

2020

EMPLOYEE HANDBOOK

**Prestige Home Care
Agency LLC**

Prestige Home Care Agency LLC Employee Handbook

PREFACE

Prestige Home Care Agency LLC presents this Employee Handbook as a guide to the Agency's employment policies and practices, as well as benefits that may be offered to employees of the Agency. As a Home Care Agency, our mission is to provide unmatched services to our customers every single day. Our personnel policies and procedure are a reflection of that mission.

The provisions of this Handbook are not intended to create contractual obligations with respect to any matters it covers. Nor is this Handbook intended to create a contract guaranteeing that you will be employed for any specific time period.

OUR COMPANY IS AN **AT-WILL** EMPLOYER. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS HANDBOOK, EITHER YOU OR THE COMPANY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS HANDBOOK OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT WILL.

This manual is designed to be a working guide for supervisory and staff personnel in the day-to-day administration of the Prestige Home Care Agency LLC's Human Resource Program. Its purpose is to increase the understanding of policy and to ensure consistency in personnel policy administration. Every staff member is responsible for following these policies. Every supervisor of staff personnel is responsible for carrying out these policies in a consistent and impartial manner.

No Manual can cover all employment situations, nor can policy statements substitute for good judgment and common sense. While these policies are consistent guidelines, they do not cover all situations and are not a substitute for detailed review of individual cases.

The management reserves the right to revise these policies from time to time as it deems fit, without notice to the employees. However, every effort will be made to inform employees and supervisors of the changes and to familiarize and/or train them on the news clauses.

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1.1 EMPLOYMENT

Policy:

Prestige Home Care Agency LLC strives to employ the most qualified individuals for all positions within the organization and to provide equal employment opportunities to all employees and applicants regardless of race, color, creed, sex, ancestry, national origin, age, handicap, sexual orientation, marital status, and status with regard to public assistance or Veterans' employment.

Agency will hire and develop employees basing judgment solely on job related qualifications.

For all professional positions, the agency will employ only individuals who meet the licensure requirements for the particular professional position and are in good standing thereunder.

1. Equal Opportunity Employer/Non-Discrimination:

- a. As an equal opportunity employer, we are proud to provide quality home services to consumers in need regardless of race, color, religion, gender, ancestry, sexual orientation, veteran status, medical or mental condition or national origin.
- b. It also is the company's policy to consider all employment and promotional decisions on the basis of merit without discrimination.
- c. The company's policy prohibits harassment of all employees in the work place on the basis of those characteristics listed in paragraph 1.
- d. This policy also applies to recruitment, hiring, placement, upgrading, promotion, demotions, transfers, layoffs, terminations and selection of training.
- e. It is necessary for each employee to understand 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 by practice in the work place. The company 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.

2. Americans with Disabilities Act: Reasonable Accommodations for Handicapped Employees: In accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, the Agency shall provide reasonable accommodation to the known physical or mental limitations of qualified handicapped employment applicants or employees, unless the accommodation would impose an undue hardship on the operation of the Agency.

- a. A *qualified handicapped applicant* or employee is a person who, with the provision of reasonable accommodation, can perform his/her essential job functions.
- b. Reasonable accommodation may include, but is not limited to:

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- i. Making facilities used by employees readily accessible to and usable by handicapped persons
 - ii. Job restructuring
 - iii. Part time or modified work schedules
 - iv. Acquisition or modification of equipment or devices
 - v. Provision of readers or interpreters
 - c. The need for reasonable accommodation and undue hardship will be determined on a case by case basis, according to the handicap of the employee.
 - d. Job descriptions are developed with the needs of persons with disabilities in mind. Job functions and qualifications are set at the minimal level necessary to adequately perform the job.
 - e. When a person applies for a job, and all other qualifications are met, and the only hindrance to offering the job is that the person's disability prevents the person from performing an essential job function or meeting a job qualification, administration will examine the requirement(s) and ascertain whether reasonable accommodation(s) can be made so the person with a disability can be hired.
3. Staffing: Part-time, and on call and contracted personnel may be utilized in instances when the type of work, working schedule, and duration of employment permit.
4. Interviews: Face to face Pre-employment interviews are required for all positions. This is an opportunity to get to know the applicant better and to assess if they are a good fit for the job.
5. Tests: Competency assessment tools will be used to evaluate direct care workers in defined areas based on job expectations.
6. Health Screening: Health Screening is required by all employees for TB testing (refer to Health Screening Policy). The agency reserves the right to request any applicant (after an offer of employment is extended) or current employee, to undergo a physical examination where the position or physical condition of the individual may warrant.
7. Reference Check: Obtain at least two satisfactory references for the individual. A satisfactory reference is a positive, verifiable reference, either verbal or written, from a former employer or other person not related to the individual that affirms the ability of the individual to provide home care services.

1.2 HOURS OF WORK/PAY PERIOD

Policy:

Hours of work shall be determined by each area of the Agency. All full-time salaried employees will work 40 hours each week. Hourly employees will be compensated for hours worked and reported on their timecards.

Regular Hours:

Normally, office hours are Monday through Friday, from 9:00 a.m. to 5:00 p.m. Direct care workers work their assigned shifts as assigned by the Supervisor/Agency Manager from time to time.

Overtime:

The U.S. Fair Labor Standards Act requires that all employees be paid overtime for hours worked beyond 40 hours in any one week except those employed as executive, professional, and administrative employees. By common usage, the “exceptions” are referred to as “exempt employees,” the others are referred to as “nonexempt.” Any nonexempt employee who works over 40 hours in any one week will be paid 1-1/2 times their regular pay for overtime. Authorization of overtime and payment must be approved by the immediate supervisor.

Pay Period:

The company works on a Saturday to Sunday work week. Employees are paid on a bi-weekly payroll schedule that will be made available to them on hire.

1.3 PERSONNEL RECORDS

Policy:

Personnel records shall be maintained for all employees. They shall be stored in the Agency's office in a locked file cabinet or in a locked room and safeguarded from unauthorized use. Employees may examine their own personnel file in the presence of the Agency Manager or designee. Personnel records shall be retained for seven years after the employee has ceased their employment with the Agency.

Purpose:

To provide a mechanism for maintaining accurate, complete, and current personnel information

Special Instructions:

The personnel record for an employee will include, but not be limited to:

1. Pre-employment Information:

- a. Employment application (signed and dated).
- b. Reference checks:
 - i. A minimum of 2 home services related references.
- c. Criminal history and background checks as required by law.
- d. Verification of credentials.
- e. Verification of current CPR and First Aid certification, wherever applicable.
- f. A face-to-face pre-employment interview with evidence placed into the personnel file.
- g. Prior to an offer of employment, the Agency shall check the Health Care Worker Registry to determine eligibility to work.

2. Employment Information:

- a. Competency testing for direct service employee with job specific competencies per job title.
- b. Signed job description
- c. Orientation checklist – completed and signed
- d. Confidentiality statement (signed)
- e. Acknowledgement of review of Policy and Procedures Manuals

3. Contractors:

- a. Must show evidence of a current physical
- b. Must show credentials/certificates as applicable

- c. Will be supervised by the agency
4. Ongoing Employment:
- a. Performance appraisals
 - b. Updated job descriptions
 - c. Education record
 - d. In-services
 - e. Updated certifications
 - f. Competency reviews
 - g. Disciplinary action forms
 - h. Incident reports
5. Medical History/Health Status – Maintained Confidentially:
- a. TB screening, chest x-ray or evidence of treatment as indicated

1.4 EMPLOYEE ORIENTATION

The Agency Manager or his/her designee will begin the orientation. Each employee will learn about Agency general policies and our employee benefits package which are listed in this guide and will be oriented by other departments as well. The orientation will be comprehensive and at its end, the employees will be asked to sign a statement confirming attendance. Information provided in the orientation encompasses but is not limited to the following:

1. The mission and goals of the Agency
2. Employee rights, duties, and responsibilities and their importance in carrying out the Agency's mission.
3. Confidentiality of consumer information
4. Safety programs such as home safety, individual safety and fire prevention and security
5. The rules, regulations, policies and procedures of the Agency
6. Employee benefits
7. Consumer rights and responsibilities
8. Agency policy on abuse, neglect and exploitation
9. Infection control program including universal precautions, surveillance, prevention and control of infections in the home, communicable diseases, identification, handling and disposing of sharps, hazardous or infectious materials in a safe and sanitary manner, according to the law and regulations.
10. Critical Incidents Management
11. Corporate Compliance Plan

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ORIENTATION:

The following orientation topics will be used for all full-time, part-time and per-diem workers:

ORIENTATION PROGRAM			
	CHECK		CHECK
Agency Mission, Vision and Plan and Organizational Chart		Advance Directives TB	
Types of Services Provided by the Agency including Information Provided Regarding Charges		Policies and Procedures specific to job responsibilities/duties	
Personnel Policies, Job Descriptions and Professional Boundaries of All Disciplines		Training Specific to Job Descriptions	
Cultural diversity		Consumer Rights & Grievance	
Ethics, Conflict of Interest and Confidentiality of Consumer Information		Supervision and Evaluation Quality Assurance	
Home Safety (including Bathroom, Electrical, Environment, Fire and Hazards)		Safety Issues in the Home (Including Security/Guns in the Home)	
Emergency Preparedness Plan/Actions to Take in the Event of a Disaster		Actions to Take in Unsafe Situations Community Resources	
OSHA Requirements, Safety and Infection Control in the Home/Standard Precautions		Consumer Care Responsibilities Including Charges	
Incidences and Occurrences reporting		Understanding and coping with Alzheimer's Disease	
Identifying and Reporting Abuse, Neglect and Exploitation (may not allow/accept a consumer's endorsement of a check to the Agency or CG)		Medical Device/Hazards reporting ID Badge Issued	
Print Name:		Title:	
Employee Signature:		Date:	
Agency Trainer Name:		Title:	
Agency Signature:		Date:	

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1.5 SCREENING AND HIRING

Any candidate desiring employment must file an application and be screened by the Agency Manager or designee. The applicant's eligibility will be based on the qualifications for the position. Prior to hiring the agency will **conduct a face-to-face interview** with the candidate, which is documented on the Interview Review form that is signed and dated.

