

Employee Name: \_\_\_\_\_



Prestige Home Care Agency, LLC

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## WELCOME TO PRESTIGE HOME CARE AGENCY LLC

### MISSION

We are committed to providing high quality, client-centered and affordable Home Care services to our clients to assist them to lead dignified and independent lives in the comfort and safety of their own homes. Their individual needs are carefully assessed, understood, and met through the selective assignment of qualified, trustworthy, and compassionate personnel.

### VISION

To be known and valued for providing the highest standard of in-home care services.

- To be the provider of choice in the community.
- To be the employer of choice in the community.
- To be a financially viable agency.

### VALUES

Our mission and vision will be achieved through the application of our core values, which include:

- Keeping our client's health, quality of life and well-being central in the design and delivery of services.
- Treating and interacting with our clients with respect, dignity, compassion, empathy, honesty, and integrity while recognizing and maintaining confidentiality of client information.
- Showing respect for all cultures, religions, ethnicities; sexual orientation, ages, gender, and disabilities.

- Recruiting, training, and retaining competent staff.
- Valuing, supporting, recognizing, and appreciating our staff who are our greatest asset.
- Nurturing a work environment that encourages personal enjoyment and enhances job satisfaction and performance through recognition and reward.
- Developing and maintaining positive relationships with the community, including local Home Care and Health Care personnel/organizations.
- Conducting our business in an accountable and responsible manner.
- Adhering to the professional code of ethics of the Home Care industry; and,
- Applying continuous quality improvement measures throughout our Agency.

### **Prestige Home Care Agency's Holiday Policy**

#### **Policy Statement:**

At Prestige Home Care Agency, we understand the unique demands and requirements of our work in providing exceptional care to our clients. Due to the nature of our services, we have established this Holiday Policy to outline our approach to holidays and compensation for our employees in Allegheny County, Pennsylvania. Please review the following guidelines carefully.

#### **1. Holidays:**

- 1.1. While we acknowledge the significance of holidays, Prestige Home Care Agency does not provide paid holidays for its employees.
- 1.2. Employees will be expected to work their regular scheduled shifts during holidays, unless otherwise arranged with their supervisor or manager.

#### **2. Time Off:**

- 2.1. Employees may request time off to observe holidays or for personal reasons.
- 2.2. Time off requests must be submitted in advance and are subject to approval by the employee's supervisor or manager.
- 2.3. The availability of time off requests will be determined based on operational requirements and the needs of our clients.

#### **3. Scheduling:**

- 3.1. Shifts and schedules will be assigned based on operational requirements and the needs of our clients.

- 3.2. Employees may be required to work on holidays based on the agency's staffing needs.
- 3.3. Schedules will be communicated in advance, allowing employees to plan accordingly.

**4. Overtime and Compensation:**

- 4.1. If an employee is required to work on a holiday, they will be eligible for overtime pay as per applicable laws and regulations.
- 4.2. Overtime compensation will be provided at the appropriate rate based on the number of hours worked beyond the standard workweek.
- 4.3. Any overtime worked will be compensated in accordance with state and federal labor laws.

**5. Holiday Recognition:**

- 5.1. Prestige Home Care Agency may organize events or activities to recognize and appreciate the dedication of our employees during the holiday season.
- 5.2. These events or activities will be communicated to employees in a timely manner.

**6. Updates and Changes:**

- 6.1. This Holiday Policy is subject to review and revision by Prestige Home Care Agency at its discretion.
- 6.2. Employees will be notified of any updates or changes to the policy in a timely manner.

By adhering to this policy, Prestige Home Care Agency aims to ensure transparency and consistency in the treatment of holidays and compensation while maintaining our commitment to providing exceptional care to our clients.

### **At Will: Policy Statement**

Your employment with Prestige Homecare Agency LLC is a voluntary one and is subjected to termination by you or Prestige Homecare Agency LLC at will, with or without cause, and with or without notice, at any time nothing in these policies shall be interpreted to conflict with or to eliminate or modify in any way the employment at will status of Prestige Home Care Agency employees.

This policy of employment at will may not be modified by any officer or employee and shall not be modified in any publication or document. The only exception to this policy is a written employment agreement approved at the discretion of the President of the Board of Directors, whichever is applicable. These personnel policies are not intended to be a contract of employment or a legal document.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONFIDENTIALITY AND NON-COMPETITION AGREEMENT

The Agency requires that Employee avoid disclosure of confidential information to anyone outside of the Agency.

The Employee will have access to information not generally made available to the public, such as identity of consumers, pricing, computer-related programs, etc. The Agency prohibits the utilization of this information for any purposes other than for the Agency's own benefit and prohibits disclosure or unauthorized use during employment or at any time thereafter of any confidential information pertaining to Agency administration and/or projects, or outside investigations of the Agency. The employee is prohibited from disclosing any defaming information regarding Agency personnel and/or personnel incidents related to any violations of the personnel policies.

