Personnel Policies

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EFFECTIVE DATE

This manual was developed to set forth the overall home health care and employment policies of Harmony Home Health LLC. This manual shall be reviewed and revised as necessary, at least once a year. This manual shall be available at all times for review by staff, clients and their designated representatives, and potential applicants for home care services.

The effective date of this manual shall be July 1st, 2013

All policies and procedures in this manual were reviewed and approved by:

Administrator Signature: Patricia W. Phillips Date: 9/13/2013
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4.1 EMPLOYMENT POLICY

Agency 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, 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 or certification requirements for the particular professional position and are in good standing there under.

SPECIAL INSTRUCTIONS

1. Equal Opportunity Employer:
   a. As an equal opportunity employer, we are proud to provide quality home care services to clients in need regardless of age, race, religion, gender, ancestry, sexual orientation, veteran status, medical or mental condition or national origin.
   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 and appreciate the importance of this Equal Opportunity Policy. To help us achieve our goal of equal opportunity for all, it is anticipated that each employee will follow this policy in spirit, as well as 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. 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:
      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
vi. The need for reasonable accommodation and undue hardship will be determined on a case by case basis, according to the handicap of the employee.

vii. 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.

viii. 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.

ix. EXAMPLE: If a job requirement is that the person must climb a two-step stool to file routine work and the applicant cannot do this, and there are other persons in the same job classification who can easily perform the function, then an accommodation will be made whereby the other person will perform that task and the person who cannot perform will be hired.

x. EXAMPLE: If a job requirement is that the person must climb a two-step stool to file routine work and the applicant cannot do this, and there are other persons in the same job classification who can easily perform the function, then an accommodation will be made whereby the other person will perform that task and the person who cannot perform will 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: Pre employment interviews are required for all positions. Interviews may be scheduled according to agency needs. The final decision to hire shall be made by the supervisor and approved by the Administrator. The job offer will be made by the immediate supervisor.

5. Tests: Competency assessment tools will be used to evaluate clinical staff 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: Information supplied on the application form or during an interview will be subject to verification. Reference checks shall be made by the agency and may be conducted by phone or mail.

8. Remuneration Policy: This Agency prohibits any illegal remuneration for securing or soliciting clients or patronage. The Agency ensures that decisions regarding the provision of care is not compromised by the provision of incentives to staff be the incentive financial or otherwise. This is monitored closely by our Management Team.
4.2 HOURS OF WORK

POLICY
Hours of work shall be determined by each area. All full-time salaried employees will work 40 hours each week. Hourly employees will be compensated for those hours reflected on his/her time card.

SPECIAL INSTRUCTIONS

• Regular Hours:

Normally, office hours are Monday through Friday, from 9:00 a.m. to 6:00 p.m. Starting and quitting time for full-time employees may vary according to each area. Employees shall be entitled to a half-hour lunch.

• 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.

• Punctuality:

All employees will be expected to report to work on time. If an employee will be delayed, the employee shall call his/her supervisor and inform him/her of the reason for late arrival and when the employee will be in.

• Payday:

Paydays shall be explained at the time of hire.
4.3 LUNCH BREAKS

POLICY:

1. The Agency allows for a one-half hour lunch break to all office staff who work a 40 hour/pay period. It is encouraged that everyone avail themselves of the break to alleviate the daily stress.

2. Employees will be deducted for lunch time whether they take a lunch break or not.

3. Lunch breaks should be taken on the hour or on the half hour and should not conflict with other employees if the office is under 25% staffed. There should be at least two people in the office at all times.
4.4 PERSONNEL RECORDS

POLICY
Personnel files will be established and maintained for all personnel. All information will be considered confidential and made available to authorized personnel only. Personnel records may not be removed from Agency unless ordered by subpoena.

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 health care related professional and 1 personal.
      ii. In lieu of health care related professional references there should be at least 1 education reference and 2 personal.
   c. Criminal history and background checks as required by law.
   d. Verification of credentials.
   e. Verification of current CPR and First Aid certification.
   f. A face-to-face interview with evidence placed into the personnel file.
   g. Prior to an offer of employment the Agency will check the Health Care Worker Registry to determine eligibility to work.