The Application package must be submitted which reflects the following and must be furnished on or before the first day of employment:

- a. Name, Address, SSN, Date of Birth, Next of Kin, etc.
 - b. All employment history
 - c. At least two references
 - d. The applicant's education
 - e. Any special qualifications and abilities pertinent to the position for which he/she is applying.
2. The applicant will also provide:
- a. A copy of his/her driver's license
 - b. A completed W-4 form, if applicable
 - c. An Alien Registration card, if applicable
 - d. For professional employees a license copy
 - e. Documentation concerning continuing education, if appropriate
 - f. A copy of his/her CPR/First Aid certification
 - g. A signed and dated Job Description form
 - h. A completed W-9 form, if appropriate
 - i. A completed I-9 Naturalization form
 - j. A copy of a diploma degree or a transcript
 - k. Training certificate per position applied for, per job description
3. Each employee's health record shall be maintained. If the employee has direct consumer contact, the record must include:
- Per CDC guidelines, TB screening with symptom evaluation, individual risk assessment, and testing (TST or IGRA) shall be required for all Agency field staff with patient contact upon hire.
4. The prospective employee's prior education, training and experience are verified prior to employment. This is accomplished by obtaining copies of resumes, applications, at-least two

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satisfactory references per PA § 611.51, diplomas, licenses, certification and workshop attendance records.

5. Social Security numbers will be verified at the time of hire through <http://www.ssa.gov/employer/ssnv.htm>. Results will be placed in the personnel file.

6. Professional License Verification

Verification of current licensure for professional disciplines is obtained on line through the criminal background check, prior to making any independent consumer visits as regulated by the state PA Department of Health.

- 7 Employee Healthcare Exclusion Checks shall be required to be performed as follows:

All direct service employees will also have the following checks:

On hire & monthly thereafter checks of each staff and contractors on the following:

1. **PA MediCheck list** – (monthly checks of all employees):

<http://www.dhs.pa.gov/publications/medichecksearch/index.htm>

2. **SAMS Excluded Parties List System (EPLS)** at SAM web portal (monthly checks of all employees):

<https://www.sam.gov/SAM/pages/public/searchRecords/search.jsf>

EPLS is a world wide data base maintained by the General Services Administration (GSA) that provides information about parties that are excluded from receiving Federal contracts, certain subcontracts, and certain Federal financial and nonfinancial assistance and benefits.

3. **OIG Fraud Check:** List of Excluded Individuals/Entity (LEIE) Exclusion database (monthly checks of all employees):

http://oig.hhs.gov/exclusions/exclusions_list.asp

The updated LEIE is a complete database containing all exclusions currently in effect.

Individuals and entities who have been **reinstated are not included in this file.**

The LEIE Exclusion check will occur monthly on each employee and contractor.

4. **NATIONAL SEX OFFENDERS REGISTRY CHECKS:** checks for staff that provide direct client care and/or access to client records, for **the National Sex Offenders Registry.** (monthly checks for all employees):

<https://www.fbi.gov/scams-and-safety/sex-offender-registry>

1.6 CRIMINAL HISTORY CHECK

Policy:

All owners and employees of the Agency are required to have current criminal history checks. Owners will have their criminal history checks conducted as part of the State licensure process, unless they have existing criminal checks that are less than one year old.

Procedure:

1. Prior to making an offer for employment, the Agency will conduct a state criminal history report to determine if that person has a criminal conviction or has committed certain conduct including abuse, neglect or mistreatment of a consumer of an agency or a facility licensed under the Health and Safety Code, or misappropriation of a consumer's property, will bar him/her from employment with the Agency.
 - a. If an applicant has been a Pennsylvania resident for the past two years, only a PA State Police criminal check is required (611.52.(b)), otherwise both a State and Federal Criminal background check are required.
 - b. Applicants must submit to a PA State Police background check using the PA Access to Criminal History by visiting <https://epatch.state.pa.us>.
 - c. Applicants must submit to a FBI background check processed by the state contracted vendor **IdentoGo** by visiting <https://uenroll.identogo.com/>
 - d. Any of the following documentation is acceptable as proof of PA residency:
 - i. Motor vehicle records, such as a valid driver's license or a State-issued identification.
 - ii. Housing records, such as mortgage records or rent receipts.
 - iii. Public utility records and receipts, such as electric bills.
 - iv. Local tax records.
 - v. A completed and signed, Federal, State or local income tax return with the applicant's name and address preprinted on it.
 - vi. Employment records, including records of unemployment compensation.

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- e. If the individual is unable to show proof that they have been a resident of Pennsylvania for the 2 years immediately preceding the date of the request for a criminal history report, the individual shall obtain a Federal criminal history record and a letter of determination from the Department of Aging (6 PA.code15.144(b)).
2. Any employee whose criminal history is being checked has the right to be informed prior to obtaining the history and must sign a Criminal Check Attestation under which they will state that they have not been convicted of disqualifying offenses
3. A Direct Care Worker that provides services in an environment where children (persons under the age of 18 years) reside, shall be required to obtain, before starting to provide such services, all of the following three (3) certifications:
 - a. Report of criminal history from the Pennsylvania State Police
 - b. Fingerprint based federal criminal history submitted through the Pennsylvania State Police or its authorized agent
 - c. Child Abuse History Certification from the Department of Human Services (Child Abuse).

Certification must be renewed every 5 years from the date of their last certification

3. An employee arrested or convicted of a charge which would preclude them from employment shall be required to report it to the Agency within 24 hours.
4. If a criminal history report shows a record of conviction(s), the Agency shall perform an individualized risk assessment on a case to case basis in order to arrive at an employment decision. Legal advice may be sought in complicated cases and cases of multiple convictions. The risk assessment should be based on the consideration of factors such as the nature of the crime; facts surrounding the conviction; time elapsed since the conviction; the evidence of the individual's rehabilitation; the nature and requirements of the job and the performance of individualized risk assessments.

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5. It is the policy of the Agency to not hire employees that have a documented history of abuse, neglect or mistreatment of a consumer of any agency or facility licensed under Health and Safety Code, within the last five years, unless they have undergone extensive rehabilitation.
6. If a decision was made not to hire an individual based in whole or in part on State Police criminal history records, or Federal criminal history records, or both, the Agency shall provide the affected individual with information on how to appeal to the sources of criminal history records if the individual believes the records are in error.
7. The Agency shall maintain files for direct care workers and members of the office staff which include copies of State Police criminal history records, Federal criminal history records, and Child Abuse Clearance report, if required. The files shall be available for Department inspection.
8. The criminal history records and the information they contain may not be released or otherwise disclosed to any person or entity other than the subject of the information except on court order or with the written consent of the person being investigated. If the Agency has reason to believe that an employee has abused, exploited or neglected a consumer of the Agency, the Agency must report the information upon discovery to:
The Pennsylvania Home Health Hotline at 1-800-254-5164.
The Pennsylvania Abuse Hotline at 1-800-490-8505 for adults and 1-800-932-0313 for children.

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1.7 CHILD ABUSE CLEARANCE

1. All Staff of the Agency serving people under the age of 18 years, must obtain a Pennsylvania Child Abuse History Clearance (ChildLine) before they can be hired, either on a provisional basis or a regular hire. The form must be submitted to the ChildLine and Abuse Registry.
2. The Agency will not employ, roster or retain an individual where ChildLine has verified that the individual is named in the Statewide Central Register as the perpetrator of a founded or indicated report of child abuse.
3. The files maintained by the Agency for each individual employed and for each member of the office staff must include copies of the ChildLine verification. The agency shall also maintain copies of the ChildLine verification for the agency owners, which shall be available for Department inspection.
4. An individual may be, pursuant to the company's **Provisional Hiring Policy**, hired on a provisional basis pending receipt of their Child Abuse verification report. Such employees should be strictly monitored per the Provisional Hiring Policy.
5. If the information obtained from the ChildLine verification report reveals that the individual is disqualified from employment PA § 611.53 (relating to child abuse clearance), the individual shall be terminated by the Agency immediately. If the individual fails to provide the ChildLine verification report within the time period permitted for provisional hire, the individual shall be terminated by the Agency immediately.
6. Certification must be renewed every 5 years from the date of their last certification.