The Employee agrees to refrain from prohibited competition with the Agency. During employment and for a twelve-month period thereafter the Employee is prohibited from engaging in any of the following: induce any employee of the Agency to resign, encourage any consumer or entity to discontinue its business relationship with the Agency, solicit any consumer of the Agency, or enter competitive employment. The Employee agrees to not provide competitive services to consumers within twenty-five miles of any office of the Agency, while remaining employed with the Agency or twelve months thereafter. Upon termination of employment or at the request of the Agency, the Employee is required to return all the Agency's property including keys, consumer records, forms, manual, beeper, electronic devices, etc. to the Agency and will not retain copies.

Violation of this agreement will result in termination of employment and any additional remedy available to the Agency including legal action to enforce a 'cease and desist' and damages including loss of profits, cost of replacing and training employees improperly solicited for competitive employment, etc. suffered by the Agency. Employee will be required to reimburse the Agency for all legal fees, costs, and other expenses.

This agreement is in effect during the Employee's employment and for twelve months thereafter.

It does not modify the right of the Employee to resign at any time or of the Agency to terminate employment without prior cause, notice or liability and does not modify any other Agency policy.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION

It is both the Agency's and the employee's responsibility to ensure that every consumer's health information is always protected. By signing below, you are indicating the acknowledgement of HIPAA Regulations and understand that a thorough orientation of the agency's policy regarding consumer's Protected Health Information will be provided to you upon hire.

I understand that I may be handling Protected Health Information. I agree to protect all Electronic Medical Records including passwords as outlined in the HIPAA policy.

There are specific guidelines to ensure consumer's Protected Health Information is kept private. I understand that my employment with the agency involves handling Protected Health Information. I will ensure consumer's records are protected by enforcing the following measures:

- Consumer Protected Health Information will be transported in a protected travel chart when traveling.
- When transmitting and receiving a fax involving Protected Health Information, I will ensure that it is conducted in a private area.
- Consumer Protected Health Information will be returned to the agency upon acknowledgement of the consumer being discharged.

The Employee acknowledges that the Agency shall or may in reliance of this agreement provide Employee access to trade secrets, customers and other confidential data and good will. Employee agrees to retain said information as confidential and not to use said information on his or her own behalf or disclose same to any third party or for their own personal or monetary gain.

The Employee agrees to not copy and to return all such Agency supplied Information immediately upon termination of employment. Further employee agrees not to solicit any of the customers or employees of employer for any purpose for a period of two years after termination.

I pledge to make every effort to keep consumer's Protected Health Information always protected.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **DIRECT CARE WORKER (DCW) RESPONSIBILITIES**

Follows the plan of care to help the consumer maintain good personal hygiene and maintain a healthful and Prestige environment.

Knowledge of Agency policies and procedures.

Demonstrated competency in all areas of training for a direct care worker.

Direct Care Workers may assist consumers with the following activities:

- a. Self-administration of medications for consumers who are competent to direct the care.
- b. Housekeeping
- c. Personal Care including grooming and dressing
- d. Meal preparation and Eating
- e. Oral hygiene and denture care
- f. Toileting and toilet hygiene
- g. IADL assistance
- h. Administering emergency first AID
- i. Providing or arranging for social interaction
- j. Providing transportation
- k. Documents observations and services in the individual consumer record.

Reports any change in the consumer's mental or physical condition or in the home situation to his/her immediate supervisor or Agency Manager.

### **JOB CONDITIONS**

The ability to drive and the ability to access consumers' homes which may not be routinely wheelchair accessible a required.

Hearing, eyesight, and physical dexterity must be sufficient to perform a physical assessment of the consumer's condition and to perform consumer care/services.

On occasion, may be required to bend, stoop, reach and move consumer weight up to 250 pounds; lift and/or carry up to 30 pounds.

Must be able to communicate clearly, both verbally and in writing in English.

### **EQUIPMENT OPERATION**

Use of BP cuff, thermometer and stethoscope, Hand washing materials.

### **QUALIFICATIONS**

Ability to read and write. Preferably a high school diploma or equivalent.

Completed one of the following:



- 1) Obtained a valid nurses license in PA or demonstrated competency by passing a competency exam developed by the home care agency which meets PA state regulation or completed one of the following:
  - i) A training program developed by a home care agency, home care registry, or other entity which meets the requirements of PA regulation for training.
  - ii) A home health aide training program meeting the requirements of 42 CFR 484.36 (relating to the conditions of participation; home health aide services).
  - iii) The nurse aide certification and training program sponsored by the PA Department of Education and located at [www.pde.state.pa.us](http://www.pde.state.pa.us).
  - iv) A training program meeting the training standards imposed on the agency or registry by virtue of the agency's or registry's participation as a provider in a Medicaid Waiver or other publicly funded program providing home and community-based services to qualifying consumers.
  - v) Another program identified by the Department by subsequent publication in the *Pennsylvania Bulletin* or on the Department's web site.
- 2) Must be free from health problems that may be injurious to consumer, self and co-workers and must present appropriate evidence to substantiate per agency policy.
- 3) Must comprehend the basics of personal care, housekeeping and meal preparation and successfully complete the competencies.
- 4) Must understand and respect consumer's including ethics and confidentiality of care.
- 5) Must have a criminal check and other checks as required by PA regulation.