2. Employment Information:
   a. Competency testing for HSW and specific competencies per job title
   b. Signed job description
   c. Skills checklist
   d. Orientation checklist – completed and signed
   e. Confidentiality statement (signed)
   f. 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. Physical
   b. Hepatitis B declination or immunization record
   c. TB screening (2-step Mantoux), chest x-ray or evidence of treatment as indicated

6. Employment:
   a. Ongoing immunization and TB testing
   b. Illness record
   c. Attendance
   d. Workers Compensation claims
   e. Criminal background (as required), check results
4.5 CRIMINAL DISCLOSURE

POLICY
Agency shall obtain disclosure of criminal convictions on all employees prior to employment.

PURPOSE
To provide a mechanism whereby criminal disclosure is obtained on all employees.

SPECIAL INSTRUCTIONS

1. Each agency employee and prospective employee shall be required to sign a statement disclosing all crimes, except for minor traffic violations, of which the person has been convicted in any jurisdiction, or stating that the person has never been convicted of a crime, other than minor traffic violations. This may be documented on the employment application.

2. The statement disclosing crimes must include:
   a. The nature of the crime.
   b. The jurisdiction in which the person was convicted.
   c. The date of the conviction.
   d. The penalty imposed, including conditions of probation or conditional release and time periods of the penalty.
   e. The name and address of the probation or parole agent, if any.
   f. The date of release from incarceration, if applicable.

3. The Release Statement must include the person’s:
   a. Full name
   b. All prior names and aliases
   c. Date of birth
   d. Gender

4. If a person fails to provide the release statement (as applicable) within five (5) working days after the request, the person shall not be allowed to work in a position that requires direct contact with clients in their homes until it is determined that the person is not disqualified.

5. If it is found that an employee has failed to truthfully disclose past convictions for any felony or is convicted of a felony during the time of employment, it is grounds for immediate termination.

6. If a prospective employee is denied employment or an existing employee is removed from a position, information may be submitted by the person to the agency as verification of an inaccurate criminal record or that the person has completed the rehabilitation process. An existing employee shall be removed from direct client service pending a determination.
7. The following crimes disqualify persons for employment:

a. [720 ILCS 5/10-3] Unlawful Restraint  
b. [720 ILCS 5/10-3.1] Aggravated Unlawful Restraint  
c. [720 ILCS 5/10-4] Forcible Detention  
d. [720 ILCS 5/10-5] Child Abduction  
e. [720 ILCS 5/10-7] Aiding and Abetting Child Abduction  
f. [720 ILCS 5/12-1] Assault  
g. [720 ILCS 5/12-2] Aggravated Assault  
h. [720 ILCS 5/12-3] Battery  
i. [720 ILCS 5/12-3.1] Battery of an Unborn Child  
j. [720 ILCS 5/12-3.2] Domestic Battery  
k. [720 ILCS 5/12-4.5] Tampering with Food, Drugs or Cosmetics  
l. [720 ILCS 5/12-7.4] Aggravated Stalking  
m. [720 ILCS 5/12-11] Home Invasion  
n. [720 ILCS 5/12-21.6] Endangering the Life or Health of a Child  
o. [720 ILCS 5/12-32] Ritual Mutilation  
p. [720 ILCS 5/12-33] Ritual Abuse of a Child  
q. [720 ILCS 5/16-1] Theft  
r. [720 ILCS 5/16-2] Theft of Lost or Mislaid Property  
s. [720 ILCS 5/16A-3] Retail Theft  
t. [720 ILCS 5/16G-15] Identity Theft  
u. [720 ILCS 5/16G-20] Aggravated Identity Theft  
v. [720 ILCS 5/17-3] Forgery  
w. [720 ILCS 5/18-1] Robbery  
x. [720 ILCS 5/18-3] Vehicular Hijacking  
y. [720 ILCS 5/19-1] Burglary  
z. [720 ILCS 5/19-3] Residential Burglary  
aa. [720 ILCS 5/19-4] Criminal Trespass to Residence  
bb. [720 ILCS 5/20-1] Arson  
cc. [720 ILCS 5/20-1.1] Aggravated Arson  
dd. [720 ILCS 5/20-1.2] Residential Arson  
ee. [720 ILCS 5/24-1] Unlawful Use of a Weapon  
ff. [720 ILCS 5/24-1.1] Unlawful Use or Possession of Weapons by Felons or Persons in the Custody of the Department of Corrections Facilities  
ng. [720 ILCS 5/24-1.2] Aggravated Discharge of a Firearm  
hh. [720 ILCS 5/24-1.2-5] Aggravated Discharge of a Machine Gun or a Firearm Equipped with a Device Designed or Used for Silencing the Report of a Firearm  
ii. [720 ILCS 5/24-1.5] Reckless Discharge of a Firearm  
jj. [720 ILCS 5/24-1.6] Aggravated Unlawful Use of a Weapon  
kk. [720 ILCS 5/24-3.2] Unlawful Discharge of Firearm Projectiles  
ll. [720 ILCS 5/24-3.3] Unlawful Sale or Delivery of Firearms on the Premises of Any School  
mm. [720 ILCS 5/33A-2] Armed Violence  
nn. [225 ILCS 65/10-5] Practice of Nursing without a License  
 oo. [720 ILCS 150/4] Endangering Life or Health of a Child  
pp. [720 ILCS 150/5.1] Permitting Sexual Abuse of a Child  
qq. [720 ILCS 115/53] Cruelty to Children
rr. [720 ILCS 250/4] Receiving Stolen Credit Card or Debit Card
ss. [720 ILCS 250/5] Receiving a Credit or Debit Card with Intent to Use, Sell, or Transfer
tt. [720 ILCS 250/6] Selling a Credit Card or Debit Card, without the Consent of the Issuer
uu. [720 ILCS 250/8] Using a Credit or Debit Card with the Intent to Defraud
vv. [720 ILCS 250/17.02] Fraudulent Use of Electronic Transmission
ww. [720 ILCS 550/5] Manufacture, Delivery, or Possession with Intent to Deliver, or Manufacture, Cannabis
xx. [720 ILCS 550/5.1] Cannabis Trafficking
yy. [720 ILCS 550/5.2] Delivery of Cannabis on School Grounds
zz. [720 ILCS 550/7] Delivering Cannabis to a Person under 18
aaa. [720 ILCS 550/9] Calculated Criminal Cannabis Conspiracy
bbb. [720 ILCS 570/401] Manufacture or Delivery, or Possession with Intent to Manufacture or Deliver, a Controlled Substance Other than Methamphetamine, a Counterfeit Substance, or a Controlled Substance Analog
ccc. [720 ILCS 570/401.1] Controlled Substance Trafficking
ddd. [720 ILCS 570/404] Distribution, Advertisement, or Possession with Intent to Manufacture or Distribute a Look-alike Substance
eee. [720 ILCS 570/405] Calculated Criminal Drug Conspiracy
fff. [720 ILCS 570/405.1] Criminal Drug Conspiracy
ggg. [720 ILCS 570/407] Delivering a Controlled, Counterfeit or Look-alike Substance to a Person under 18
hhh. [720 ILCS 570/407.1] Engaging or Employing Person under 18 to Deliver a Controlled, Counterfeit or Look-alike Substance
iii. [720 ILCS 646] Violations under the Methamphetamine Control and Community Protection Act

8. If the agency learns of any criminal conviction of an employee that was not revealed to the agency as required and was not discovered by the criminal history search and is verified by a law enforcement agency, the agency shall:
   a. Remove the employee from work involving direct client service, unless the failure to reveal the conviction was unintentional and is excusable.
   b. Report the information about the conviction to the appropriate state/government agencies as required by the state.

9. A person who is disqualified from employment may be employed if the employer determines that the requirements of rehabilitation have been met as follows:
   a. The crime is on the “Rehabilitation Waiver” as follows:
      i. [720 ILCS 5/16-1] Theft (as a misdemeanor)
      ii. [720 ILCS 5/16-2] Theft of Lost or Mislaid Property
      iii. [720 ILCS 5/16A-3] Retail Theft (as a misdemeanor)
      iv. [720 ILCS 5/19-4] Criminal Trespass to Residence
      v. [720 ILCS 5/24-1.5] Reckless Discharge of a Firearm
      vi. [225 ILCS 65/10-5] Practice of Nursing without a License
      vii. [720 ILCS 115/53] Cruelty to Children
      viii. [720 ILCS 250/4] Receiving Stolen Credit Card or Debit Card
      ix. [720 ILCS 250/5] Receiving a Credit or Debit Card with Intent to Use, Sell, or Transfer
x. [720 ILCS 250/6] Selling a Credit Card or Debit Card, without the Consent of the Issuer

xi. [720 ILCS 250/8] Using a Credit or Debit Card with the Intent to Defraud

xii. [720 ILCS 250/17.02] Fraudulent Use of Electronic Transmission

b. The circumstances or social conditions surrounding the commission of the crime sufficiently mitigate the risk of employing the person.