1.8 PROVISIONAL HIRING

The agency may hire an applicant for employment on a provisional basis, pending the outcome of a criminal history report or a pending ChildLine verification if the following conditions are met:

1. The applicant has applied for a criminal history report and ChildLine verification and provided the agency with a copy of the completed request forms.
2. The agency has no knowledge about the applicant that would disqualify them under 18 Pa.C.S. § 4911 relating to tampering with public record information.
3. The applicant shall swear or affirm in writing that the applicant is not disqualified from employment under chapter 611 of Pennsylvania Department of Health.
4. The agency will not assign a provisionally hired employee to consumer care who has not met the requirements of § 611.55 relating to competency requirements.
5. The agency will monitor the provisionally hired employee awaiting criminal background check through random, direct observation and consumer feedback. The results will be documented in the employee's file.
6. The agency shall directly supervise, or assign another direct care employee to accompany, a provisionally hired employee awaiting a child abuse clearance who will provide services to the consumer less than 18 years of age.
7. The period of provisional hire of an individual who is and has been, for a period of 2 years or more, a resident of this Commonwealth, may not exceed 30 days. The period of provisional hire of an individual who has not been a resident of this Commonwealth for 2 years or more may not exceed 90 days.
8. Once received, the results of the criminal history report should be evaluated as prescribed under 1.6 (Criminal History Check) above. If ChildLine verification produce information disqualifying the applicant from employment, he/she shall be terminated immediately and removed from the active employee roster.
9. If the criminal history report or ChildLine verification or both are not furnished by the end of the provisional hire period, the applicant shall be terminated immediately and removed from the active employee roster.

1.9 HEALTH SCREENING

Policy:

Each employee and independent contractor having direct contact with consumers must have documentation of baseline health screening prior to providing service to consumers.

Purpose:

To ensure adequate health status of each worker and to ensure quality of each worker to perform essential job functions.

To ensure all agency employees and personnel working under contract are free from communicable disease before providing direct consumer care.

1. On the date of hire, the employee will be asked to furnish a physical that has been completed within the past 6 months. The physical must be performed by a M.D, D.O or ARNP and include at a minimum:
 - a. A statement of good health: the employee is capable of performing the physical tasks associated with the job.
 - b. A statement that he/she is *free of communicable diseases* with evidence of TB testing.
2. If any employee or contractor develops symptoms of an infectious disease, he/she will immediately inform the Agency Manager.
 - a. He/she will not be allowed to come into contact with the consumers until he/she furnishes a Physician's Statement of Good Health.
 - b. All infections requiring an employee to take antibiotics will be logged on the employee infection control log.
3. All health related information entered into the personnel file is confidential. The Agency will not release the information unless required by law.

2.0 TB TESTING

Policy:

It shall be the policy of this agency to adhere Department of Health and CDC guidelines for tuberculosis infection testing and control.

Special Instructions:

- 1) All staff and volunteers who expect to have interactions with consumers will be screened for TB disease during their pre-placement evaluation.
- 2) Per 2019 CDC Guidelines, the following Baseline TB Screening and testing will have to be performed:
 - a) TB Screening & Symptom Evaluation- Form **TB-01**
 - b) Individual TB Risk Assessment- Form **TB-02**
 - c) TB Test: TST (one or two-step as appropriate) or IGRA test.
- 3) The TB Screening & Symptom Evaluation and Individual TB Risk Assessment should be used to guide decisions while interpreting test results.
- 4) Wherever appropriate, the two-step Tuberculin Skin Test (TST) or FDA approved IGRA testing shall be required to be administered.
- 5) If TB Screening & Symptom Evaluation and the Individual TB Risk Assessment of the staff does not indicate any risk of TB disease, active or latent, and if the TST or IGRA test returns a negative test, a **second test is not required**.
- 6) If TB Screening & Symptom Evaluation indicate risk of latent or active TB disease, the two-step test must be completed even if the first TST/IGRA is negative.
- 7) If the staff marks “Yes” on any of the statements on the Individual TB Risk Assessment Form (TB-02), they will be considered to be at increased risk of TB and thus will have to take a second TST/IGRA test even if the first one returned a negative result.
- 8) If a staff tests positive on the first TST/IGRA test but are fully asymptomatic and the TB Screening and Individual Risk Assessment indicate no risk of TB disease, a **second test will be required**. If the second test comes back negative, they will be considered not infected with *M. tuberculosis*. If the second test is positive, they will be considered to be infected.
- 9) If a newly employed individual has had a documented negative Mantoux PPD test result within the previous twelve (12) months immediately prior to hire, this result may count as the first step and an additional single Mantoux PPD test can be administered upon hire representing as

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the second stage of the two-step testing. If the result is positive, the employee must be cleared by a health care professional.

- 10) If TB clearance will be based on the results of a negative FDA approved IGRA testing, the test results can be no older than 10 days.
- 11) Any employee that has had a positive skin test cannot return to work until they have a medical follow up by a medical professional.
- 12) **Post Exposure Screening:** When an exposure is recognized, a symptom evaluation must be carried out immediately. If the employee had a baseline negative TB test and no prior TB disease or LTBI, perform a test (TST or IGRA) when the exposure is identified. If the test is negative, a second test must be done within 8-10 weeks after the last exposure.
- 13) **Annual Screening:** Annually thereafter, direct care personnel will complete TB-01 and TB-02. If the responses on these forms indicate risk of exposure, one step TST will have to be performed.
- 14) **TB Education:** Annual TB education, including information about TB exposure risk, shall be imparted to all employee with consumer contact.
- 15) The results of the testing will be maintained in the Personnel File

Note: TB-01 and TB-02 can be found at the end of this Handbook

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2.1 STAFF TRAINING AND COMPETENCY EVALUATION

Policy Statements

PRESTIGE HOME CARE AGENCY LLC requires all newly hired employees to undergo Staff Training and complete its in-house Competency Evaluation Program (CEP) in order to ensure that all direct care workers are properly trained as required by law. Additionally, all direct care workers are required to be re-trained and re-assessed on the CEP on an annual basis.

PRESTIGE HOME CARE AGENCY LLC also requires that all of its Direct Care Workers undergo an **annual training mandated by 55 PA Code Chapter 52.21** (Refer Page 32 to 33).

PRESTIGE HOMECARE's Staff Training and Competency Evaluation Program (STCEP) is centered around § 52.21 (Staff Training) and § 611.55 (b) (Competency requirements), as listed below § 611.55. Competency requirements.

(a) Prior to assigning or referring a direct care worker to provide services to a consumer, the home care agency or home care registry shall ensure that the direct care worker has done one of the following:

- (1) Obtained a valid nurse's license in this Commonwealth.
- (2) Demonstrated competency by passing a competency examination developed by the home care agency or home care registry which meets the requirements of subsections (b) and (c).
- (3) Successfully 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 subsections (b) and (c).
 - (ii) A home health aide training program meeting the requirements of 42 CFR 484.36 (relating to the conditions of participation and home health aide services.)
 - (iii) The nurse aid certification and training program sponsored by the Department of Education and located at <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.

(b) A competency examination or training program developed by an agency or registry for a direct care worker must address, at a minimum, the following subject areas:

- (1) Confidentiality.
 - (2) Consumer control and the independent living philosophy.
 - (3) Instrumental activities of daily living.
 - (4) Recognizing changes in the consumer that need to be addressed.
 - (5) Basic infection control.
 - (6) Universal precautions.
 - (7) Handling of emergencies.
 - (8) Documentation.
 - (9) Recognizing and reporting abuse or neglect.
 - (10) Dealing with difficult behaviors.
- (c) A competency examination or training program developed by an agency or registry for a direct care worker who will provide personal care must address the following additional subject areas:
- (1) Bathing, shaving, grooming and dressing.
 - (2) Hair, skin and mouth care.
 - (3) Assistance with ambulation and transferring.
 - (4) Meal preparation and feeding.
 - (5) Toileting.
 - (6) Assistance with self-administered medications.
- (d) The home care agency or home care registry shall include documentation of the direct care worker's satisfactory completion of competency requirements in the direct care worker's file. If the direct care worker has a nurse's license or other licensure or certification as a health professional, the individual's file shall include a copy of the current license or certification. Documentation of satisfactory completion of competency requirements is transferable from one home care agency or registry to another home care agency or registry, provided the break in the individual's employment or roster status does not exceed 12 months.
- (e) The home care agency or home care registry also shall include documentation in the direct care worker's file that the agency or registry has reviewed the individual's competency to perform assigned duties through direct observation, testing, training, consumer feedback or other method approved by

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the Department or through a combination of methods. The competency review must occur at least once per year after initial competency is established, and more frequently when discipline or other sanction, including, for example, a verbal warning or suspension, is imposed because of a quality of care infraction.

- (f) A direct care worker employed by a home care agency or rostered by the home care registry on December 12, 2009, shall achieve compliance with the competency requirements imposed by this chapter by December 12, 2011.
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TRAINING PURPOSE STATEMENT

This Training Manual contains the policies and procedures of PRESTIGE HOME CARE AGENCY LLC, hereinafter referred to as (PHCA) regarding its staff training and competency evaluation program, which is designed in accordance with § 611.55. Competency Requirements.

- (a) Prior to assigning or referring a direct care worker to provide services to a consumer, the home care agency or home care registry shall ensure that the direct care worker has taken and successfully passed the following online Training:

The home care agency or home care registry also shall include documentation in the direct care worker's file that the agency or registry has reviewed the individual's competency to perform assigned duties through direct observation, testing, training, consumer feedback or other method approved by the Department or through a combination of methods. The competency review must occur at least once per year after initial competency is established, and more frequently when discipline or other sanction, including, for example, a verbal warning or suspension, is imposed because of a quality of care infraction.

STAFF TRAINING: All new employees are required to undergo the Agency's Staff Training on the first week of being employed and before they are allowed to provide direct services to any clients of the Agency.