## **ACKNOWLEDGMENT**

I have read, understand, and agree to the terms specified in this job description for the position I presently hold. A copy of this job description has been given to me.

I further understand that this job description may be reviewed at any time and that I will be provided with a revised copy.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Do's and Don't**

While making your assigned visits please be aware that the following guidelines are always in place:

### **Do's**

- Be always courteous and pleasant.
- Wear your Agency issued ID Badge while making all visits.
- Try to do all you can to bring joy to your Consumers (positive attitude).
- Report any unusual occurrence to the office immediately.
- Call the office immediately if the Consumers does not answer their door for a scheduled visit. Failure to notify the office may be considered abandonment, especially if the Consumers has had a medical emergency and is on the floor without your knowledge. DON'T assume they aren't home. CALL THE OFFICE.
- Always follow your schedule WITHOUT MAKING ANY CHANGES.
- Interact with the scheduling coordinator often, especially if you are available to work but do not have scheduled visits.

### **Don't**

- Do not bring your own personal issues to your Consumers.
- Do not use a Consumer's phone for personal calls.
- Do not ever borrow money from a Consumers for any reason.
- Do not agree to lifting or moving furniture.
- No scrubbing of floors on hands and knees.
- No window washing (except an occasional wipe down of a window the Consumers commonly sits and looks out from).
- No drapes or curtain washing.
- No hauling heavy trash barrels.
- No raking leaves or snow shoveling.
- No transporting Consumer's in your car unless you have a signed consent/authorization.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMPLOYMENT STANDARDS AND POLICIES

### **This Agency requires adherence to the following Standards and Procedures:**

1. All employees are expected to dress in a manner appropriate to the health care environment, or as directed by the consumer's family. This includes personal hygiene, jewelry, hair, and makeup.
2. Smoking is prohibited in Consumer's homes and in the Agency's office.
3. Always wear your ID Badge.
4. You are expected to arrive on time to all assignment that you have accepted. However, if an emergency or any situation should cause you to be five minutes late, or more or to be totally absent from the assignment you must notify the Agency immediately. PLEASE DO NOT CALL YOUR CONSUMER DIRECTLY. You may call the Agency 24 hours a day if you need to cancel or reschedule your assignment. **A NO-CALL, NO-SHOW IS GROUNDS FOR TERMINATION!**
5. If you have any problem, incident, or accident on the job, do not discuss it with the consumer, but call the Agency immediately.
6. If the consumer asks you to stay longer than your assignment or to leave earlier, you must call the Agency first, for approval.
7. Paraprofessional personnel (i.e., Aides) hereby acknowledge that they **WILL NOT, UNDER ANY CONDITIONS, DISPENSE OR ADMINISTER ANY MEDICATION.**
8. You are expected to honor the confidentiality of any consumer information which is obtained in the regular course of your employment.
9. No personal telephone calls should be made or received by you while on assignment.
10. Please do not discuss your pay or any other personal affairs with the consumer family.
11. As an employee of this Agency, you are not authorized to accept any direct employment that may be offered to you by your consumer's family. If you are requested to do so, please have the consumer contact us.
12. During employment, this Agency's proprietary materials (i.e., forms, medical records) will be used only in connection with employment and will not be disclosed to anyone without authorization from the Agency.
13. A Direct Care Worker cannot, and should not, provide waiver services to consumers of whom they are the Spouse, Legal Guardian, Representative Payee, or holder of a Power of Attorney. It is the responsibility of the DCW to immediately inform their supervisor if they have been assigned to provide services to such consumers and refrain from providing the services.
14. UNDER NO CIRCUMSTANCES are you to ask for or accept any money from your consumer or take-home property that belongs to the consumer. Employees of the Agency are prohibited from allowing a client to endorse a check over to the home care agency or employee. Agency staff may assist clients with household budgeting, including paying bills and purchasing household goods, but may not otherwise manage a client's property.

15. Overnight Personal Assistance Services provide intermittent or ongoing awake, overnight assistance to participants in their home for up to eight hours. Overnight Personal Assistance Services require awake staff. Hence DCW providing overnight PAS must always remain awake. If a DCW is found or reported to have not remained awake during such duty hours, they will be subject to disciplinary action, including being not paid for such hours and being terminated for repeat offense.
16. Direct Care Workers are required to report all critical incidents to the management immediately. They should keep contemporaneous notes of the incident so that important facts are not missed.
17. Direct Care Workers should never abuse the consumer either verbally or physically. Any such action will result in immediate termination from job and the same will be reported to appropriate authorities. DCW's should also look out for any signs of abuse and neglect from the consumer's family and report it to the agency management immediately.
18. Direct Care Workers are REQUIRED to sign in on the HHA EVV App at the start of their shift. They must record ALL ADL and IADL performed during the shift and sign off at the end of their shift.
19. Direct Care Workers must take the mandated annual training offered by the Agency.