c. The person must meet all of the following items:

i. The person has not been convicted of a crime as listed in #9a, or a comparable crime in another jurisdiction, for the two (2) years before the application for employment.

ii. If on probation, parole, or other conditional release, the person submits a report from the person’s probation or parole agent.

iii. The person has not been incarcerated in jail or prison for the two (2) years before the date of application for employment.

iv. If, as a condition of the person’s probation, conditional release, or sentence, the person had been ordered by a court to participate in a program for the treatment of chemical dependency, psychological disorders, or other behavioral problems, the person completed the program in compliance with the condition.

d. In the case of a crime of homicide or aiding suicide committed in connection with the provision of health care or home care services, the rehabilitation allowance does not apply.

10. Employees are required to inform the agency of any arrests during the employment relationship. Failure to disclose this information may result in termination.

11. Information relating to criminal history disclosure shall be maintained in the employee’s personnel file or in the administrative file for prospective applicants who are not hired.
4.6 HEALTH SCREENING

POLICY

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

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 client care.

SPECIAL INSTRUCTIONS

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.
   c. The employee will be counseled about the potential occupational hazard of Hepatitis exposure.
      i. If the employee has been vaccinated, evidence will be entered into the personnel file. A personal statement of vaccination is enough to satisfy this requirement.
      ii. If the employee has not been vaccinated:
         1. The vaccine will be offered at no cost to the employee.
         2. If the employee refuses the vaccine, evidence will be entered into the personnel file.

2. If any employee or contractor develops symptoms of an infectious disease, he/she will immediately inform the Administrator.
   a. Symptoms to be reported include but are not limited to:
      i. Fever
      ii. Weakness
      iii. Unexplained weight loss
      iv. Night sweats
      v. Productive cough
      vi. Occasional coughing of blood
      vii. Chest pain
   b. He/she will not be allowed to come into contact with the clients until he/she furnishes a Physician’s Statement of Good Health.
   c. All infections requiring an employee to take antibiotics will be logged.

3. All health related information entered into the personnel file is confidential. The Agency will not release the information unless required by law.
4.7 TB TESTING

POLICY:

Every field employee will be screened for TB yearly; no person with active TB will be allowed to see clients.

SPECIAL INSTRUCTION:

1. Pre-employment physical evaluation questionnaire to be filled out and signed by employees, verifying absence of any signs and symptoms of communicable diseases including:
   a. Fever
   b. Weakness
   c. Unexplained weight loss
   d. Night sweats
   e. Productive cough
   f. Occasional coughing of blood
   g. Chest pain

2. On any employee or contract personnel providing direct client care, there shall be documentation of completion of a tuberculin (TB) skin test, via the Mantoux method.
   a. Following the baseline tuberculin skin testing, repeat skin testing shall be completed at least once a year, after any possible exposure and as required by the state health department due to local outbreaks of the disease.
   b. If the employee has had a significant reaction to a Mantoux test upon employment or within the two (2) years prior to working in a position involving direct client contact, or has a significant reaction to a Mantoux test in repeat testing during the course of employment, the employee and the agency must have documentation of a negative chest x-ray.
   c. If the employee has had a significant reaction to a Mantoux test more than two (2) years prior to working in a position involving direct client contact, the employee must provide documentation of a non-significant chest x-ray taken within the previous twelve (12) months or documentation that they have completed, or are currently completing a course of tuberculosis preventative therapy.
   d. Employees who have been exposed to active tuberculosis must document a non-significant result of a Mantoux test or chest x-ray administered no earlier than ten (10) weeks and no later than fourteen (14) weeks after the exposure.

4. If the employee was immunized and have been tested positive over the course of years, they require documentation of a medical evaluation, which may consist of a chest x-ray and/or prophylactic antibiotic therapy.
4.8 COMPETENCY EVALUATION OF HOME CARE STAFF

PURPOSE

To assure the personnel providing services to home services clients are trained, competent and able to respond to needs of clients in safe and effective manner.

To identify areas for performance improvement based on ongoing evaluation of performance and satisfaction of customers.

