



January 2, 2014

Ms. Nechelle Harris  
Creative Caregivers

Dear Ms. Harris:

I am enclosing the final audit report of Creative Caregivers (CC) that was recently completed by this office. Your response has been incorporated into the final report and labeled as an Appendix.

I would like to extend my appreciation for all the courtesy extended to my staff during the course of fieldwork. I understand you were especially helpful to Rich Kerpovich and Jason Seliga in expediting the audit process.

The final report will be forwarded to the Office of Developmental Programs (ODP) and the Office of Long Term Living (OLTL) to begin the Department's audit resolution process. The staff from the ODP and the OLTL may be in contact with you to follow-up on the action taken to comply with the report's recommendations.

If you have questions concerning this matter, please contact David Bryan, Audit Resolution Section at (717) 783-7127.

Sincerely,

A handwritten signature in black ink that reads "Tina L. Long". The signature is written in a cursive, flowing style.

Tina L. Long, CPA  
Director

Enclosure

c: Ms. Karen Deklinski  
Mr. Fred Lokuta  
Ms. Bonnie Rose  
Mr. Robert Conklin  
Mr. Michael Luckovich  
Ms. Kim Nagle  
Ms. Deborah Donahue  
Ms. Patricia McCool

bc: Mr. Alex Matolyak  
Mr. Brian Pusateri  
Mr. David Bryan  
Mr. Michael A. Sprow  
Ms. Shelley Lawrence  
NEFO Audit File (N1301)

Some information has been redacted from this audit report. The redaction is indicated by magic marker highlight. If you want to request an unredacted copy of this audit report, you should submit a written Right to Know Law (RTKL) request to DPW's RTKL Office. The request should identify the audit report and ask for an unredacted copy. The RTKL Office will consider your request and respond in accordance with the RTKL (65 P.S. §§ 67.101 et seq.) The DPW RTKL Office can be contacted by email at: [ra-dpwtkl@pa.gov](mailto:ra-dpwtkl@pa.gov).

January 2, 2014

Mr. Brendan Harris, Executive Deputy Secretary  
Department of Public Welfare  
Health & Welfare Building, Room 334  
Harrisburg, Pennsylvania 17120

Dear Deputy Secretary Harris:

In response to a request from the Office of Developmental Programs (ODP), the Bureau of Financial Operations (BFO) initiated a performance audit of Creative Caregivers (CC). The audit was designed to determine if CC is in compliance with 55 Pa. Code Chapter 51.16, 55 Pa. Code Chapter 1101, and ODP Bulletin 00-07-01. The audit period was March 1, 2011 through June 30, 2013.

This report is currently in final form and therefore contains CC's views on the findings and recommendations. CC's response to the draft is included as Appendix C. No changes were made to the draft report as a result of CC's response.

### **Executive Summary**

<b>FINDING</b>	<b>SUMMARY</b>
<p><b>Issue No. 1 – CC billed PROMISe \$922,384 for unsupported service units.</b></p>	<ul style="list-style-type: none"> <li>• 77% of the claims sampled were not supported by adequate progress notes that comply with 55 Pa. Code Chapter 51.16</li> <li>• For 65% of the claims sampled, units billed were not supported by employee timesheets.</li> <li>• 100% of Level 3 Enhanced service claims sampled were performed by unqualified workers.</li> <li>• Internal controls over progress note and timesheet preparation are inadequate.</li> <li>• CC's inadequate and unsecure filing system jeopardizes client confidentiality.</li> </ul>

### HIGHLIGHTS OF RECOMMENDATIONS

CC should:

- Only bill PROMISe when service documentation supports all units billed in accordance with 55 Pa. Code Chapters 51 and 1101.
- Gain and maintain comprehensive knowledge of 55 Pa. Code Chapters 51 and 1101.
- Develop and implement internal policies and procedures that meet the minimum documentation requirements of 55 Pa. Code Chapters 51 and 1101.
- Train all staff on progress note and timesheet preparation requirements.
- Ensure that all workers meet the qualification requirements outlined in the Home and Community Based Services (HCBS) definitions.
- Develop and implement an adequate and secure filing system that complies with the Health Insurance Portability and Accountability Act (HIPAA) requirements

ODP should:

- Recover \$922,285 related to unsupported billings as detailed in Appendix B.
- Provide technical assistance as necessary to ensure CC has comprehensive knowledge of all applicable regulations.
- Continue to monitor CC's service documentation for compliance with applicable regulations.
- Ensure that CC implements an adequate and secure filing system that complies with HIPAA requirements.