I have read and understood each of the clauses above and hereby agree to abide by them as stipulated.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **ELECTRONIC VISIT VERIFICATION (EVV) POLICY**

### **Purpose:**

The purpose of this report is to update the current timekeeping and payroll policy within our Employee Handbook to comply with state mandates requiring EVV use for PCS visits.

### **Scope:**

This update applies to all current and future Direct Care Worker (DCW) that are employed with

**Prestige Home Care Agency** that provides PCS to consumers through our agency.

### **BACKGROUND:**

Section 12006(a) of the 21<sup>st</sup> Century Cures Act (Cures Act) signed into law on December 13, 2016, added section 1903(1) to the social security Act, 42 U.S.C 1396b (1), which mandates that all states require EVV use for Medicaid-funded PCS visits by a provider. Pennsylvania mandated the use of EVV for PCS starting January 1, 2021. Implementation of the program was required by all agencies effective January 1, 2021.

EVV is a technological solution that electronically verifies the services being provided by providers of home and community-based services using multiple verification means to help electronically validate PCS services and prevent fraudulent PCS claims. The Cures Act requires the EVV systems collect and verify the following:

1. The type of service provided.
2. The location of services.
3. The name of the individual providing service.
4. The time service begins and ends.

### **Policy:**

Effective with dates of service on or after January 1, 2021, Prestige Home Care Agency must meet the federal requirements of EVV to capture and submit the EVV data through HHA for visit verification of PCS.

Direct Care Worker have been given several months prior to full implementation to become accustomed to the EVV system and procedures using the HHA Exchange portal (HHA). Moving forward all DCW are required to use the HHA to document all services. All current and future DCW are given several options to comply with the EVV requirements through the HHA. Training is provided to all new employees to verify that they correctly know how to use HHA prior to any scheduled PCS.

All DCW are responsible for using HHA to record the hours they worked, and the location of services provided. It is the responsibility of the DCW to notify office staff of any changes to their schedule or availability. Any shifts that are not properly documented within HHA will require a missed EVV form to be completed and returned to the office for approval immediately. Delay of forms not being received and approved could result in missed pay.

Office staff has been trained on the state requirements for manual edits and compliance with the EVV system. Staff will continue to monitor DCW schedules, clock in, clock out and PCS provided. Management staff are the only staff authorized to make manual corrections through the EVV system and approve any missed EVV forms.

**Procedure:**

DCW will choose between using the consumers home phone to manually enter EVV or mobile app for HHA downloaded on their personal device. DCW receives instructions for using both options. The DCW is required to clock in using the selected method on their designated scheduled clock in time. If using mobile app, GPS will verify location is the consumer address and automatically verify and allow clock in time to register on EVV. Once the shifts is complete the DCW is required to clock out using the selected method. When clocking out the DCW must document the services that were provided to the consumer during the scheduled shift. The GPS will once again verify location if using mobile app, and the clock out will be verified. If using the consumers home phone, the clock in and clock out automatically verify location.

It is the DCW responsibility to notify the office staff immediately if there is a conflict with the scheduled work shifts. Failing to notify the office in a timely manner may result in our consumers failing to receive the PCS they require. If the consumer wishes to change a scheduled shift, it is the responsibility of the consumer or a family member to notify the office of any scheduling changes.

In the event of a missed clock in or clock out, is the DCW responsibility to notify the office as soon as possible. A missed EVV form will need to be sent to the office to guarantee that DCW is documented correctly for this missed clock in/out. Failing to receive the missed EVV form in a timely manner could result in missed pay. All missed EVV forms require verification from the consumer or family member to verbally confirm that PCS was received. The missed EVV form must be documented, verified, approved, and scanned into HHA for approval. It is the insurance companies' final decision on what missed EVV forms will be approved.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CLOCK IN AND OUT ALLOWED ONLY VIA CLIENT'S HOME PHONE

FAILURE TO PERFORM JOB RESPONSIBILITIES MAY RESULT IN YOUR WAGE REDUCTION!

- Failure to comply with EVV clock in/out policy
- Failure to adhere to client's schedule
- Failure to perform tasks as assigned for client
- Failure to communicate with the office

### How to clock IN from Client register phone number

- Call Prestige Home Care Agency EVV registered number: **(833) 399-2412**
- **Press 1** for **Clock In**
- Use caregiver id provided by agency. (6-digit number provided by agency - If you don't have one, please contact Prestige Home Care Agency)

### How to clock OUT from Client register phone number

- Call Prestige Home Care Agency EVV registered number: **(833) 399-2412**
- **Press 2** for **Clock Out**
- Use caregiver id provided by agency. (6-digit number provided by agency - If you don't have one, please contact Prestige Home Care Agency)
- Enter your duty number and press # at the end of each duty.
- Once you finish entering all the duties for the days press **00#** to confirm clock out.