POLICY

1. Individuals working in the agency must furnish proof of certification as required by law, policy or standards of practice.
2. The agency will establish a program that allows for objective, measurable, assessment of the person’s ability to perform required activities.
   a. The assessment will verify and focus on the individual staff knowledge and skill appropriate to assigned responsibilities, communication skills, and the ability to respond to client needs within their scope of responsibility.
   b. Competencies will address:
      i. Age/type of client
      ii. Scope of services offered by Agency
      iii. Areas identified in Performance Improvement Process
3. Competency evaluations will be completed by individuals who have the knowledge and skills to assess performance and ability.
4. All competencies will be documented, and actions will be taken when opportunities for improvement are identified. When improvement activities determine that person with performance problem is unable and/or unwilling to improve, the agency will modify job assignments or take other appropriate actions.

SPECIAL INSTRUCTIONS

1. All new employees will be assessed for competency based on the expected requirements for the position. The qualifications for the positions will be identified in the position description given at the time of hire. Resumes and reference checks will verify the education and professional experience of each individual prior to accepting the position with the agency.
2. Skills tests including written tests and direct observation of skill will be completed as determined by the agency policies and individual assessments. Certifications or verification of skill from other employers will be considered in determining competency. A passing score of 80% is required.
3. Annual performance reviews will address competencies in areas of essential function.
4. Professional staff will be evaluated by supervisors/peers who have demonstrated competencies in the areas in question.
5. If perspective employee fails to achieve required score, he/she will be retested in 2 weeks after reviewing appropriate materials.
Home Services Workers Training/ Competency:

1. Skills competency is evaluated by observing the HSW with client or “pseudo” client (not a manikin).

2. A HSW will not be permitted to provide HSW services until evidence of adequate training and/or competency has been determined by the supervising personnel.

3. The HSW must demonstrate evidence of Successful completion of a competency evaluation program. The HSW will have successfully completed the competency evaluation program if he/she demonstrates competency in a minimum of eleven of the twelve areas required in federal guidelines. The required topics are:
   a. Communication skills
   b. Observation, reporting, and documentation of client status including
      i. Vital Signs
         1. Monitoring
         2. Reporting abnormal values
      ii. Changes in body functions to be reported to supervisors
      iii. Abuse and Neglect reporting
   c. Basic infection control procedures
   d. Maintenance of a clean, safe, and healthy environment
   e. Recognizing emergencies and knowledge of emergency procedures
   f. Appropriate and safe techniques in personal hygiene and grooming, including:*  
      i. Bed bath
      ii. Sponge, tub, or shower bath
      iii. Shampoo in sink, tub, or bed
      iv. Nail and skin care
      v. Oral hygiene
      vi. Toileting and elimination
   g. Safe transfer techniques and ambulation*
   h. Normal range of motion and positioning*
   i. Adequate nutrition and fluid intake
   j. Any other task the agency may choose to have the HSW perform. There must be evidence of HSW orientation to and competency in the delegated tasks not addressed here.

NOTE: Subject areas with an * shall be evaluated after observation of the HSW’s performance of the tasks with a client or “pseudo” client. The other subject areas may be evaluated through written examination, oral examination, and/or after observation of a HSW with a client.

4. A HSW is not considered competent in any task for which he or she is evaluated as “unsatisfactory.” The HSW must not perform that task without direct supervision until after he or she receives training in the task for which he or she was evaluated “unsatisfactory” and passes a subsequent evaluation with “satisfactory.”

5. Documentation of individual HSW training and/or competency shall be maintained in the HSW’s personnel file.
# Home Health Aide Training/ Competency Checklist

<table>
<thead>
<tr>
<th>Evaluate the Home Health Aide in each of the following subject areas.</th>
<th>Have evaluated this area (initial here)</th>
<th>Check the appropriate rating</th>
<th>For any area evaluated as unsatisfactory, reevaluate the applicant and indicate date below when a Satisfactory rating is achieved.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication skills</td>
<td></td>
<td>Satisfactory</td>
<td></td>
</tr>
<tr>
<td>Observation, reporting and documentation of patient status and the care or service furnished</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic infection control procedures</td>
<td></td>
<td>Unsatisfactory</td>
<td></td>
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<tr>
<td>Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Maintenance of clean, safe, and healthy environment</td>
<td></td>
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<tr>
<td>Recognizing emergencies and knowledge of emergency procedures</td>
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<tr>
<td>The physical, emotional and developmental needs of and ways to work with the populations served by the home health agency including the need for respect for the patient, his or her privacy and his or her property</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate nutrition and fluid intake</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Any other task that the Agency may</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
For each subject area, observe the use of safe and appropriate techniques by the Home Health Aide with a patient for each task.

