amounts of time in bed. They allow for increased ability for caregivers to provide personal care for these individuals with less strain. If you are able to get up from bed on your own or if performing a standing transfer with assistance, the bed should be in as low a position as possible to allow your feet to flatly touch the floor. You should not have to “hop” out of the bed. Bed rails offer some protection from falling out of bed but have potential dangers associated with them. If the patient using the bed has limited mobility but may turn on their own, there is a risk of “trapping” the patient between the rails and mattress which can cause injury or suffocation. Impaired patients should be monitored closely. Bed rails are NOT to be used to “restrain” the patient. If the patient is at risk to trap themselves between the mattress and rails, a rolled up blanket or purchased rail pads may be used to fill this space limiting the risk. The majority of the time half rails are used by patients to assist in getting in and out of the bed. Bed rails are not constructed or designed for this purpose but they do function as an assist device. Make sure the rails are locked in position and that they are attached properly to the bed frame. They are not designed as weight bearing assist devices. Full length bed rails are rarely used in the home setting. Do not tie restraints to the movable parts of the bed frame or to the bed rails. This can cause strangulation. Do not store any equipment or others items under a hospital bed. Do not allow children or others to play with the bed controls.

HOME OXYGEN EQUIPMENT: General information regarding oxygen. Oxygen is non-flammable however it is an accelerant. Oxygen will aggressively support combustion and may cause some materials that are normally non-

combustible at room temperature to spontaneously burn in the presence of high concentrations of oxygen. Do not use or store oxygen in the presence of open flames. Do not smoke, use candles, or cook over an open flame while wearing oxygen. Never use oil or any other lubricant on your oxygen equipment. The use of oil or grease in the presence of oxygen under pressure can cause an explosion. Post “no smoking” signs on your door or areas where oxygen is in use.

Oxygen is a drug and must be treated as such. Do not increase or decrease the amount of oxygen you use without first consulting your physician. In some instances too much oxygen can cause unwanted side effects. If your physician increases or decreases your prescribed flow rate, you must contact Corner Home Medical immediately to assure that we are aware of the new prescription, and we can determine if the equipment you are using is adequate to meet your new needs.

Basically there are three modalities of oxygen delivery systems available for home use:

Oxygen Concentrators. Oxygen concentrators are machines designed to extract or concentrate oxygen from the air and deliver it to you at the nasal cannula or mask. Oxygen concentrators use electricity to run a compressor in the unit. It should be plugged directly into a grounded outlet. Do not use extension cords or outlet adapters without consulting your delivery technician. Keep your filters clean and exchange your nasal cannula on a weekly basis if you use oxygen continuously or once every two weeks if you only use it part time. The extension tubing used is to enable you to move about your home while using the oxygen without having to move the equipment. This can be a tripping hazard for you or other members of your household. Please use caution. Notify us if the power cord becomes damaged or frayed. If you use a bubble humidifier, use only distilled water. Change the water on a daily basis and thoroughly clean the container. Use caution when threading the jar and top together, and when threading the connector back to the machine. If you cross thread the connections you will cause a leak and not receive the prescribed amount of oxygen.

PATIENT SAFETY INFORMATION-continued

Liquid Oxygen. Liquid oxygen systems provide oxygen by turning cryogenically liquefied oxygen in the large container back into a gas which comes to you through the tubing. Again, use caution with extension tubing so that you do not trip and fall. Liquid oxygen is a low pressure system but it is super cold (just under –300 degrees below zero.) Do not touch the fill connections with your bare hand. Fill and use the portable containers strictly as instructed.

High Pressure Compressed Gas. Compressed gas cylinders are generally used for portable oxygen system or back up units for concentrator failures due to breakdown or loss of electricity. These cylinders are filled with compressed oxygen up to a pressure of 2,000 lbs. psi. Cylinders are designed to withstand hard use and high pressure, but caution must be maintained during use and storage. They should be stored in a well ventilated storage area away from traffic patterns. Large cylinders used for higher flow back-up systems are heavy and can cause injury if they fall. They must be kept in a cylinder stand designed for them or chained to a wall. Do not move large cylinders with their regulators attached. Small cylinders should be stored standing up if possible, but should be in a rack or box to prevent falling. If necessary, they can be stored in a lying down position but placed so that they do not roll or cause a tripping hazard. Leave valve outlet covers on the cylinder valves until ready to use. Always open and close the valve slowly and store empty cylinders with the valves in the closed position. Do not store cylinders in the trunk of a vehicle. Small cylinders may be laid on the floor of the rear seat in a car. If you are storing any cylinders in a vehicle during a prolonged trip, leave the windows of the vehicle slightly open so any vented oxygen may escape. Do not leave cylinders in a vehicle in extreme heat or cold.

If you have additional questions or concerns regarding the safe use of medical equipment in your home, please feel free to contact us at 763-535-5335 for the Greater Twin Cities area, 320-257-6184 for the St. Cloud area or 507-208-4350 for the Rochester/Southern Minnesota area. There is always someone available to answer questions 24 hours per day, 7 days a week.

PLEASE NOTE: Not all products and equipment are available at all locations.

My Emergency Preparedness Guide

A guide provided for home care patients and their families.

EVERYONE SHOULD HAVE A PLAN—As a home care patient on power-dependent equipment—or a family member providing care—planning is critically important. You have to make sure you and your family members have the supplies you need to stay healthy and safe in times of emergency or during a power outage, as you won't have access to everyday resources.