COMPETENCY EVALUATION: Once the new employee undergoes the Agency's Staff Training, they will be required to take a Competency Evaluation testing and are required to get a passing score. Successful candidates will be awarded a Certificate by the Agency.

STAFF TRAINING AND COMPETENCY EVALUATION PROGRAM - PART I.

§ 611.55. (A)(V) COMPETENCY REQUIREMENTS.

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“Personal Care Home Direct Care Staff Persons Training”: to take the course the employee must logon here <http://www.pde.state.pa.us>

After you complete the online test:

1. After successful completion of the on-line course and test. You must print out the certificate of completion and a copy of such will be placed in your employee file (this is mandatory no exceptions).
 2. Any area(s) of the test where the employee has shown a lack of knowledge (missed 3 or more questions) even if the employee has passed the test, those questions will be addressed by the trainer to ensure the employee is competent in those subject areas.
- It is acceptable for the employee to take this course/test at their own pace and space and submit the completion certificate to the Agency.

STAFF TRAINING AND COMPETENCY EVALUATION PROGRAM - PART II.

In accordance with § 611.55(b), PHCA has developed its own in-house Staff Training and Competency Evaluation Program (STCEP) that informs, instruct, and trains new and existing Direct Care works how to address and deal with client Activities of Daily Living, Confidentiality, Client Safety, Emergencies and other related Direct Care Worker responsibilities.

Client Confidentiality: To ensure client’s health and medical information and records are secured and protected, a federal law called the Health Insurance Portability and Accountability Act of 1996 (HIPAA) is in place. HIPAA and associated rules specify who can look at, receive, and use client’s health information as well as measures to take to protect the confidentiality, integrity, and security of the information. All employees will know:

- Understanding HIPAA Privacy Rule.
- Protecting the privacy of individually identifiable health information and standards for the security of electronic personal health information (PHI).
- Confidentiality of health information.
- Authorization exceptions.
- Conversations.
- Reasonable safeguards.
- Incidental disclosures.
- Telephone messages.
- Email and faxing.
- Minimum necessary disclosure of PHI.
- Sharing information with family and visitors.
- Request from the Media.
- Patient rights to access their health information.
- Research.
- Information security tips.

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Authorization Exceptions:

A valid written authorization is required for the disclosure of protected health information except in emergency situations and special cases as defined by law. Authorization exceptions include:

- Emergency care.
- Procurement organizations for cadaveric organ, eye or tissue transplantation.
- Uses or disclosures that are required by law, such as disclosure to public health department for communicable diseases.
- Vulnerable adult or child abuse reporting.
- Health oversight agencies such as the Pennsylvania Department of Health.
- Agencies mandated by court order or search warrant.
- Reporting certain types of wounds (such as gunshot) or injuries to law enforcement agencies.
- Information requested by a coroner, medical examiner, or funeral director regarding a deceased patient.
- Information requested by law enforcement to avert a serious threat to health or safety.

Telephone messages: Telephone messages may be left if reasonable safeguards are used to minimize unintentional disclosure of PHI in the messages. Because telephone messages may be heard by someone other than the patient, care must be taken not to leave any information that may disclose or imply information about specific medical treatment, tests or conditions unless it is very urgent that the patient be notified.

Sharing information with family and visitors: Working in a busy patient care setting presents special challenges. As Caregivers, we want to take care of our clients, but we also want to show empathy and concern for the client's family members and friends.

Example 1. It is visiting hours in the hospital, you are returning from a client's room when you are stopped in the hall by an anxious man. "I'm looking for Steve and he is not in his room. Is he having surgery today? I'm very worried about him. We've been neighbors for 30 years."

Example 2. Or you work at a Hospital and Mrs. Henderson calls to ask if her husband came to his appointment today and how his therapy is progressing.

In each of these situations, these individuals are looking for reassurance as well as information. What would you say to him or her? HIPAA allows Caregivers to release some basic information without the patient's prior authorization. This is considered directory information and includes:

- Patient's name.
- Condition only (state of example the patient is doing well).
- Location in the facility.
- Religion (given to clergy or community faith leaders only).

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If you have any questions about HIPAA or clients' medical information, you must contact the Agency first before releasing any information to any third-party including family and friends.

Consumer Control and Independent Living Philosophy: PHCA's Philosophy is one of which the consumer control is tied to the same concepts of self-reliance and self-determination that are essential for all adults in our society.

- This Agency promotes independent consumer living, meaning we will do everything that's possible to assist the client in remaining independent while performing our services.
- Whether disabled or not, our clients want and need to exert control over their own lives.
- When clients have a sense of personal rights they also have the confidence to act on those rights.
- This Agency promotes independent and creative thinking.
- This Agency respects the rights and wishes of its clients.
- This Agency shall be open and transparent with our services to our clients.

Instrumental Activities of Daily Living: Instrumental activities of daily living (IADL) are not necessary for fundamental functioning but they let an individual live independently in a community. This Agency considers IADL vital to the happiness and success of its clients, therefore it's our responsibility and your duty as a Caregiver to ensure the clients' IADL are cared out with professionalism and due care.

- Moving within the community.
- Preparing meals.
- Shopping for groceries and necessities.
- Taking prescribed medications
- Cleaning and maintaining the house.
- Managing money (Employees are not allowed to assume any financial control over or with client's money, as outlined in your Employee Handbook).
- Using the telephone or other forms of communication.

Recognizing Changes in the Consumer that need to be addressed: As a Direct Care Worker, part of your client duties are to assist the client in/with various ADLs. During your services you need to be aware of and know how to properly identify issues and/or circumstance that require you to notify the Agency and/or the client's family or emergency personnel.

- It's important for our Caregivers to keep a watchful eye especially on seniors - even when they are living independently and are in good physical and mental health.
- Slight changes in client's behavior, personality, level of self-care, or the ability to do household chores, can be signs of the need for increased care and support.
- You should contact the Agency immediately about any concerns you may have about a client you are caring for that you feel needs help. The following can be used to track changes in most client's behavior, safety and personal care.

Client behavior changes:

- Irritable (gets upset easily).
- Angry (loses temper).
- Sad (tearful).
- Withdrawn (does not want to talk).
- Confused (does not understand what is happening).
- Memory problems (forgets or repeats conversations, medications unfilled or not being taken).

Elderly safety concerns:

- Falls.
- Wandering (leaves home, gets lost).
- Kitchen (fire, leaves stove on).
- Nutrition (not enough or too much food).
- Driving.

Changes in activities of daily living:

- Difficulty moving (getting out of chair, walking across the room).
- Difficulty getting in and out of bath tub.
- Difficulty getting to the toilet.
- Problems preparing meals.
- Dirty and cluttered house (food expired, laundry piling up, neglected home repairs).

Note: Often the elderly or people in your care may be reluctant to say they need help or may try to downplay the trouble they are having. As a caregiver, when you become aware that the person in your care is behaving in ways that are out of character, you should take notice and try to have a conversation with them about how they are feeling and discuss ways you can help. Sometimes providing help in even a small way can make a big difference to the elderly or the person in your care and allow them to retain as much independence as possible.

Basic Infection Control: Because of the type of work we caregiver do, you will come into contact with body fluids that carry bloodborne pathogens. Bloodborne pathogens that pose the greatest risk to health care workers in the workplace are hepatitis B virus (HBV), hepatitis C virus (HCV), hepatitis D virus (HDV), and human immunodeficiency virus (HIV). The diseases caused by these pathogens are potentially life threatening. In many cases, you will not be able to easily identify clients who are infected with bloodborne pathogens. This is why you must treat each client you have contact with as if he or she *may be* infected with a bloodborne pathogen.

To protect yourself from exposure to bloodborne pathogens, you will take **standard precautions** with every client. *For these methods to be effective, they must be used consistently!*

- Gloves, gowns, masks, face shields and eye goggles must be worn if the possibility exists that you could come in contact with blood or other body fluids. Be sensible and use good judgment when wearing personal protective equipment.

➤ Handwashing is the most important method of preventing the spread of infection. If accidental exposure to blood or other body substances occurs, hand must be washed thoroughly and immediately.

➤ Sharps, such as used needles, razors or broken glass must be disposed of properly. Contaminated, broken glass should not be handled, even with gloved hands. They should be swept or vacuumed up for disposal.

Universal Precautions to Infection Control: PHCA's Universal precautions is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens, (Bloodborne Pathogens Standard 29 CFR 1910.1030(b) definitions).

Handwashing: Handwashing is the most important method of preventing the spread of infection. For it to be effective, it must be performed thoroughly, properly, and consistently.

1. Remove all jewelry.
2. Turn on faucet using a paper towel.
3. Wet your hands and apply liquid soap.
4. Work soap into a lather and scrub hands for at least two minutes.
5. Keep your hands at a lower angle than your elbows to prevent the dirty water running back onto your arms.
6. Interlace your fingers to clean between them
7. Scrub your fingernails with a nail brush.
8. Dry your hands with clean paper towels.
9. Turn off the faucet using a clean paper towel.

➤ Because frequent handwashing can cause the skin to become excessively dry, leading to cracking, applying a lotion or hand cream after washing is recommended. Remember, your own intact skin is important to help protect you from infection too.

At the minimum wash your hands:

- When you first arrive at your client's home.
- Before handling clean linen.
- Before handling a client's meal tray.
- Before you go on a break and before you leave your shift.
- Before and after drinking, eating.
- After using the bathroom.
- After coughing, sneezing, or blowing your nose.
- After picking up an object from the floor.