<table>
<thead>
<tr>
<th>Task</th>
<th>Have evaluated this area (initial here)</th>
<th>Check the appropriate rating</th>
<th>For any area evaluated as unsatisfactory, after retraining, reevaluate the Home health aide and indicate date below when a satisfactory rating is achieved.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading and recording temperature, pulse, and respiration</td>
<td></td>
<td>Satisfactory</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td>Personal hygiene and grooming, including: bed bath; sponge, tub or shower bath, shampoo--sink, tub, or bed; nail and skin care; oral hygiene; toileting and elimination</td>
<td></td>
<td></td>
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<tr>
<td>Safe transfer techniques and ambulation</td>
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<tr>
<td>Normal range of motion and positioning</td>
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**NOTE:** Passing is defined as having no more than one unsatisfactory rating. If a home health aide passes with one unsatisfactory rating, he or she must not perform any skill or activity in that area without direct supervision until after he or she received training in that area and achieves a satisfactory rating in that area.

Skills competency is evaluated by observing the HSW with client before the aide may make independent home visits.

Evaluator’s Signature ___________________________ Date _____________
4.9 PERFORMANCE EVALUATIONS

POLICY
A competency based performance evaluation will be conducted for all employees after the probation period (90 days) at one (1) year of employment and at least 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 employees 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

SPECIAL INSTRUCTIONS
1. The Agency Manager or designated supervisor will make an on-site supervisory visit with each direct care employee at least once every 12 months.
2. A criteria based performance evaluation will be conducted at least annually by the appropriate supervisor.
3. The completed performance evaluation form will be reviewed and signed by the person performing the evaluation and the employee.
4. The original completed performance evaluation will be retained in the employee’s personnel record, and a photocopy will be provided to the employee.
4.10 EMPLOYEE ORIENTATION

POLICY

All new Agency staff will participate in the Agency's organized orientation program. The usual orientation period will be approximately 90 days duration and is designed to provide each new staff member with essential information relative to the Agency's policies and procedures. For certain field staff members, including home health aides, the orientation will include assessment of clinical skills and/or competency evaluations.

PURPOSE

1. To provide a consistent process of orientation for all new staff

2. To ensure that each new staff member is informed and knowledgeable of Agency policies and procedures

3. To assess clinical skill levels, competency levels and other capabilities of all new staff members in compliance with regulations regarding competency evaluations

SPECIAL INSTRUCTIONS

1. The Agency Administrator or designee will ensure that every new staff member participates in the orientation program.

2. Independent contractors and workers via a staffing agency must also be oriented to the Agency’s policies and procedures; the Agency retains responsibility for all client care and supervisory responsibilities.

3. Orientation for all employees shall include the following topics:

   a. Overview of agency mission, operation, and services:
      i. Goals, philosophy, and objectives
      ii. Organizational structure
      iii. Overview of functions and coordination between services
      iv. Contract Agreement, if applicable
      v. Principles and responsibilities related to quality improvement

   b. Agency personnel policies, including employee grievance procedures.

   c. Orientation to clinical and written procedures.


   e. Types of care or service to be delivered in the client’s home.

   f. Safety management programs and individual employee responsibility.

   g. Hazardous materials/waste management.

   h. Confidentiality of client information.

   i. Applicable/available community resources.

   j. Emergency preparedness.
k. Screening abuse and neglect.
l. Patient rights and responsibilities.
m. Ethical issues.

n. Cultural diversity and sensitivity.

4. Specific skills will be tested and observed by qualified individuals before employee is allowed to perform specialty services.