GENERAL PREPAREDNESS CHECKLIST

- Keep your home care agency's number close by the phone in case you need assistance. And if you are having a true emergency, call 9-1-1.
- Record your county's police and fire nonemergency phone number and the numbers of any other organization or service that you use or will need.
- Have a list of important contacts and numbers (i.e., your physician, your family members, your neighbors, etc.) to take with you wherever you go.
- Keep a list of the medications you are taking, pharmacy number, physician name and phone numbers and phone number of emergency contact.
- Make a communication plan with family and friends in case you are separated. Have a family contact who lives outside of your area.
- Keep important documents, both personal and financial, in a waterproof portable container. This should include your MOLST (Medical Orders for Life-Sustaining Treatment) form and/or advance directives.

PREPARE AHEAD OF TIME

- Create an emergency kit for your home and vehicle—see suggested items on page 2 of this guide.
- Have enough food, water, medicine and medical supplies to last 3-5 days without aid from others.
- Store your supplies in a waterproof container that is easy for you to open.
- Keep food, water and medicines on hand for pets and make plans to ensure their safe shelter and care.
- Keep your car full of fuel with directions to the nearest shelter or evacuation route.
- If you need to evacuate—call your home care provider/agency right away. Inform the agency of your evacuation plan/shelter site. Bring your Medicare, Medicaid, and/or insurance card.

- During storms and outages, stay aware of alerts, warnings and local emergency services. Know the emergency plan for your area including evacuation routes, shelters and emergency numbers.
- If you require electric powered medical equipment and/or oxygen, notify your power company before an emergency and let them know you are at high risk during power outages.
- For those on oxygen, have backup oxygen cylinders in case of a power outage. Call your home care agency when you lose power and start using backup oxygen, to allow time for the DME company to provide more when needed.
- In the event of a power outage, do not assume your device will work properly—review the checklist below to ensure you know how your device will function during a power outage. Talk to your medical equipment company to find out what will happen to your equipment during a power outage:
 - Can a power surge cause my device to stop working? If yes, what type of surge protector do I need?
 - Does my device have a back-up system? If so, how long will it operate and where is it located?
 - How long will my device work if it does not have power?
 - How is my device affected by changes in temperature?
 - How do I switch my device from electric power to battery power?

Special Needs

Many people with special needs and disabilities have additional challenges preparing for and coping with emergencies. Meet with family, friends and neighbors to discuss your needs during an emergency, and make sure to plan ahead for the support you will need.

If you are living at home and have special needs, be sure to register with your county emergency management agency, local fire department and utility company.

Additional Information About Devices and Power Outages

The U.S. Food and Drug Administration (FDA) has a number of useful resources available to assist you in preparing for power outages. You can visit the helpful websites for more information:

www.ready.gov/individuals-access-functional-needs

www.ready.gov/blackouts (covers power outages)

Emergency Supply Kit

Keep these items on hand in your Emergency Supply Kit



Water—one gallon of water per person per day for at least three days



Food—at least a three-day supply of non-perishable food



Battery Powered Radio—and a charged cell phone, as well as extra batteries



Flashlight—and extra batteries



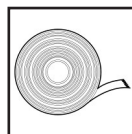
First Aid Kit—be sure to check expiration dates of the contents and keep them up to date



Whistle—to signal for help



Dust Mask—or cotton T-shirt, to help filter contaminated air



Plastic Sheetting and Duct Tape—to shelter-in-place



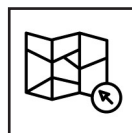
Wrench or Pliers—to turn off utilities when necessary



Can Opener—to open canned food, as well as eating utensils



Infant Formula and diapers—if you have an infant



Local Maps—including a map of your area and a map for where you plan to go if you evacuated



Corner Home Medical



Order online at www.cornerhomemedical.com

Corner Home Medical Locations and Contact Information

Corporate Office/Warehouse/Customer Service/Billing

2730 Nevada Ave N, New Hope, MN 55427

Phone: 763-535-5335 Fax: 763-536-3590

Office Hours: Mon - Fri 8am - 5pm, Sat 9am - 2pm

METRO LOCATIONS

APPLE VALLEY

14690 Galaxie Ave #118
Apple Valley, MN 55124
952-953-9945
M-F 8am - 5:30pm

BLOOMINGTON

9720 Humboldt Ave S
Bloomington, MN 55431
952-388-0500
M-F 8am - 5:30pm
Sat 9am - 2pm

FRIDLEY

1270 E. Moore Lake Dr.
Fridley, MN 55432
763-502-0550
M-F 8:30am - 5pm

GOLDEN VALLEY

5689 Duluth Street
Golden Valley, MN 55422
763-535-4911
M-F 8am - 5:30pm
Sat 9am - 2pm

MAPLEWOOD

1868 Beam Ave
Maplewood, MN 55209
651-773-9969
M-F 8:30am - 5pm

OSSEO

500 Central Ave
Osseo, MN 55369
763-315-6565
M-F 8:30am - 5pm

WOODBURY

8380 City Centre Dr. #170
Woodbury, MN 55125
651-403-3502
M-F 8:30am - 5pm

OUTSIDE METRO LOCATIONS

NEW ULM

125 North Minnesota Street
New Ulm, MN 56073
507-228-8100
M-F 8:30am - 5pm

RED WING

573 Flueger Court
Red Wing, MN 55066
651-267-2414
M-F 8:30am - 5pm

ROCHESTER

36 17th Ave NW
Rochester, MN 55901
507-208-4350
M-F 8am - 5:30pm
Sat 9am - 2pm

ST. CLOUD

2958 W Division Street
St. Cloud, MN 56301
320-257-6184
M-F 8:30am - 5pm