**Employee Confidentiality Agreement of Consumer Health Information and Personal Information in Accordance with HIPAA Regulations**

For good consideration and as an inducement for PRESTIGE HOME CARE AGENCY (employer) to employee \_\_\_\_\_ (employee), the undersigned Employee hereby agrees not to directly or indirectly use, manipulate or copy compete any consumer health information (PHI), to include personal health information or personal contact information (address, phone, email address, etc.) with the business of the Agency and its successors and assigns during the period of employment. Misuse of PHI or personal contact information will result in termination and report with action to HIPAA federal agencies. Fines related to civil and criminal offences for gross misconduct with the above information are the direct responsibility of said employee.

The Employee acknowledges that the Agency shall or may in reliance of this agreement provide Employee access to trade secrets, customers and other confidential data and good will. Employee agrees to retain said information as confidential and not to use said information on his or her own behalf or disclose same to any third party or for their own personal or monetary gain.

The Employee understands that in no circumstances are they to agree to assume power of attorney or guardianship over a consumer utilizing the Agency's services. In addition, it is understood that they are prohibited from allowing a consumer to endorse a check over to the home care agency or themselves.

The Employee agrees to not copy and to return all such Agency supplied Information immediately upon termination of employment. Further employee agrees not to solicit any of the customers or employees of employer for any purpose for a period of two years after termination.

This agreement shall be binding upon and inure to the benefit of the parties, their successors, assigns, and personal representatives.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**EVV Missed Punch Policy for Prestige Home Care Agency, LLC**

**Purpose:** The purpose of this policy is to ensure that all electronic visit verification (EVV) punches for Direct Care Workers are accurately recorded and that any missed punches are promptly addressed.

**Policy:** Direct care workers are required to clock in and out using the EVV system at the beginning and end of each visit. If a Direct Care Worker miss clocking in or out, they must fill out a missed punch form on the official company website within 24 hours of the missed punch.

**Procedures:**

Direct care workers must provide a valid reason for the missed punch in the form, and it must be approved by their supervisor before submitting the form.

If a direct care worker fails to fill out the missed punch form within 24 hours, it will be considered as a violation of the policy and appropriate disciplinary action will be taken.

If it is determined that a direct care worker has deliberately falsified their punches, it will be considered as a violation of the policy and appropriate disciplinary action will be taken.

**Compliance:** All direct care workers are required to comply with this policy. Failure to do so may result in disciplinary action, up to and including termination of employment.

**ACKNOWLEDGMENT**

I have read, understand, and agree to the terms specified in this policy for the position I presently hold. A copy of this policy has been given to me.

I further understand that this policy may be reviewed at any time and that I will be provided with a revised copy.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **CONFIDENTIALITY AND NON-COMPETITION AGREEMENT**

The Agency requires that Employee avoid disclosure of confidential information to anyone outside of the Agency.

The Employee will have access to information not generally made available to the public, such as identity of consumers, pricing, computer-related programs, etc. The Agency prohibits the utilization of this information for any purposes other than for the Agency's own benefit and prohibits disclosure or unauthorized use during employment or at any time thereafter of any confidential information pertaining to Agency administration and/or projects, or outside investigations of the Agency. The employee is prohibited from disclosing any defaming information regarding Agency personnel and/or personnel incidents related to any violations of the personnel policies.

The Employee agrees to refrain from prohibited competition with the Agency. During employment and for a twelve-month period thereafter the Employee is prohibited from engaging in any of the following: induce any employee of the Agency to resign, encourage any consumer or entity to discontinue its business relationship with the Agency, solicit any consumer of the Agency, or enter competitive employment. The Employee agrees to not provide competitive services to consumers within twenty-five miles of any office of the Agency, while remaining employed with the Agency or twelve months thereafter. Upon termination of employment or at the request of the Agency, the Employee is required to return all the Agency's property including keys, consumer records, forms, manual, beeper, electronic devices, etc. to the Agency and will not retain copies.

Violation of this agreement will result in termination of employment and any additional remedy available to the Agency including legal action to enforce a 'cease and desist' and damages including loss of profits, cost of replacing and training employees improperly solicited for competitive employment, etc. suffered by the Agency. Employee will be required to reimburse the Agency for all legal fees, costs, and other expenses.

This agreement is in effect during the Employee's employment and for twelve months thereafter.

It does not modify the right of the Employee to resign at any time or of the Agency to terminate employment without prior cause, notice or liability and does not modify any other Agency policy.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Confidentiality of Consumer Information

### Policy:

Agency personnel must read and sign their acknowledgment of the following statement:

By accepting employment with Agency, I agree to carefully refrain from discussing any consumer's condition or personal affairs with anyone outside the agency, unless expressly authorized to do so. I will not share any medical information with other consumers or visitors without clear instruction provided to the agency. I acknowledge that ALL information seen or heard regarding consumers, directly or indirectly, is completely confidential and is not to be discussed, even with my family or coworkers. My job as an employee requires that I govern myself by high ethical standards. Failure to recognize the importance of confidentiality is not only a breach of professional ethics but can also involve an employee in legal proceedings. I will not share any Information about consumers or the agency with the media. The employee will protect all Electronic Records including passwords as outlined in the HIPPA manual. This is essential for protection of both the consumer and Agency. I, further, understand that at no time am I to allow a consumer to endorse a check over to the home care agency or myself.