- After removing disposable gloves, including those times when you are replacing a torn glove.
- After touching your hair or applying make-up or lip gloss.
- After touching anything that may be considered dirty, especially objects contaminated with blood or other body fluids.

Risk factors for infection:

1. Very young or very old age.
2. Poor general health.
3. Stress and fatigue.
4. Indwelling medical devices.

The Ways Infections are transmitted:

1. Some infections are transmitted through the air. The person becomes infected when he or she breathes contaminated air.
2. Some infections are transmitted through contact with an infected person or objects that the person has used.
3. Some infections are transmitted when feces containing a pathogen contaminate food or water that is then consumed by another person.
4. Some infections are transmitted when blood or body fluids enters the bloodstream of a non-infected person. Bloodborne pathogens are not found in sweat and tears. They are most likely to be found in blood, semen, vaginal secretions, wound drainage, cerebrospinal fluid (CSF), amniotic fluid and breast milk.
5. Needlesticks, cuts from contaminated glass, and splashes and sprays of contaminated body fluids can put a health care worker at risk for a bloodborne disease.

Food Safety: Some people are more likely than others to get a foodborne illness. Older people, the disabled, and those with chronic illnesses may have difficulties that put them at higher risk.

Oral-fecal transmission: Some pathogens are transmitted through the oral-fecal route. The pathogen lives in an infected person's digestive tract and leaves the body in the feces. The feces can contaminate food or water. Then, when another person eats or drinks the contaminated food or water, he or she becomes infected. Proper handwashing and sanitation help to prevent infections that are spread through the oral-fecal route. Infections that are transmitted in this way include hepatitis A, hepatitis E, and some types of parasitic infections.

Ensuring Food Safety At Home:

1. Wash hands often.
2. Wash produce before cutting, cooking or eating.
3. Wash utensils and cutting boards after each use.
4. Keep kitchen surfaces clean.
5. Keep raw meat and ready-to-eat foods separate.

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6. Cook food to proper temperatures.
7. Refrigerate food promptly to below 40°F.
8. Pay close attention to use-by dates.

Handling an Emergency: Occasionally Direct Care staff are faced with emergency situations in the course of their work. This can be stressful and upsetting. The procedures below give clear instructions about action which should be taken. Direct Care Staff will also receive immediate support and back-up from the Home Care Coordinator or Owner.

Failure to gain access to a client's home: If you cannot obtain an answer from a client you should:

- Check through the letterbox, windows and back of the house to see if it is accessible.
- If you cannot see the client check with neighbors.
- If the neighbor cannot help, telephone your Manager and they will direct you as to what further action is necessary

If you can see the client by any of the above means and they are on the floor or not responding.

- Call 911.
- Agency Manager
- If you know of a key holder nearby, go to them - contact the office when you reach them.

If you find a client who is apparently dead.

- Call 911.
- Call Agency Manager
- DO NOT TOUCH ANYTHING. Someone will come to assist you soon
- If the client lives in assisted living facility, notify the facility.

EVERY TIME YOU ARE UNABLE TO GET AN ANSWER FROM A CLIENT YOU MUST REPORT IT IMMEDIATELY TO THE OFFICE, even IF OUT OF OFFICE HOURS.

Emergencies which occur during the course of care being provided.





- If a client falls and may be injured they must not be moved unless they are in serious and imminent danger, e.g. from fire, drowning, road traffic accident etc. They must be made comfortable and the ambulance called.
- If it is known that a client may be prone to occasional falls or collapse, this should be taken into account in the risk assessment and a contingency action plan devised for this eventuality.
- If a client collapses or is taken seriously ill, 911 should be called and the client made as comfortable as possible. The paramedics may advise you of action to take while awaiting their arrival.

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- In these situations, call the Agency office or Manager, who will arrange for your subsequent visits to be covered while you stay with the client or will send someone to relieve you.

Direct Care Worker Client Documentation: It is essential for all employees to be familiar with and comply by this Policy regarding documentation of client services. PHCA as a provider must document each occurrence of a health service provided to a client including the client's service plan documentation. The services provided must be properly documented in the client's health service record.

All Direct Care Workers Time Sheets and related client records will include the following:

- The Time/Service Sheet must be legible.
- Assisting with Self-administered Medications Records.
- The client's name must be on each page of the client recipient's record.
- The consumer's service plan documents must be signed by the consumer.
- Each entry in the health service record must contain:
 -  The date on which the entry is made.
 -  The date or dates on which the health service is provided.
 -  The length of time spent with the client if the amount paid for the service depends on time spent.
 -  The signature and title of the person from whom the recipient received the service.

Recognizing and Reporting Abuse and Neglect: Abuse includes physical abuse, physical neglect, sexual abuse, and emotional abuse by a parent, family member, friend or other caretaker. Physical abuse is a non-accidental injury to a client by a parent, family member, friend or caretaker.

Recognizing Abuse. You may see frequent and unexplained bruises, burns, cuts or injuries; the client may be overly afraid of the parent, friend or family reaction to misbehavior.

Physical neglect is a family member, friend or Caregiver's failure to give the client food, clothing, hygiene, medical care, or supervision.

Employee Mandatory Abuse Reporting: During your care to a client, should you see signs of abuse of any kind by a parent, family member, friend or other Agency Employee, do not confront the abuser directly as this only makes things worst for the patient. Simply make sure the client is safe, contact the Agency immediately, and the Agency will send someone to assist you right away. The Agency will then report such abuse to the Department of Health and related regulatory authorities. The employee who witnesses or suspected abuse must complete an incident report documenting the abuse and or related issues.

Dealing with Difficult Client Behavior: When dealing with clients, you may notice that at some point they may become becomes anxious, resistant, or demanding and it can make your job as caregiver that much more difficult.

Understanding why the behavior is happening: If the client you care for must rely on others for their daily care, he/she may feel a loss of control over their life. They may feel frustrated or helpless at times. Their personality and behavior may change because of the emotional and physical changes they're experiencing. A person who has always had a difficult personality may become even more difficult with the stress of an illness or disability. When a person becomes sick or disabled, not only his own life but the lives of those around him change dramatically. If you can recognize the reasons a person is difficult and learn methods to cope, it will help you both maintain a healthier relationship and get through the trying times.

Coping With A Difficult Behavior.

- You can't always control the other person's behavior, but you can control your response to it.
- Focus your response on the behavior, avoid blaming it on the client's personality or condemning them as a "bad" person.
- Don't take the angry behavior personally.
- You're doing the best that you can do in a difficult situation; blaming yourself won't help solve the problem.

What Can You Do When a Client Acts Unreasonable Or Makes Angry Demands On You?

- Remain calm, speak slowly and clearly.
- Avoid approaching the client from side or back.
- Don't downplay their feelings; allow the client to express feelings (if talking reduces agitation).
- Saying "It's no big deal" won't help, it may even make them angrier. Instead, try something like, "You seem really frustrated. What can we do next time to make it better?"
- Let them talk about their anger. "What's making you feel so bad?" "You seem upset, can I help?"
- Make an effort to respect demands that may seem petty to you but seem very important to them. Remember, if he could, he would change the volume on the radio himself or shave himself exactly how and when he wanted.
- Find something to agree about. "Yes, the mail carrier hasn't been coming as early as he used to." "You're right, these sheets are all wrinkled up."

Choose Your Battles. If you're making a lot of demands on your client about eating, moving, or resting, they may become resentful. Choose what's really important and let some things go. Anybody could get angry if told to eat everything on their plate.

Take A Breather. If either of you is losing control of the situation, walk away. Take several deep breaths, count to 10, or give a silent scream while both of you cool off. If you need support beyond these techniques, you must contact the Agency, ***it is your responsibility and duty to be professional with the client at all times.***

PERSONAL CARE: GROOMING AND DRESSING:

1. Bathing:

General Rules For Bathing.

Encourage the person to bathe herself as much as possible. She may be able to do all but wash her feet or back, or she may only be able to hold a washcloth while you do the rest.

- If bathing is difficult, do it only as often as necessary.
- Most people don't need a daily bath. Do make sure that the hands, face, and genital area are washed every day.
- Have all supplies ready before starting a bath.
- Keep the room comfortably warm.
- Respect the person's privacy. Keep her covered when possible.
- Wear latex gloves any time that you may come into contact with bodily fluids or feces.

If The Client Is Able To Get Into A Tub Or Shower.

- Make sure they have grab bars.
- Make sure they have a non-slip bath mat.
- Ask the client to sit on the edge of the tub. Then put both of their legs into the tub before they stand up.
- Reverse the process when they are getting out.

If the Client Can't Sit Down Into The Tub.

- Make sure the tub has a bench.
- Make sure the bath area has hand-held shower attachment.

2. Skin Care:

People who are ill or who must stay in bed or in a wheelchair are at risk for pressure ulcers, sometimes called bed sores. Pressure ulcers are a serious problem, but in most cases, they can be prevented by following the steps listed here.

- Make sure the person is eating a healthy diet and getting plenty of fluids. Well-nourished skin is healthier and less likely to break down.
- Keep the skin clean and dry.
- Clean off urine or feces immediately with soap and water. Wear disposable latex gloves.
- Use disposable bed pads to keep the linen dry, if the person is incontinent.
- Check the skin regularly for red areas. Make this a routine part of bath time.
- Every 2 hours change the position of a client who is bed or wheelchair-bound.
- Avoid dragging the person when you move them in bed. Friction can cause skin breakdown.

