

Facility House

A facility house in home care refers to a residential care setting for individuals requiring assistance with daily living. It offers a safe environment with support for activities, medical services, and social interaction.

Note: All Fields marked with * are mandatory and must be filled out, otherwise the system will generate an error indicating that the required information is missing.

Adding Facility House

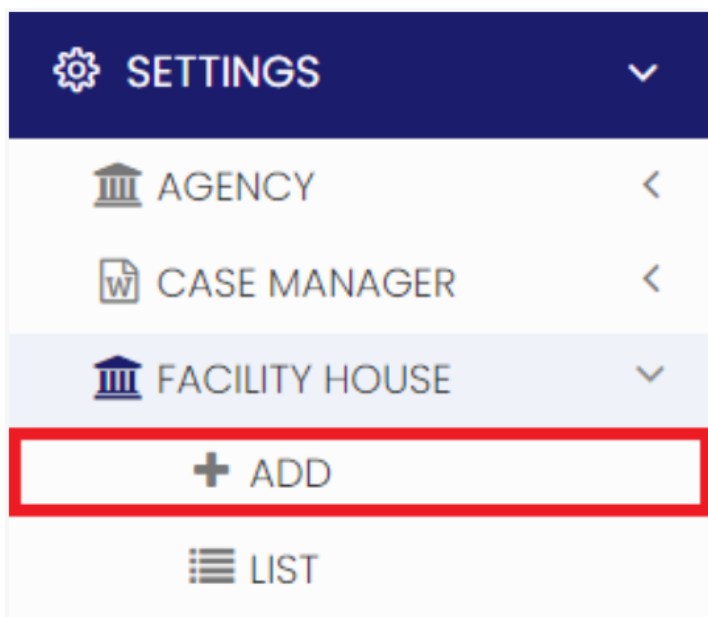
The Facility house can be added in the system under the feature Settings.

Settings >> Facility House >> +Add option

The Facility house provide round the clock support to ensure that the residents have access to assistance and care whenever they need it. This may include staff members available on-site at all times to respond to emergencies or provide assistance with activities of daily living.

The Caregivers in the Facility house provide companionship and emotional support to residents, helping them with social interaction and recreational activities.

For Adding the Facility Name in the system, click the option + Add under Settings.



Update the Facility House Details in the required fields and Click Save option.

ADD FACILITY HOUSE

ENTER FACILITY INFORMATION

Cancel

Save

Facility House Details

Facility Name *

Facility Name

Address *

Address

City *

City

State *

Select

Zip Code *

XXXXXX

Phone

(xxx) xxx-xxxx

Cell

(xxx) xxx-xxxx

Region

Select Region

County

County

GSA

GSA

Equipments

Enter Equipment

House Capacity ?

House Capacity

Private Rooms ?

Private Room(s)

Note*:Private room count should be less than or equal to bed capacity.

Site type

Site type

Provider Type

Provider Type

Licensure

Licensure

Licensure Renewal Date

MM/DD/YYYY

Fire Permit Date

MM/DD/YYYY

NPI

XXXXXXXXXX

AHCCCS ID #

XXXXXX

EIN

XXXXXXXXXX

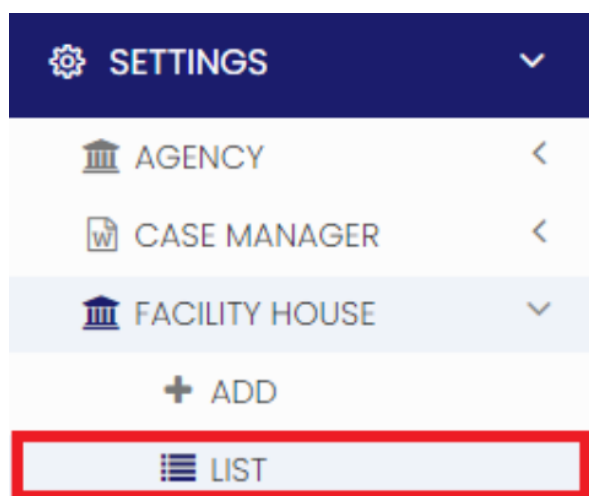
Save

Cancel

Editing Facility House

The facility house details can be edited by using the option Edit on the right side of the screen in Facility House List.

Settings >> Facility House >> List



The user can edit the required information in the Facility House Details and Click Update option.

Facility Name *

Nursing Services

Address *

125 A view, Noflox, Virginia

City *

Noflox

State *

Virginia

Zip Code *

34321

Phone

(423) 621-1356

Cell

(987) 990-9009

Region

County

United States

GSA

GSA

Equipments

Enter Equipments

House Capacity ?

10

Private Rooms ?

10

Note*:Private room count should be less than or equal to bed capacity.

Site type

Site type

Provider Type

Provider Type

Licensure

Licensure

Licensure Renewal Date

09/01/2020

Fire Permit Date

MM/DD/YYYY

NPI

XXXXXXXXXX

AHCCCS ID #

XXXXXX

EIN

XXXXXXXXXX

Update

Cancel

Delete Facility House

Settings >> Facility House >> List

Select the Facility House from the list using the check box and click Delete or Disable Selection option on the screen.





FACILITY HOUSE LIST

Refresh

Active

Disable Selected

+ Facility House

| | Name ^ | Licensure | LR Date | NPI | AHCCCS ID | EIN | Action |
|-------------------------------------|---------------|-----------|------------|-----|-----------|-----|---|
| <input type="checkbox"/> | Facility Name | Licensure | MM/DD/YYYY | NPI | AHCCCS ID | EIN | Search Reset |
| <input checked="" type="checkbox"/> | demo1 | | | N/A | | |   |
| <input type="checkbox"/> | Testing1 | | | N/A | | |   |



Now, the Facility House gets deleted and we can view the Facility House details under Deleted list.

FACILITY HOUSE LIST

Refresh


Deleted



+ Facility House

| | Name ^ | Licensure | LR Date | NPI | AHCCCS ID | EIN | Action |
|--------------------------|---------------|-----------|------------|-----|-----------|-----|---|
| <input type="checkbox"/> | Facility Name | Licensure | MM/DD/YYYY | NPI | AHCCCS ID | EIN | Search Reset |
| <input type="checkbox"/> | demo1 | | | N/A | | |   |

The user can also Restore the deleted Facility House details by using the option Active on the right side of the screen.

FACILITY HOUSE LIST

 Refresh  Deleted 

| | Name ^ | Licensure | LR Date | NPI | AHCCCS ID | EIN | Action |
|--------------------------|--|--|---|----------------------------------|--|----------------------------------|---|
| <input type="checkbox"/> | <input type="text" value="Facility Name"/> | <input type="text" value="Licensure"/> | <input type="text" value="MM/DD/YYYY"/>  | <input type="text" value="NPI"/> | <input type="text" value="AHCCCS ID"/> | <input type="text" value="EIN"/> | <input type="button" value="Search"/> <input type="button" value="Reset"/> |
| <input type="checkbox"/> | demo1 | | | N/A | | |  <input type="button" value="Active"/> |

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