OLTL Should:

- Recover \$99 related to unsupported billings as detailed in Appendix B.
- Provide technical assistance as necessary to ensure that CC has comprehensive knowledge of all applicable regulations.

**See Appendix A for the Background, Objective, Scope and Methodology, and Conclusion on the Objective.**

### **Results of Fieldwork**

#### **Issue No. 1 – CC billed PROMISe \$922,384 for unsupported service units.**

55 Pa. Code Chapter 1101.51(e) states, "Providers shall retain...medical and fiscal records that fully disclose the nature and extent of the services rendered to MA recipients and that meet the criteria established in this section and additional requirements established in the provider regulations."

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55 Pa. Code Section 51.15(a) (2) states, “a provider shall maintain records verifying compliance with this chapter for a minimum of 5 years.” Additionally, Section 51.16 states:

- (a) “A provider shall complete a monthly progress note that substantiates the claim for the provision of an HCBS it provides at least monthly. A provider shall maintain the progress notes in a participant’s record.
- (b) A provider shall complete a progress note each time the HCBS is provided if the HCBS is occurring on a less than monthly frequency.
- (c) A provider may complete progress notes for multiple HCBS rendered to the same participant on the same form when the HCBS are rendered by the same provider from the same waiver HCBS location. Progress notes that are completed for multiple HCBS must include progress for each HCBS included on the form.
- (d) Progress notes must include the following:
  - (1) The name of the participant receiving the HCBS.
  - (2) The name of the provider.
  - (3) The name, title, signature and date of the person completing the progress note.
  - (4) The name of the HCBS.
  - (5) The amount, frequency and duration of the authorized and delivered HCBS.
  - (6) The outcome of the HCBS.
  - (7) A description of what occurred during the delivery of the HCBS.”

In addition, prior to the adoption of the PA Chapter 51 Regulations by the ODP, ODP Bulletin 00-07-01, required providers to maintain the same information in electronic or paper form. OLTL has adopted similar regulations, PA Chapter 52 Regulations, for documentation of their services. CC started providing services to OLTL in June of 2013.

Finally, per HCBS service definitions as outlined in ODP’s Individual Support Plan (ISP) Manual “the provision of Level 3 Enhanced Habilitation or Respite services requires a staff member who is degreed or a licensed nurse”

When adequate progress notes and timesheets are not maintained, ODP and OLTL cannot be reasonably assured that billed services have been performed and consumers are working toward and achieving their goals. Furthermore, when adequate controls are not in place, there is an increased risk of noncompliance, errors, fraud, waste and abuse.

CC’s inadequate internal controls, inconsistent monitoring over progress note and timesheet preparation, as well as sporadic supervisor approvals greatly contributed to the unsupported service units billed. Common preparation and approval inconsistencies noted by the BFO include:

- The notes do not include most of the required elements of a progress note as detailed in 55 Pa. Code Chapter 51.15(a) (2) (d).
- Timesheets are not always approved by a supervisor and incomplete timesheets are sometimes approved.
- The CC owner’s signature appears to have been altered on a few worker timesheets, including one timesheet that was approved for 45 hours of continuous service.

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In addition, the BFO observed CC as being disorganized and without a suitable and secure filing system, which jeopardizes recipient confidentiality and compliance with the Health Insurance Portability and Accountability Act (HIPAA). Furthermore, CC's owner informed the BFO that some hardcopy records were misplaced during their recent move to their new location.

The BFO's stratified random samples, population sizes, results of substantive testing and recovery amounts for unsupported claims are summarized in Appendix B. The results of testing not captured in Appendix B are detailed below by service type.

W1727 – Companion – Level 3

During our analysis of the companion service progress notes, the BFO identified that CC provided the BFO with duplicated progress notes to support a claim for companion services and Home and Community Habilitation services. The BFO also identified that support for two additional claims contained similar language. In addition, support provided for another claim was related to respite services. Furthermore, according to the progress notes, CC billed for numerous hours of companion service while the recipient was sleeping, which contradicts the goals stated in the consumers' ISPs.