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- Apply lotion to dry skin regularly (except between the toes where it can cause fungal growth.) Give a light massage while rubbing in the lotion, again make sure you're wearing disposable latex gloves.

If A Red Area Develops On The Skin:

- Remove pressure from the area immediately.
- Clean and dry areas soiled with urine or feces. Wear disposable latex gloves.
- Do not massage the area.
- Recheck the skin in 15 minutes. If the redness is gone, no other action is needed.
- If the redness does not disappear after 15 minutes, consult your health care professional about better ways to relieve pressure from the skin.
- If a blister or open area develops, contact your health care professional immediately.

Shaving:

- Use an electric shaver when shaving a patient; it's safer and easier.
- Put dentures in the client's mouth before shaving him.
- Have him in a sitting position if possible.

Mouth Care:

- Clean teeth at least once a day.
- Check dentures regularly for cracks.
- Remove dentures for cleaning and store in liquid when out of the mouth.
- Have dentures checked if they aren't fitting properly (a common cause of eating problems).

Dressing:

- Be flexible. Wearing a bra or pantyhose may not be important to clients, especially if it's an added hassle.
- Allow enough time for the client to do as much as they can for themselves. If they can put clothing on but only needs help for buttons or shoes, give them time to do it.
- Let the client choose what to wear. You can lay out two choices to simplify this for someone who is confused.
- Be sure shoes or slippers are well-fitting and do not have gum soles, which can cause people to trip.
- Consider easy-to-use clothes with large front fasteners (zippers or Velcro,) elastic waistbands and slip-on shoes. This type of clothing is available through health product catalogs like Sears or J. C. Penney.
- To minimize the stress on a person's weak side, put the painful or weak arm into a shirt, pullover or jacket before the strong arm. When taking them off, take out the strong arm first.

Hair Care:

Getting out to a barbershop or beauty shop is enjoyable for many people who are ill or disabled. Many shops will make a special effort to meet the client's needs, especially if they know the client or family. Beauty schools may do hair care for no or low cost, as a way for students to get experience. You may also be able to find someone to come into the client's home. Try calling a local nursing home for the name of someone who makes home visits.

Hair Care General Rules.

- Wash the client's hair in the kitchen sink if the tub or shower is too difficult.
- Consider using one of the dry shampoo products found in drug stores if hair washing is impossible.
- If hair must be washed in bed, you can make a simple device to catch the water by making a U-shaped towel pad and putting it inside a large plastic bag. Place the open end of the U over the edge of the bed where it can drain into a bucket.

AMBULATION (WALKING):

Ambulation simply means to walk or move from one place to another. Every client will be different in his or her level of need for assistance, and it will differ in how you help each one. We have heard the old saying that there are no two people alike. There are also no two disabilities that are alike. The question becomes how do we do this when the individual we are assisting cannot do it on his/her own?

There are several benefits to ambulation, some of which include:

- Relieves stress and anxiety.
- Improves and/or maintains muscle strength.
- Improves circulation.
- Decreases problems with digestion and elimination.
- Improves appetite.

Procedure: Assistance with Ambulation:

Supplies:

- Gait belt and/or other walking aids, like a cane or a walker. (“**Gait Belt**”) A *gait belt*, sometimes called transfer belt, provides the DCW with secure points to hold onto while assisting client's in walking and transfer activities.
- Non-slip, properly fitting footwear.

Description of procedure:

1. Before you begin, familiarize yourself with the expectations and requirements of the service plan. Contact your supervisor if you need clarification.

2. Ensure the client can safely wear a gait belt. Gait Belt for procedure and contraindications.
3. Communicate procedure to client before you begin.
4. Apply non-skid, properly fitting footwear.
5. Have the client's walking aid available, if required.
6. Apply gait belt.
7. Make sure that the client has his/her feet firmly on the floor.
8. Use an underhand grasp on the gait belt for greater safety.
9. Assist client to a standing position.
10. Walk behind and to one side of the client during ambulation. Hold on to the belt from directly behind him. Be aware to support weaker side, if applicable.
Right side: Stand between the 4 and 5 o'clock positions.
Left side: Stand between the 7 and 8 o'clock positions.
11. Let the client set the pace. Walk in step with the client, maintaining a firm grasp on gait belt.
12. Watch for signs of fatigue.

Ambulation with a Cane:

The handle of the cane should be at a height that would be equivalent to where the client's wrist of his strong hand would fall if his/her hand was placed at his/her side when standing in an upright position. The client should be using the cane on his/her strong side, and the DCW should be walking on the client's weak side for assistance.

Ambulation with a walker: The correct walker height is determined the same way as was listed for a cane. When assisting a client with ambulation when using a walker, it is important that the client stay inside the frame of the walker. Make sure it has been properly fitted for the individual. The DCW should always walk on the client's weak side to provide additional support as needed.

Note: In the instance a client does collapse or loses his/her footing, it is acceptable to ease the client gently to the floor. The DCW should not try to carry the person, hold him up or catch him if they start to fall.

Preparing Food: When preparing food for your patient's, it's important to ensure that you follow a number of safety precautions as well as maintaining healthy food choices. This means that you should:

Use Whole Foods When Possible: Whenever possible, you should include whole foods in your client's diets. These include fresh fruit and vegetables as well as minimally processed grains (i.e. brown rice as opposed to white rice, whole wheat, stone ground bread as opposed to white bread, etc.).

Avoid Frying and Convenience Foods: You should also avoid frying foods as much as possible as this adds a significant amount of fat to foods and destroys nutrients as well. Instead, steamed and baked foods, especially steamed vegetables and baked poultry or meat are generally considered much healthier alternatives.

Convenience foods: Especially heavily processed products (morning cereals, especially sugary ones, white bread, etc.) should also be avoided whenever possible as these often have their useful nutrients stripped away in favor of easily digestible simple carbohydrates.

Find Out How the Client Likes Food Prepared: It's also important to find out how your client likes his food prepared. For example, there's nothing wrong with providing your client with extra spices, assuming that there are no health considerations (i.e. if the person is suffering from gastrointestinal problems, it's generally not a good idea to give them spicy foods). Remember as well that your choice of cooking utensils may be somewhat limited, so be sure to be creative in preparing food for your home health care clients.

What to Watch For: As a home health care worker, it's part of your job to watch carefully what your client eats. If they are showing a pattern of eating less than they usually do, it may be a sign of a problem which should be reported to your supervisor.

Best Practices: Finally, when shopping for and preparing food of your home health care clients, it's important to follow best practices when doing so. For example, you should store fresh milk, eggs and the like in the refrigerator. Meat products should be stored on the bottom shelf of the refrigerator to avoid the possibility of contamination from drips. Fresh fruit and vegetables need not be refrigerated until they turn ripe. You should also be sensitive to pricing and use coupons whenever possible to save your home health care clients money on their food bills.

CLIENT INVOLVEMENT:

- Promotes independence
- Builds a helping relationship
- Provides stimulation, relaxation, and increases sense of worth

AVAILABLE COOKING EQUIPMENT:

- Equipment may be limited
- Need to be creative and discuss with supervisor

SERVE QUALITY FOOD:

- Cook food only until tender as this protects nutrients
- Use toaster oven or use oven to prepare more than one food at a time
- Use double boiler to cook two items
- Use fresh fruits and vegetables
- Serve eye-appealing foods

SERVING MEALS:

- Use as a time to share with others

- Plan to sit and talk with clients

FOOD APPEARANCE, TEXTURE, AND PORTION SIZE:

- Use contrasting colors and textures
- Arrange foods attractively
- Serve small portions, but allow for second servings
- Be alert to a poor appetite:
- May signal illness or depression
- Dissatisfaction with food
- Improper mouth care
- Chewing problems
- Medications

SAFE FOOD HANDLING:

- Wear clean clothes and/or apron
- Always wash hands before handling food
- Wear gloves if you have a cut or infection on hands
- Avoid coughing or sneezing around food
- Clean work spaces before and after preparing food
- Use clean dish towels and dish cloths
- Use hot water and soap to wash utensils
- Never taste and stir food with the same spoon
- Put warm foods in refrigerator immediately
- DO NOT use damaged cans with bulging ends
- Avoid eating raw eggs. NEVER use cracked eggs. NEVER undercook eggs
- Use cooked meat, poultry, fish, and baked dishes within three to four days
- DO NOT use foods that have become moldy
- Clean and sanitize food preparation area
- Keep hot foods hot (above 140° F)
- Keep cold foods cold (below 40° F)
- Keep refrigerator clean
- Use food within recommended time
- DO NOT refreeze food

Toileting: The client you're caring for may need help using the toilet, or they may have lost control over their bladder or bowel (incontinence.) You may be uncomfortable providing this kind of care but as a Caregiver it's your responsibility and duty to the patient. This section gives suggestions that will help your client's maintain as much independence as possible and make your job a little easier.

Incontinence is not a normal part of aging or most illnesses. Many causes of incontinence are treatable.

If the Person Needs Help Getting To The Bathroom:

- Suggest going to the bathroom on a frequent, scheduled basis. Rushing after the urge strikes will increase the chance of accidents. Every 2 hours is too often for most people; start with every 3–4 hours.
- Make sure the hallway and bathroom are well-lighted.
- Remove throw rugs, which could trip someone.
- Make sure the client has grab bars and/or use a raised toilet seat for more ease getting on and off the toilet.