5. HSW will complete competency testing prior to providing client care.

6. Competency of all employees will be assessed prior to providing care.

7. Each new staff member will complete an orientation evaluation upon completion of the 90 day probationary period.

8. When the initial orientation is completed, the employee will sign the orientation checklist and a copy will be retained in the personnel record.
**ORIENTATION:**

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

**ORIENTATION PROGRAM**

<table>
<thead>
<tr>
<th>Agency Mission, Vision and Plan and Organizational Chart</th>
<th>CHECK</th>
<th>Advance Directives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Types of Care Provided by the Agency including Information Provided to Clients Regarding Charges</td>
<td>CHECK</td>
<td>Policies and Procedures</td>
</tr>
<tr>
<td>Personnel Policies, Job Descriptions and Professional Boundaries of All Disciplines</td>
<td>CHECK</td>
<td>Training Specific to Job Descriptions</td>
</tr>
<tr>
<td>Cultural diversity</td>
<td>CHECK</td>
<td>Client Rights and Grievance Policy</td>
</tr>
<tr>
<td>Ethics, Conflict of Interest and Confidentiality of Patient Information</td>
<td>CHECK</td>
<td>Supervision and Evaluation</td>
</tr>
<tr>
<td>Home Safety (including Bathroom, Electrical, Environment, Fire and Hazards)</td>
<td>CHECK</td>
<td>Safety Issues in the Home (Including Security and Guns in the Home)</td>
</tr>
<tr>
<td>Emergency Preparedness Plan/Actions to Take in the Event of a Disaster</td>
<td>CHECK</td>
<td>Actions to Take in Unsafe Situations</td>
</tr>
<tr>
<td>OSHA Requirements, Safety and Infection Control in the Home/Standard Precautions</td>
<td>CHECK</td>
<td>Patient Care Responsibilities Including Charges for Service/Care</td>
</tr>
<tr>
<td>Incidences and Occurrences reporting</td>
<td>CHECK</td>
<td>Understanding and coping with Alzheimer’s Disease and Dementia</td>
</tr>
<tr>
<td>Identifying and Reporting Abuse, Neglect and Exploitation</td>
<td>CHECK</td>
<td>Quality Assurance</td>
</tr>
<tr>
<td>Community Resources</td>
<td>CHECK</td>
<td>ID Badge Issued</td>
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<tr>
<td>Medical Device/Hazards reporting</td>
<td>CHECK</td>
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<thead>
<tr>
<th>ORIENTATION CHECKLIST FOR CURRENT EMPLOYEES ASSIGNED TO A NEW JOB CLASSIFICATION</th>
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<tbody>
<tr>
<td><strong>CHECK</strong></td>
</tr>
<tr>
<td>1. Review of all Agency policies and procedures</td>
</tr>
<tr>
<td>2. Review of Federal, state, Med-Cal and accreditation regulations</td>
</tr>
<tr>
<td>3. Review confidentiality of patient/client information</td>
</tr>
<tr>
<td>4. Review contracts for all programs, agencies and individuals</td>
</tr>
<tr>
<td>5. Review employee benefits</td>
</tr>
<tr>
<td>6. Review infection control, safety and disaster programs</td>
</tr>
<tr>
<td>7. Consult with and observes other staff in the same job classification regarding patient/client job issues</td>
</tr>
<tr>
<td>8. Review implementation of patient/client goals and objectives</td>
</tr>
<tr>
<td>9. Ensuring safe and effective services to patients/clients and families</td>
</tr>
<tr>
<td>10. Establishing and maintaining effective lines of communication</td>
</tr>
<tr>
<td>11. Practicing staff development including orientation, in-service education and continuing education</td>
</tr>
<tr>
<td>12. Following job description in performance of duties</td>
</tr>
<tr>
<td>13. Implementing and evaluating patient/client care services</td>
</tr>
<tr>
<td>14. Participating in selected in-service programs</td>
</tr>
<tr>
<td>15. Encouraging staff participation in problem solving</td>
</tr>
<tr>
<td>16. Performing other duties as assigned by the Administrator</td>
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<th>PRINT NAME</th>
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<tr>
<th>EMPLOYEE SIGNATURE</th>
<th>DATE</th>
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</table>
4.11 INSERVICE EDUCATION/STAFF DEVELOPMENT

POLICY
In-service training or continuing education programs will be provided and documented for employees. Programs will be appropriate to their responsibilities and to the maintenance of skills necessary to care for Agency clients.

PURPOSE
To assure employees delivering client care or service are provided with opportunities to develop and expand their knowledge appropriate to their responsibilities and to the maintenance of skills necessary to care for clients.

SPECIAL INSTRUCTIONS
1. All staff members providing direct client care will attend in-service education programs annually. These programs will be based on identified staff needs.