W7061 – Home and Community Habilitation – Level 3 Enhanced

According to the limited available progress notes, three workers were assigned to perform this service for the claims we randomly sampled. CC did not provide the BFO with the required proof of education or licenses for two of the three workers. The education documentation provided for the third worker indicates that the worker does not possess a 4-year degree. Upon further investigation, the BFO attempted to verify active licenses with the Pennsylvania Department of State and could not locate a record of an active nursing license for any of the three workers.

W8002 – Out-Home Respite – Level 2

CC submitted two claims that include a period of time in which the recipient was in the hospital.

W8004 – Out-Home Respite – Level 3

CC provided two notes for daytime hours for the same claim with different activities reported.

W8005 – Out-Home Respite – Level 3 Enhanced

According to the progress notes, one worker performed this service for the claims we randomly sampled. The education documentation provided for the worker indicates that the worker does not possess a 4-year degree. Also, the BFO attempted to verify active licenses with the Pennsylvania Department of State and could not locate a record of an active nursing license for the individual. This worker also provided Enhanced Home & Community Habilitation services.

**Recommendations**

The BFO recommends that CC:

- Only bill PROMISE when service documentation supports all units billed in accordance with 55 PA Code Chapters 51 and 1101.

### **Recommendations (Continued)**

- Gain and maintain comprehensive knowledge of 55 Pa. Code Chapters 51 and 1101.
- Develop and implement internal policies and procedures that meet the minimum documentation requirements of 55 Pa. Code Chapters 51 and 1101.
- Train all staff on progress note and timesheet preparation requirements.
- Ensure that all workers meet the qualification requirements outlined in the HCBS definitions.
- Develop and implement an adequate and secure filing system that complies with HIPAA requirements.

The BFO recommends that ODP:

- Recover \$922,285 related to unsupported billings as detailed in Appendix B.
- Provide technical assistance as necessary to ensure CC has comprehensive knowledge of all applicable regulations.
- Continue to monitor CC's service documentation for compliance with applicable regulations.
- Ensure that CC implements an adequate and secure filing system that complies with HIPAA requirements.

The BFO recommends that OLTL:

- Recover \$99 related to unsupported billings as detailed in Appendix B.
- Provide technical assistance as necessary to ensure that CC has comprehensive knowledge of all applicable regulations.

### **Auditor's Commentary**

CC was given sufficient time to provide documentation and timesheets prior to issuance of the draft report but was unable to produce any additional documentation. In addition, CC acknowledges in their response that during their move, documents were "damaged, destroyed as well as unfounded". However, even if timesheets do exist for the encounters as CC claims in their response, current and prior ODP guidance and regulations require a progress note to be used as validation that a service has been performed. CC acknowledges in their response that for the progress notes that did exist, they not meet the requirements set forth by ODP.

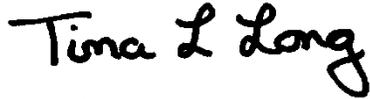
In accordance with our established procedures, an audit response matrix will be provided to ODP and OLTL. Once received, ODP and OLTL staff should independently complete the matrix within 60 days and email the Excel file to the DPW Audit Resolution Section at:

[RA-pwauditresolution@pa.gov](mailto:RA-pwauditresolution@pa.gov)

Creative Caregivers  
March 1, 2011 to June 30, 2013

The response to each recommendation should indicate each program office's concurrence or non-concurrence, the corrective action to be taken, the staff responsible for the corrective action, the expected date that the corrective action will be completed, and any related comments.

Sincerely,

A handwritten signature in black ink that reads "Tina L Long". The signature is written in a cursive, flowing style.

Tina L. Long, CPA  
Director

**CREATIVE CAREGIVERS (CC)**

**APPENDIX A**

## **Appendix A**

### **Background**

CC has provided Home and Community Based Services (HCBS) to Lehigh and Northampton County residents with developmental disabilities since March 2011. The bulk of the HCBS provided by CC include Home and Community Habilitation, Companion, and Respite services. CC is headquartered at its owner's residence located in ████████, Pennsylvania.