If the CLIENT Occasionally Has Accidents:

- Remember that accidents are very embarrassing for the patient.
- Stay calm and reassure them that it's "okay."
- Keep a matter-of-fact approach. "Let me help you get out of these wet things."
- Monitor them for urinary tract infections. Any fever lasting more than 24 hours should be reported.

If Accidents Happen Regularly:

- Suggest the client see their doctor for a thorough evaluation and treatment recommendations.
- Establish a regular schedule for using the toilet.
- Avoid caffeine, alcohol, citrus juice or other bladder irritants.
- Offer 6–8 glasses of fluids every day to prevent strong urine that can irritate the bladder.
- Find out if the client is taking any medications that affect the bladder. Common over-the-counter products like aspirin and Excedrin contain caffeine, which stimulates the bladder. A few high blood pressure medications can irritate the bladder.
- Be aware that incontinence can be a trigger for skin breakdown and pay special attention to skin care.

Constipation:

- Offer foods high in fiber such as fruits, nuts, beans, vegetables, bran and most cereals. Add high fiber foods gradually if the client isn't used to them.
- Make sure there is adequate liquid in the diet; 6–8 glasses of liquid each day are recommended (unless otherwise instructed by the physician).
- Encourage daily exercise to stimulate bowel activity.

Controlling Stains and Odor:

- Include cranberry juice in the diet to help control urine odor.
- Protect the mattress with rubber or plastic sheets. Consider a breathable, washable layer like sheepskin between the sheet and the waterproof to avoid excess sweating or a “sticky” feeling.
- Remove soiled bed linens and clothing quickly. If it’s impossible to launder them immediately, rinse them in cold water. Soak stained items in dishwashing detergent to loosen stains.
- Clean bedpans, urinals, and commodes with household cleaners.
- Avoid odors on furniture or other household items by cleaning soiled areas with a mild dilution of cold water and white vinegar.
- Protect furniture with disposable or other waterproof pads.
- Remember to make sure to wear your latex gloves.

Assistance with self-administered medications: Assisting clients with their medications is one of the most important things you do, a lot of harm can result when medications are taken improperly and when the wrong drug is taken, or when a client doesn’t get the right medicine at the wrong time it can be detrimental.

- When you assist a client with medicines,
- You are responsible for being sure that the client takes the medication correctly.
- Even one error is too many!

Let’s review some tried and true practices that will help in assistance or administration of medications. There are six important rules to remember when providing medication assistance or administration.

THE 6 RIGHTS:

1. Right Person: Speak the client’s name out loud. Be sure that the medication paperwork and the medication container match before you hand any medication to a client.

2. Right Drug: Compare the name of the drug on the container to the name of the drug on the medication paperwork.

3. Right Dose: Check the dosage on the medication container and be sure it is identical to the dosage on the medication paperwork.

4. Right Dosage Form: Every letter and number on the medication orders must match the medication package. Is the medicine a tablet, a capsule, a suppository, a liquid, or some other form? Is it extended release or immediate release?

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5. Right Time: The date, the day of the week, and the time of day must be the same on the medication paperwork and the medication container.

6. Right Route: This means the way to take or use the drug, such as by mouth, under the tongue, injected, inhaled, or applied to the skin. The route ordered by the physician is the only way the medication may be given.

Other Guidelines for Assisting with Medications: Wash your hands before assisting with medication and after helping each client.

- Check the expiration date on medications the clients are taking.
- Be aware of instructions about when and how medications should be taken. Some meds need to be taken on an empty stomach and some need to be taken with food.
- Keep medications in a cool, dry place. Do not store meds in the bathroom, because heat and humidity can harm drugs.
- Refrigerate medications that require it in a refrigerator that does not contain food. Monitor and record the refrigerator's temperature daily. Keep it within the recommended temperature range.
- Try to assist with medication in good light and with a minimum of distractions. Errors often occur because of interruptions and haste.
- Report any error to the supervisor immediately. Many errors will not have serious consequences if medical personnel can respond soon.
- Documentation of medication assistance must follow correct procedures and be clear and accurate.
- If your facility uses abbreviations, be sure you know what they mean. Use only approved abbreviations.
- All medicines have a scientific or chemical name, called the generic name, and a brand name from the manufacturer. Whichever name identifies a medicine.

C (3) These terms stand for Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). They represent key life tasks that people need to manage these are the basic self-care tasks that we initially learn as very young children. They are sometimes referred to as "Basic Activities of Daily Living" (BADLs).

After you complete the Agency Orientation:

1. Immediately after completion of the Agency orientation you will be tested on the subject matters.
2. Upon successful completion of the CTOP test, you will be given a certificate of completion that will be placed in your file (this is mandatory no exceptions).
3. Any area of the test where the employee has shown a lack of knowledge (missed 3 or more questions) even if the employee has passed the test, those questions will be addressed by the Owner or Human Resources personnel to ensure the employee's competency.

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 CIRCLE THE ALPHABET OF YOUR CHOSEN ANSWER.

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

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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.

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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.

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- 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.

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

Applicant's Printed Name

Date

Applicant's Signature

MANAGEMENT ONLY	
Applicant Score: _____	Passed <input type="radio"/> Yes <input type="radio"/> No
Section(s) of improvement needed: <input type="radio"/> Yes <input type="radio"/> No _____	
Direct Care Trainer Name: _____	
	Approved for duty: <input type="radio"/> Yes <input type="radio"/> No
All new hire paperwork in file including CTOP results: <input type="radio"/> Yes <input type="radio"/> No	

Notes: _____	

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COMPETENCY ORIENTATION TRAINING AND PROGRAM ANSWER SHEET

Each answer is worth 3 points with a perfect score totaling 102. A score of 70% or better (24 correct must be answered correctly in order to pass. Any questions incorrectly answered should prompt additional training.

SECTION I

- 1. C
- 2. A

SECTION V

- 9. B
- 10. TRUE

SECTION IX

- 17. C
- 18. D

SECTION XIII

- 26. A
- 27. TRUE

SECTION II

- 3. TRUE
- 4. D

SECTION VI

- 11. C
- 12. A

SECTION X

- 19. A
- 20. D

SECTION XIV

- 28. C
- 29. B

SECTION III

- 5. IADL
- 6. FALSE

SECTION VII

- 13. C
- 14. B

SECTION XI

- 21. B
- 22. TRUE
- 23. A

SECTION XV

- 30. D
- 31. FALSE

SECTION IV

- 7. D
- 8. TRUE

SECTION VIII

- 15. D
- 16. A

SECTION XII

- 24. D
- 25. C

SECTION XVI

- 32. A
- 33. TRUE
- 34. A

Certificate of Completion

**THIS COMPLETION CERTIFICATE IS
awarded to**

Name

FOR SUCCESSFULLY COMPLETING AND PASSED
PRESTIGE HOME CARE AGENCY LLC IN-HOUSE
STAFF TRAINING AND COMPETENCY EVALUATION
PROGRAM.

President

Date

Additional Training Per § 52.21

In addition to the above, Prestige Home Care Agency LLC's Direct Care Workers will receive annual training on the following topics per PA Code § 52.21

- 1) Prevention of abuse and exploitation of participants.
- (2) Reporting critical incidents.
- (3) Participant complaint resolution.
- (4) Department-issued policies and procedures.
- (5) Provider's quality management plan.
- (6) Fraud and financial abuse prevention.

The following training material should be used for these topics:

Prevention of abuse and exploitation of participants: Prevention of Abuse and Neglect Policy

Reporting critical incidents : Critical Incidents Management Policy

Participant Complaint resolution : Consumer Complaint Management Policy

Department-issued policies and procedures : Miscellaneous

Provider's QMP :Quality Management Program

Fraud and financial Abuse Prevention :Refer Consumer Information Booklet

Training material and record of participation must be maintained by the Agency.

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Prestige Home Care Agency LLC

Staff Training conducted at the Agency Office on _____ from _____ to _____.

Instructor(s): _____

Topics Covered:

- 1) Prevention of Abuse and Neglect
 - 2) Critical Incidents Management Policy
 - 3) Consumer Complaint Management
 - 4) Quality Management Program
 - 5) Fraud and Financial Abuse Prevention
 - 6) Department Policies and Procedures
-

Attendance:

SN	Name	MCO	Signature	Note

Notes: _____

2.2 PERFORMANCE EVALUATIONS

Policy:

A competency based performance evaluation will be conducted for all employees after the probation period (90 days) and at one (1) year of employment. The Agency may conduct performance evaluations annually thereafter. In addition, there shall be an ongoing informal performance review process to ensure continued employee growth and development.

All employees will meet with their immediate supervisors to clarify duties, responsibilities, and goals and to discuss the employee's current performance related to the performance expectations of the position.

Purpose:

1. To review job performance, based upon the job description, and to clarify job duties, goals, objectives, and performance standards expected for each staff member
2. To recognize good performance and accomplishment of goals
3. To document performance, career development progress and job related activities
4. To encourage personal development of job skills and knowledge through consistent, thorough coaching and counseling
5. To review job descriptions to determine appropriateness
6. To determine need for further training
7. To provide a basis upon which to make salary decisions
8. To facilitate open, developmental communications between the employee and the supervisor

2.3 WAGES AND BENEFITS

SUMMARY OF BENEFITS

Full-time and part-time employees are entitled to the following benefits:

SALARY PLAN

The Agency Manager shall, from time to time, recommend to the Governing Body, changes in the overall pay plan due to changes in the local salary structure, economic conditions, Agency operations, experience and other factors. Such changes to the general plan shall become effective only after Governing Body approval.