I have read and understood the above statement and agree to abide by these policies.

I understand that a breach of policy may result in disciplinary action and possible dismissal from employment

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **NON-DISCRIMINATION POLICY**

### **Non-Discrimination**

As a recipient of federal financial assistance, this Agency does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, or national origin or on the basis of disability, age or sexual orientation, in admission to, participation in or receipt of the services and benefits of any of its programs and activities or in employment therein, whether carried out by this Agency directly or through a contractor of any other entity with whom the Agency arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations Part 80, 84, 91. (Other Federal Laws and Regulations provide similar protection against discrimination on grounds of sex and creed.)

### **Americans with Disabilities Act (ADA)**

Our Company is also committed to follow the Americans with Disabilities Act as it relates to providing reasonable accommodations to consumers and employees, where appropriate. We ask you to notify us of your needs and we will take every reasonable measure to make sure your needs are accommodated, and you are not discriminated in any way.

In case of questions concerning this policy, or in the event of a desire to file a complaint alleging violations of the above, please contact:

Prestige Home Care Agency, LLC

2884 Industrial Blvd Suite 21 Bethel Park, PA 15102

Office: +1(412) 347-0047

## **EQUAL OPPORTUNITY EMPLOYER**

1. As an equal opportunity employer, we are proud to provide quality home care services to clients in need regardless of age, race, religion, gender, ancestry, sexual orientation, veteran status, medical or mental condition or national origin.
2. It also is the Agency's policy to consider all employment and promotional decisions on the basis of merit without any forms of discrimination.
3. The Agency's policy prohibits harassment of all employees in the work place on the basis of those characteristics listed in 1, above
4. This policy also applies to recruitment, hiring, placement, upgrading, promotion, demotions, transfers, layoffs, terminations and selection of training.
5. It is necessary for each employee to understand and appreciate the importance of this Equal Opportunity Policy. To help us achieve our goal of equal opportunity for all, it

is anticipated that each employee will follow this policy in spirit, as well as in practice in the work place.

6. The Agency has a policy to allow anyone who feels he or she is not being given an equal opportunity to voice their concerns directly with supervisory or management personnel. The management representative will then investigate the complaint and take any necessary action.
7. Complaints of discrimination may also be made to the following agencies:

a. The Bureau of Equal Opportunity

P.O. Box 2675  
Room 223 Health and Welfare Building Harrisburg, PA 17105-2675  
(717) 787-1127 (VOICE)  
(717) 772-4366 412-881-7125  
TTY: 1-800-654-5484

b. The Pennsylvania Human Relations Commission PA Human Relations Commission  
301 Chestnut Street, Suite 300  
Harrisburg, PA 17101-1702

(717) 787-4410  
(717) 787-4087 TTY users only <https://www.phrc.pa.gov/File-A-Complaint/ComplaintForms/Pages/default.aspx>

c. The Pennsylvania Department of Health, **Division of Home Health** 555 Walnut Street, 7th Floor, Suite 701 Harrisburg, PA 17101 Phone: (717) 783-1379 Fax: (717-772-0232  
Complaint Hotline: 1-800-254-5164  
<http://apps.health.pa.gov/dohforms/FacilityComplaint.aspx>

I, \_\_\_\_\_ (Employee's Name), understand and acknowledge above statement.

Date of acknowledgment: \_\_\_\_\_

## WAIVER RESTRICTION DECLARATION

Family members can provide Personal Assistance Services; however, exclusions apply for service provided by:

- A spouse
- A participant's legal guardian
- A Power of Attorney (POA)
- A Representative Payee

I have read above information and understand to the best of my ability that I don't represent my consumer in any of the above exclusions, under penalty and perjury, I will be liable for any false information given to Agency's above restrictions.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Receipt of Employee Handbook**

I acknowledge that I have received and reviewed the employee handbook. I understand and recognize that there may be changes to the information, policies, and benefits in the handbook. I understand that PRESTIGE HOME CARE AGENCY LLC may add new policies to the handbook as well as replace, change, or cancel existing policies. I understand that I will be told about any handbook changes, and I understand that handbook changes can only be authorized by that PRESTIGE HOME CARE AGENCY LLC management.

It has been explained to me that the Company's Employee Handbook contains the company's desired level of employee compensation and benefits package. Hence, the mention of a benefit in the Handbook doesn't guarantee that it would be offered to employees and shouldn't be construed as the Company's obligation to provide it. As a condition of my appointment, I hereby agree not to hold the company responsible for providing such benefits to me and do release the company of any and all liability related to the provision of such services to me.

I understand that my employment with that PRESTIGE HOME CARE AGENCY LLC is at will and both parties can terminate it at any time.

I understand that it is my responsibility to read and comply with all policies included in the employee handbook. I further understand that I should consult my supervisor regarding any questions I may have.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EMPLOYEE ACKNOWLEDGEMENT OF HANDBOOK

I acknowledge that I have received and reviewed the employee handbook. I understand and recognize that there may be changes to the information, policies, and benefits in the handbook. I understand that PRESTIGE HOME CARE AGENCY LLC may add new policies to the handbook as well as replace, change, or cancel existing policies. I understand that I will be told about any handbook changes, and I understand that handbook changes can only be authorized by PRESTIGE HOME CARE AGENCY management.