The Greater Lehigh Valley Chamber of Commerce states that CC's vision and purpose is to "meet the specialized needs of individuals through creative specialized care by prompting self-sufficiency through individual talents, strengths, and arts. The creative care process uses individual talents and strengths, drawing, painting, and other art processes to fully positively care for clients with emotional, cognitive, physical, and/or social developmental needs and disorders. Using their skills with the evaluation of the Individual Service Plans only appropriate materials of arts will be chosen."

### **Objective, Scope and Methodology**

Our audit objective was:

- To determine if units billed to PROMISE for dates of service between March 1, 2011 and June 30, 2013 are substantiated in accordance with regulations.

Government auditing standards require that we obtain an understanding of management controls that are relevant to the audit objectives described above. The applicable controls were examined to the extent necessary to provide reasonable assurance of their effectiveness.

Based on our understanding of the controls, certain material deficiencies came to our attention. Areas where we noted material deficiencies or an opportunity for improvement in management controls are addressed in the findings of this report.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Our fieldwork was performed intermittently between September 16, 2013 and September 27, 2013. A closing conference was held with CC's management on October 10, 2013 to discuss the results of the audit. This report is available for public inspection.

### **Conclusion on the Objective**

In conclusion, CC did not substantiate in accordance with regulations 17,585 of the 19,800 (89%) units randomly sampled totaling \$203,405. When the BFO extrapolates the sample results across the population it results in unsubstantiated billings totaling \$922,384.

**CREATIVE CAREGIVERS (CC)**

**APPENDIX B**

Procedure Code	Procedure Description	Random Sample			Results of Testing							Population			Recovery		
		Claims	Units	\$	Progress Note Exceptions <sup>1</sup>	Progress Note Exceptions %	Timesheet Exceptions <sup>2</sup>	Timesheet Exceptions %	Unqualified Worker Exceptions <sup>3</sup>	Unbillable Units	Unbillable \$	Claims	Units	\$	Extrapolated \$	Judgmental \$ <sup>4</sup>	Total \$
W1727	Companion - Level 3 (15 Min.)	51	10,794	62,817	42	82%	43	84%	n/a	9,816	56,948	182	35,147	206,358	187,078	-	187,078
W7060	Habilitation - Level 3 (15 Min.)	64	6,502	46,538	57	89%	37	58%	n/a	6,010	43,016	788	87,092	617,485	570,754	4,818	575,572
W7061	Habilitation - Level 3 Enhanced (15 Min.)	15	1,044	10,759	1	7%	9	60%	15	1,044	10,759	59	3,664	38,306	38,306	-	38,306
W7095	Behavioral Support (15 Min.)	3	72	1,387	3	100%	3	100%	n/a	72	1,387	3	72	1,387	1,387	-	1,387
W7251	Respite - In-Home Level 2 Enhanced (24 Hrs.)	5	30	11,432	5	100%	5	100%	n/a	30	11,432	5	30	11,432	11,432	-	11,432
W7258	Respite - In-Home Level 2 (15 Min.)	1	28	169	-	0%	-	0%	n/a	-	-	1	28	169	-	-	-
W7264	Respite - In-Home Level 2 Enhanced (15 Min.)	1	24	229	1	100%	-	0%	n/a	24	229	1	24	229	229	-	229
W7273	Transportation - Per Diem	3	81	1,902	3	100%	n/a	n/a	n/a	73	1,714	3	81	1,902	1,714	-	1,714
W7276	Transportation - Zone 3: 40 to 60 Miles	5	23	493	5	100%	n/a	n/a	n/a	23	493	5	23	493	493	-	493
W7290	Respite - Base Out-Home Level 2 (24 Hrs.)	4	26	6,998	-	0%	-	0%	n/a	-	-	4	26	6,998	-	-	-
W8001	Respite - Out-Home Level 1 (24 Hrs.)	8	30	4,081	8	100%	8	100%	n/a	30	4,081	16	59	8,017	8,017	-	8,017
W8002	Respite - Out-Home Level 2 (24 Hrs.)	13	58	12,558	12	92%	10	77%	n/a	51	10,870	27	173	35,116	30,396	-	30,396
W8004	Respite - Out-Home Level 3 (24 Hrs.)	5	21	9,976	4	80%	5	100%	n/a	19	9,026	5	21	9,976	9,026	-	9,026
W8005	Respite - Out-Home Level 3 Enhanced (24 Hrs.)	12	67	50,578	12	100%	7	58%	12	67	50,578	12	67	50,578	50,578	5,284	55,862
W8012	Respite - Out-Home Level 2 (15 Min.)	4	160	1,062	4	100%	4	100%	n/a	160	1,062	4	160	1,062	1,062	-	1,062
W8014	Respite - Out-Home Level 3 (15 Min.)	6	176	2,091	1	17%	1	17%	n/a	144	1,711	6	176	2,091	1,711	-	1,711
W1793	Personal Assistance - Agency (15 Min.)	4	664	2,981	-	0%	1	25%	n/a	22	99	4	664	2,981	99	-	99
<b>TOTALS</b>		<b>204</b>	<b>19,800</b>	<b>226,051</b>	<b>158</b>	<b>77%</b>	<b>133</b>	<b>65%</b>		<b>17,585</b>	<b>203,405</b>	<b>1,125</b>	<b>127,507</b>	<b>994,580</b>	<b>912,282</b>	<b>10,102</b>	<b>922,384</b>