Wages for all positions for salaried and hourly employees shall be determined in accordance with factors such as needs of the Agency and local market conditions. The Agency shall maintain a salary scale by position classification which shall be used as the basis for supervisors and/or the Agency Manager to set wages for individuals.

SALARY INCREASES

Employees may, upon approval from their supervisor and/or the Agency Manager, receive a salary increase.

Schedules of pay for categories of employees may be increased without an overall increase for all employees if approved by the Agency Manager.

Merit increases may be granted to individual employees at the discretion of the Agency Manager.

SALARY REDUCTIONS

An hourly or salaried employee may, for just cause, receive a reduction in salary.

Notice of an intention to effect a pay reduction and the reasons for such action shall be given to the employee by the supervisor and/or Agency Manager in a timely manner prior to the effective date of the reduction and in accordance with state regulations.

BONUSES AND INCENTIVES

The company may, at its sole discretion, institute and pay discretionary or non-discretionary bonuses and incentives to its employees. Such bonus and/or incentive may be withdrawn or suspended without notice to the employees.

HOLIDAYS

The Agency observes the following national holidays:

1. New Year's Day
2. Labor Day

3. Memorial Day
4. Thanksgiving
5. Fourth of July
6. Christmas

Considering the nature of work we do, Direct Care Workers who work their fixed regular shifts seven days a week are not entitled to the above holidays and would not be compensated, on top of their regular wages and overtime, for working their regular shifts during those days.

WORKER'S COMPENSATION

This Agency provides Workers Compensation insurance coverage for its employees.

OVERTIME

No overtime will be worked or paid unless prior authorization is received from the Supervisor. Examples of unauthorized overtime would be: working past your time then asking for approval, clocking-in late and making up that time without approval, etc. This also includes clocking-in early.

GARNISHMENT POLICY:

In accordance with state and local laws, we comply with garnishments and wage assignments directed against an employee's earnings.

2.4 PROMOTIONS/DEMOTIONS/DICIPLINARY ACTIONS

Policy:

When there is an opportunity for a promotion, it is our policy to give first consideration to employees who have a proven record of ability, efficiency, professional conduct and seniority. Any change in job assignment will require an orientation to the specific job requirements and responsibilities.

From time to time, an employee is unable to perform the duties of the job he or she was hired to do although a sincere effort has been made. Rather than terminate such an employee, we will make every effort to relocate him or her to a job that is more appropriate which may be at a lower pay grade.

Our Agency clearly recognizes the right of every employee to end his or her employment at any time for any reason. Likewise, we reserve the right to make the final decisions regarding the initial hiring and continued employment or termination of any employee in accordance with company policies and procedures.

If we find we must terminate your employment for reasons other than a gross violation of company rules, we will make every effort to give you two weeks' notice or pay in lieu of notice. If you are terminated for a gross violation of company rules, you will be dropped from our payroll immediately. In either case, you will not receive accrued benefits. Employees who are terminated during the 90-day probation period will receive no notice or pay in lieu of notice.

If you leave the Agency's employment, you will be required to pick-up your last check on your next regular payday. Before the check is released to you, you must turn-in all property belonging to the Agency, i.e., office key, employee badge etc.

Disciplinary actions may include one or more of the following:

1. Oral Reprimand (informal counseling).
2. Written Reprimand (formal counseling).
3. Probation.
4. Suspension without pay not to exceed 90 days.
5. Termination.

Disciplinary actions listed herein may be caused by one or more of the following but not limited to:

1. Excessive absenteeism, habitual tardiness.
2. Insubordination

3. False statement on employment application.
4. Incompetency or inefficiency.
5. Falsification of consumer records and/or work records.
6. Negligence or willful conduct which causes potential harm to consumer.
7. Violation of organization or consumer confidentiality.
8. Abusive behavior.
9. Intoxication on duty.
10. Unprofessional action.
11. Stealing.
12. Unlawful acts.
13. Refusal to perform responsibilities of position.
14. Inappropriate language: threatening, abusive, profane, or sexual in nature.
15. Not adhering to Agency policies and procedures.
16. Drug or Alcohol use on the job.

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2.5 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

Witness Signature

Date

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EMPLOYEE CONFIDENTIALITY AGREEMENT OF CONSUMER HEALTH INFORMATION AND PERSONAL INFORMATION IN ACCORDANCE WITH HIPAA REGULATIONS

For good consideration and as an inducement for

_____ (employer) to employ
_____ (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.

Signed this _____ day of _____ 20_____

Agency

Employee

2.6 SEXUAL HARASSMENT

Policy:

It is the policy of this Agency not to condone or permit any sexual harassment of our personnel. This would be in violation of Title VII of the Civil Rights Act of 1964 and it is against our policy for any employee, male or female, to sexually harass other employees.

Special Instructions:

1. Sexual misconduct includes but is not limited to:
 - a. Making sexual advances.
 - b. Requests for sexual favors or other verbal physical conduct of a sexual nature as a condition of an employee's employment.
 - c. Making submission or rejection of such conduct the basis for employment decisions affecting the employee.
 - d. Creating an intimidating, hostile or offensive working environment by such conduct.
2. Sexual harassment may take different forms. Examples of several types of forms are:
 - a. Verbal sexual innuendo, suggestive comments, jokes of a sexual nature, sexual propositions or sexual threats.
 - b. Non-verbal sexually suggestive objects or pictures, graphic commentaries, suggestive or insulting sounds, leering, whistling or making obscene or suggestive gestures.
 - c. Unwanted physical contact, including touching, pinching, brushing against the body, coerced intercourse or assault.
3. If an investigation into a sexual harassment complaint concludes that an employee violated this policy by sexually harassing another employee, a management representative will be made available to receive the complaint and will immediately investigate the charge and make appropriate recommendations for disciplinary action. The management representative investigating the complaint will be of the same gender as the employee making the complaint.

2.7 DRUG/ TOBACCO AND ALCOHOL POLICY

Policy:

Our Agency recognizes that substance abuse in our nation and community exacts staggering cost in both human and economic terms. Substance abuse can be reasonably expected to produce impaired job performance, lost productivity, absenteeism, accidents, wasted materials, lowered morale, rising health care costs and diminished interpersonal relationship skills. We are committed to help solve this problem and to create and maintain an ALCOHOL and DRUG-FREE workplace. Violation of this policy will be cause for immediate dismissal.

Our Agency seeks to protect and promote health and safety of all its employees and visitors. Tobacco products pose a significant risk to the health of the user. Additionally, in sufficient concentrations, side-stream smoke can be hazardous to non-smokers in the work environment. Our Direct Care Workers serve seniors and other vulnerable members of our communities who are even more susceptible to the negative effects of smoking. As such, ALL Keystone offices and work sites are places are tobacco-free workplaces. The use of tobacco related products is prohibited in all areas of the facility. Anyone wishing to smoke must smoke outside the office area with the door closed. All employees shall abide by the terms of the tobacco-free workplace policy as a condition of employment.

Special Instructions:

1. The Agency does not presently perform routine drug testing on its employees but may do so at its discretion.
2. If the Agency determines that drug testing is in the best interests of the Agency, all employees will be notified in writing of our intention to require drug testing on specific or all categories of personnel having contact with consumers.

2.8 TERMINATION

Policy:

Agency shall reserve the right to terminate the employment relationship with an employee at any time. The termination may be with or without cause. If it is found that an employee has failed to truthfully disclose information about his/her past history, including felony convictions, termination may be immediate. Termination of an employee must have the prior authorization of the Agency Manager.

Special Instructions:

1. Upon the resignation or termination of an employee, the immediate supervisor must:
 - a. Document the reason(s) for termination and document the exit interview, if applicable.
 - b. Secure the return of all agency property, records, and keys.
 - c. Notify appropriate agency personnel of the termination, including the payroll department.
2. All terminated agency employees participating in group insurance benefits will be given an opportunity to continue the coverage at their own expense for a period of eighteen (18) months from the date of termination. All premiums must be received by the first of each month or the coverage will be terminated.
3. All earned, unpaid benefits will be paid to the terminated employee within 30 days of termination.

2.9 EMPLOYEE GRIEVANCE POLICY

Policy:

Employees who feel they have been discriminated against or have not received fair treatment may file a grievance. The grievance may be in regard to the interpretation or application of, or compliance with, their working agreement, or with respect to any disciplinary action taken against them, including the reasonableness of any agency rule or regulation under which the disciplinary action may have been taken.

Special Instructions:

1. The complainant should report the grievance in writing to their Immediate Supervisor.
2. The Supervisor shall review the grievance and confer with the complainant within three (3) working days after receipt to indicate what action will be taken. The Supervisor shall have fifteen (15) days after receipt of the complaint to resolve it.
3. If the grievance has not been resolved at that point, the Supervisor shall notify the complainant that the grievance is being forwarded to the Agency Manager, who shall have an additional ten (10) days in which to resolve the grievance.
4. If the grievance has not been resolved at that point, the grievance shall be submitted to the Governing Body. The Governing Body shall have fifteen (15) days in which to resolve the grievance.

If the grievance has not been resolved at the above levels, the complainant may contact the Office for Civil Rights at:

U.S. Dept. of Health & Human Services

Office of Civil Rights

Suite 372, Public Ledger Bldg.

150 South Independence Mall

West Philadelphia, PA 19106-9111

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 Full Name/ Date**

Employer Representative Signature/Date _____ / ____ / _____