It has been explained to me that the Company's Employee Handbook contains the company's desired level of employee compensation and benefits package, which is intended to guide the management to work toward achieving it as the company grows and matures over time. It is understood that as a new company with a limited market presence, the company is not able to provide all these benefits to employees at the current time. The benefits that are currently not offered are identified as "Not currently Offered" on the Employee Handbook. Hence, the mention of a benefit in the Handbook doesn't guarantee that it would be offered to employees and shouldn't be construed as the Company's obligation to provide it. As a condition of my appointment, I hereby agree not to hold the company responsible for providing such benefits to me and do release the company of any or all liability related to the provision of such services to me.

I understand that my employment with PRESTIGE HOME CARE AGENCY LLC is at will and both parties can terminate it by giving a week's notice to the other.

I understand that it is my responsibility to read and comply with all policies included in the employee handbook. I further understand that I should consult my supervisor regarding any questions I may have.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Individual Service Plan (ISP)

Consumer's Name:
Service Start Date:

I \_\_\_\_\_ reviewed the ISP of the above-named consumer before the service start date. I will follow the consumer's weekly ISP exactly as below while providing service.

Services	Sat	Sun	Mon	Tue	Wed	Thru	Fri
Bathing							
Bowl/Bladder Mgmt.							
Dressing							
Feeding							
Grooming							
Mobility/Walking							
Reading/Writing							
Toileting							
Finance Mgmt.							
Transferring							
Med. Reminder							
Get Seasonal Clothing							
Incontinence Care							
Telephone Use							
Socialization							
Shopping							
Meal Prep.							
Transportation							
Housekeeping							
Laundry/Fold							
Oral Care							
Supervised Walk							
Other							

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Direct Deposit Authorization Form

I authorize PRESTIGE HOME CARE AGENCY, LLC to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford a reasonable opportunity to act on it.

Name on bank account: \_\_\_\_\_

Name of bank: \_\_\_\_\_

Bank account number: \_\_\_\_\_ Checking  Saving

Bank routing number: \_\_\_\_\_

Percentage \_\_\_\_\_ OR  Entire Paycheck

Would you like to deposit in two different accounts? If yes, please provide bank information below otherwise leave it blank.

Name on bank account: \_\_\_\_\_

Name of bank: \_\_\_\_\_

Bank account number: \_\_\_\_\_ Checking  or Saving

Bank routing number: \_\_\_\_\_ Percentage \_\_\_\_\_

**Important:** Please attach a voided check for each bank account to which funds should be deposited.

Please attached void check here.

Routing Number -

Account Number:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Competency Evaluation Program Test

Each answer is worth 3 points with a perfect score totaling 102. A score of 70% or better (24 correct questions must be answered correctly) is required to pass the evaluation.

**Please select, check or circle the answer below.**

## **Confidentiality.**

1. What does HIPAA stand for?

- A. Heath Inspection Portability and Account Act.
- B. Heart Insurance Portability and Accountability Act.
- C. Heath Insurance Portability and Accountability Act.

2. What is NOT an Authorization Exception?

- A. Non-Emergency Care.
- B. Vulnerable adult or child abuse reporting.
- C. Information requested by law enforcement to avert a serious threat to health or safety.

## **Consumer Control and The Independent Living Philosophy.**

3. It is important to promote interdependent consumer living as often as possible.

- True
- False

4. As an Agency we promote,

- A. Client Choice.
- B. Significant participation in client services.
- C. Authoritative influence and a role in decision-making,
- D. All of the above.

## **Instrumental Activities of Daily Living.**

5. Managing medications, which covers obtaining medications and taking them as directed are examples of a BADL, IADL or ADL?

- BADL       IADL       ADL

6. Housecleaning and home maintenance. This means cleaning kitchens after eating, keeping one's living space reasonably clean and tidy, and keeping up with home maintenance is not an IADL?

- True  
 False

**Recognizing Changes in the Consumer that Need to be Addressed.**

7. Elderly safety concerns are the following except:

- A. Falls.
- B. Kitchen fires.
- C. Driving.
- D. None of the above.

8. As a Direct Care Worker part of your duties are to assist the client in/with various ADL's.

- True  
 False

**Basic Infection Control.**

9. What is the most important method for preventing the spread of infection?

- A. Putting lotion on to avoid dry hands.
- B. Washing your hands often.
- C. Keeping your hands in your pockets.

10. Gloves, gowns, masks, face shields and eye goggles must be worn if the possibility exists that you can come in contact with blood or any bodily fluids.

- True

False

### **Universal Precautions.**

11. When washing your hands why is it important to turn the faucet on with a paper-towel?

- A. To keep your hands dry.
- B. To clean the faucet handle.
- C. To prevent the spread of infections.

12. The following are risk factors for infection except:

- A. Good general health.
- B. Very young or very old.
- C. Stress and fatigue.
- D. None of the above.