Less: OLT Recovery 99

ODP Recovery 922,285

Footnotes

<sup>1</sup> The BFO determined if sampled claims are adequately supported by progress notes in accordance with applicable regulations.

<sup>2</sup> The BFO determined if sampled units are substantiated by employee timesheets or equivalent.

<sup>3</sup> For Level 3 Enhanced services, the BFO determined if the performers of the service have a 4-year degree or are licensed nurses. "n/a" equals not applicable.

<sup>4</sup> During preliminary analysis the BFO identified 2 claims in which Creative Caregivers billed 672 units habilitation service and 7 units respite service for the same recipient and time period. The units billed for each claim total 24 hours per day for 7 days. These services cannot be performed at the same time. Therefore, the BFO elected to remove these two claims from their respective populations prior to selecting random samples and test the claims separately.

**CREATIVE CAREGIVERS (CC)  
RESPONSE TO THE DRAFT REPORT**

**APPENDIX C**

[REDACTED]

[REDACTED], PA, [REDACTED]

[REDACTED] (office), [REDACTED] (fax)

December, 15, 2013

Brian Pusateri, CPA, CFE | Audit Manager

Department of Public Welfare | Bureau of Financial Operation

Rm 325, 100 Lackawanna Ave | Scranton PA 18503

Brian Pusateri, CPA, CFE | Audit Manager

Department of Public Welfare | Bureau of Financial Operation

Rm 325, 100 Lackawanna Ave | Scranton PA 18503

RE: RESPONSE TO BFO AUDIT

Dear Mr. Pusateri,

Creative Caregivers, located at [REDACTED] is a non-medical provider ship providing HBSC services to clients by providing Direct Care Workers to clients enrolled in the various waiver programs offered by the Office of Developmental Programs (ODP). The three major categories of service are respite, habilitation, and companion care. We pride ourselves in quality, quantity, patience, purpose and results. Creative Caregivers has been providing caregiving services to MH/IDD clients in Pa since 2011. As a new provider, Pa 55 regulation was not clearly defined to Creative Caregivers Administration nor was it implemented in communication, corrective action, nor discipline until 2013 by an Audit. As it is the majority of the Owner and or Director of the program to know Pa 55 regulations, if it is not carried out in practice among the trusting team, i.e. Support Coordinator, County AE's and other team members how is a new provider to have knowledge of any non-compliance . Prior to this audit, Creative Caregivers has implemented positive change and results to some of the most difficult and emergency needed clients. Our quality, quantity, integrity, and caregiver services were never questioned, as a matter of fact, we were praised, encouraged and constantly thank for our quick response to the needs of emergency cases by both County AE's and Support Coordinators. When Creative Caregivers began as a provider for ODP, the system as we knew it was going through a huge transformation from county to [REDACTED] and [REDACTED] Support Coordinators leaving a gap for communication and or assistance, where the dialogue and relevance is crucial and critical in the care and services of our clients. Creative Caregivers when communicated to, fully welcomed and relied on the experience, expertise, and knowledge of the Support Coordinators and AE's as a new provider and business. That being said, each Support Coordinator and or AE would interpret and or guide you in a different way, leaving Creative Caregivers to rely on what was communicated to function as a business.

While recognizing the system of documentation used from 2011 to 2013 has been determined by the Bureau to be deficient, we would like to re-emphasize that the system had been acceptable to the county AE's and SC's for 2 years. Furthermore, evidence and documentation does exist that can be compiled that substantiates many of Creative Caregivers claims in PROMISE. That being said, all recommendations will be considered and implemented into action to further deter any all issues of this kind.

CREATIVE CAREGIVERS

APPENDIX A

RESPONSE TO (DAR) FINDINGS

In response to the Division of Audit and Review (DAR) findings on Creative Caregivers Audit for the period March 11, 2011 through June 30, 2013, Creative Caregivers has corrected its current policy and procedures to coincide with the Pa Code 55 regulations. Listed below are the corrected actions that were taken by Creative Caregivers. Hiring of experience staff in the following areas: Fiscal, Training and Administration. Corrective action in documentation and internal controls.

Creative Caregivers had no clear and concise definition of Service Definitions that clarify appropriate HAB and Companion activities. In order to get the best care and or definition of care and services Support Coordinators and the AE's that are approving ISPs must ensure that the ISP's are written with specific, clear, defined outcomes and outcome action statements. As a provider, the language and or understanding of such should be completed in conjunction with the provider to ensure that clients are receiving the appropriate services.

First both the caregivers and the clients/and or family member both signed the timesheet. There signatures alone attest to the fact that all approved services were performed by the caregiver(s) in accordance to the client's ISP. These timesheets are an acceptable manner by which to meet the requirements of an encounter for the state of Pennsylvania. Most of these documents are available and could be compiled at the Bureau's request. Most importantly the timesheets demonstrate that the services were delivered. While the progress notes may lack the full detail required by ODP, they were accepted and complimented on by Support Coordinators, they also unequivocally demonstrate that services were indeed delivered to the client.

Second, the consumers, Support Coordinators, and/or their families could surely attest to the services rendered, and what services were specifically done on behalf of the caregiver. If needed, affidavits could be produced not only by the client, Support Coordinator and caregiver, also by the families of said client detailing all services that were provided by Creative Caregivers to clients in accordance to their ISP where the goals were fully met. Client's ISPs used for service was generic in the outcome and outcome action language. This creates an uncertainty regarding the type of service best suited for the consumer to accomplish their goals.

Third , All time sheets have been updated to meet 55 Pa. Code Section 51.16 regulations and standards of ODP, an outcome attached to HAB should show how the individual will learn, maintain or achieve the skill . Creative Caregivers will ensure that all claims submitted for reimbursement are appropriately documented. Current Practice in ODP While PA Code 55 is regulated , Support Coordinators along with AE's and other team members do not enforce the requirements of progress notes as it agrees, compliments, and collects progress notes on a accepting compliance level. Creative Caregivers along

with Support Coordinators and AE's should communicate and enforce the provisions in regards to progress notes to ensure documentation of the client's progress towards goals and outcomes provided in the ISP.

Finding: Internal controls will be improved.

Creative Caregivers updated their internal controls and policy and procedures, for staff and employees too effectively and accurately to function as a PA 55 chapter 51 regulated provider. These updates stressed the need for updated progress notes, legible entries, and client numbers, In-service has been scheduled to train staff on the proper way for completing the forms again. In response to your statement of disorganization, as it is recognized and acknowledged, Creative Caregivers was in the process of newly moving prior to Audit, many papers, documents and timesheets were damaged, destroyed as well as unfounded. For security concerns two video monitors have been purchased and placed to secure both office and surroundings of office.

Creative Caregivers will look for an accounting system to be installed where private, secured and monitored logins are made and documented. .

Creative Caregivers will no longer accept good faith verbal approvals from Support Coordinators or AE's. If verbal approvals of alternates or extensions of time are provided to unit staff, to minimize the risk of misappropriation of services and billing issues of approval. The requirements for services and billing will only be accepted and acted out upon written approval of services in HCSIS.

Conclusion:

Creative Caregivers has worked diligently striving to solve and correct any problems associated with the implementations of the rules and regulations by ODP. Creative Caregivers has closely read and reread all PA Code 51 Regulations to clearly understand and implement within the policies, procedures, and practices of Creative Caregivers.

Thank You for your time and patience in this long and difficult process. Creative Caregivers will strive to ensure every service provided will be correctly documented and filed for easy access and accessibility.

Nechelle Harris