### **Handling Of Emergencies.**

13. You go to Mrs. Smith's house and are unable to gain access to her house. Walking to a window you see that she is on the floor not moving. What is the first thing you should do?

- A. Call the Agency.
- B. Go to a neighbor's house.
- C. Call 911.

14. If a client falls you should not move them unless:

- A. You are strong enough.
- B. There is immediate danger.
- C. They ask you to.

### **Documentation.**

15. What is the most important document that should be in all client's records?

- A. Time sheet/Service sheet.

- B. Service plan documents.
- C. The client's name on each page of the recipient's record.
- D. All of the above.

16. Each entry in the health service record must contain:

- A. The date on which each entry was made.
- B. Items in the bathroom.
- C. What the conversation was about.

### **Recognizing And Reporting Abuse or Neglect.**

17. You overhear a fellow employee talking about how they lost their temper with their client, MR. Baker. What do you do?

- A. Confront them.
- B. Tell every other employee what you just overheard.
- C. Report it to a superior immediately.

18. During your service to Mr. Jones, you notice his eldest daughter physically abusing him. You should:

- A. Tell her to stop.
- B. Physically restrain the daughter.
- C. When she stops take the client to the hospital.
- D. Call 911 and then your Agency.

### **Dealing With Difficult Behaviors.**

19. If a client you care for must rely on others for help with their daily life, they may feel frustrated and helpless at times. This may cause a behavioral change. What is one way to help the client cope?

- A. Ask them if they want to talk about what is angering them.
- B. Tell them to get over it.
- C. Give them a bath to calm down.

20. Mrs. Bradford is very agitated today and is making angry demands. What should you do?

- A. Remain calm, speak slowly and clearly.
- B. Make an effort to respect their demands.
- C. Tell them “It’s no big deal”.
- D. Both ‘A’ and ‘B’.

### **Bathing, Shaving, Grooming and Dressing.**

21. If a client is unable to bathe themselves how often should you do it?

- A. Everyday.
- B. Only as needed.
- C. Once a month.

22. You should be flexible when it comes to what a client wants to wear.

- True
- False

23. Why is it important to put the client’s dentures in their mouth before shaving?

- A. So that hair doesn’t get into their mouth.
- B. It’s a smoother surface.
- C. Neither ‘A’ or ‘B’.

### **Hair, Skin and Mouth Care.**

24. Mrs. Farris is too sick to get out of bed. She only gets out of the bed to get into her wheelchair. This puts her at risk for pressure ulcers or “bed sores”. What is one way to prevent these?

- A. Make sure she is eating a healthy diet.
- B. Keep her skin clean and dry.
- C. Use disposable bed pads/liners.
- D. All of the above.

25. When it comes to a client's mouth you should always do the following except:

- A. Clean teeth at least once a day.
- B. Remove dentures for cleaning and store in liquid when out of the mouth.
- C. If their dentures are cracked throw them out.

**Assistance With Ambulation and Transferring.**

26. Walking or moving from one place to another is beneficial because:

- A. It relieves stress.
- B. You won't have to supervise the client at much.
- C. The client won't be as hungry.

27. Walking behind and to one side of the client during ambulation is essential to those that have trouble walking on their own. Be sure to always support their weaker side if applicable.

- True
- False

**Meal Preparation and Feeding.**

28. When preparing a meal for your client you should always use fresh whole foods. Why?

- A. It is easier to digest.
- B. It's a healthier choice.
- C. Both 'A' and 'B'

29. You are beginning to notice that Mr. Dobb is losing his appetite. What should you do?

- A. Start giving him fast food choices.
- B. Tell a superior immediately.
- C. Just ignore it.

**Toileting.**

30. Miss Rosa can no longer go to the bathroom by herself. You should do the following:



- A. Remove all of the rugs in the bathroom.
- B. Make sure the lights are on in the hallway and bathroom.
- C. Suggest going to the bathroom on a frequent schedule.
- D. All of the above.

31. If a client occasionally has accidents, you should leave them in their soiled clothes to teach them a lesson?

- True
- False

**Assistance with Self-Administered Medications.**

32. All of these are the '6 Rights' rules except:

- A. Right Region
- B. Right Dosage Form
- C. Right Dose
- D. Right Time
- E. Right Drug

33. Keeping medications in a cool, dry place will prevent any heat or humidity from harming any drugs?

- True
- False

34. Why is assisting clients with their medications one of the most important things you do?

- A. The correct medications are taken at the correct time.
- B. You can count the pills left.
- C. You can see what kind of medication is being taken.

## Competency Requirement

§ 611.55. Competency requirement. (a) Prior to assigning or referring a direct care worker to provide services to consumer, the home care agency or home care registry shall ensure that the direct care worker has met all the requirements.

Employee Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### MANAGEMENT ONLY

Employee Score: \_\_\_\_\_ Passed  YES  NO

Section(s) of improvement needed:  YES  NO \_\_\_\_\_

Direct Care Trainer Name: \_\_\_\_\_

Approved for duty:  YES  NO

Management Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_