2. The Agency Manager or designee will assure that programs are offered as required. Ongoing programs will be offered as new equipment is introduced, new procedures are performed in the home setting, and/or new client populations are served.

3. Staff input will be sought regarding topics presented and others needed.

4. Records on in-service education programs will be maintained and attendance will be documented.

5. Educational programs may be held in conjunction with vendors or other health care organizations. Employees who attend staff development programs outside the agency and submit documentation of attendance to be included in the employee’s personnel record.

6. The agency will maintain the following documentation of in-service/staff development programs:
   a. Résumé or curriculum vitae of presenter
   b. Program subject, date, and content or summary
   c. Copy of handouts
   d. Program attendee names and titles

7. Agency will comply with in-service education requirements for HSW.

8. All employees must attend in-service programs determined by the agency to be mandatory for all staff.

9. At the discretion of the agency, employees may attend in-service programs during the course of their workday and will be given time off with pay to attend such programs.

10. In-service not sponsored or authorized by the agency may not be attended during the workday without the express approval of the agency.

11. Payment of registration fees and related expenses will be at the discretion of the agency with prior approval from the appropriate supervisor.

12. The 12-hour-per-calendar-year requirement for HSW in-services may be pro-rated according to the employee’s date of hire and records maintained per calendar year.
PROJECTED IN-SERVICE EDUCATION PLAN

Our in-services are selected from the following topics:

1. Abuse, Neglect and Exploitation
2. Alzheimer’s Disease
3. Behavior Management
4. **Bloodborne Pathogens** *
5. Depression
6. Diabetes
7. End of Life
8. Heart Disease
9. Incontinence and Constipation
10. **Infection Control** *
11. Lifting and Transferring
12. Malnutrition and Dehydration
13. **Medical Device Reporting** *
14. Mental Illness
15. Nutrition
16. Oxygen Training
17. Pain Management
18. Personal Care/Skin Care
19. Psychosocial
20. Range of Motion and Positioning
21. **Respiratory Disorders/Tuberculosis** *
22. Seizures and Strokes
23. Vital Signs

* Mandatory
4.12 INFECTION CONTROL EDUCATION/TRAINING

POLICY

For each twelve (12) months of employment, all employees and contractors who have contact with the clients in the clients' residence shall complete in-service training about infection control practices to be used in the home.

SPECIAL INSTRUCTIONS

Infection control training during agency orientation will include the following information. This will be provided using written materials, videos, orientation to clinical settings and other methods appropriate for specific situations.

1. Employee health requirements
2. Personal hygiene
3. Infection control policies
4. Health and transmitted infections
5. Isolation precautions (applicable to home care)
6. Standard precautions
7. Hand washing techniques and personal protective equipment
8. Hazardous waste disposal:
9. Disposal of contaminated materials.
10. Cleaning equipment and devices
11. Disinfecting environmental surfaces
12. Exposure to blood borne pathogens and tuberculosis
13. Agency-specific infection control procedures
14. Other topics as required.

Employee education shall occur at the time of employment, within thirty (30) days of when changes occur, and annually. Records of such training shall be maintained in accordance with the policy for retention of records, but not less than three (3) years.

Annual infection control training will focus on changes in policy or regulation and topics pertinent to position in the agency.

Material appropriate in content and vocabulary to employees' educational level, literacy, and language shall be used. The person conducting the training shall be knowledgeable in the subject matter covered by the training outline. An opportunity for questions and answers shall be provided.

Training records will include dates, contents of the training sessions, names and qualifications of instructors, and the names and job titles of attendees.
4.13 ATTENDANCE/ RESPONSIBILITIES

POLICY:

Our ability to provide security for all our jobs depends largely upon employee punctuality and regular attendance. If an employee finds it necessary to be absent or late for any reason, it must be reported in a timely manner to the President/CEO or the Director of Nursing.

Due to the nature of our service, personal appearance and cleanliness are of extreme importance. Employees are expected to be neat, clean and conservative in dress accessories.

PROCEDURE:

1. Regular attendance during scheduled hours of work, reporting to work on time and continuing to work until the end of the work period are expected.

2. Unplanned absences must be reported as early as possible to the President/CEO. An afterhours answering service is available. Failure to follow through with a phone call is inexcusable and may result in nonpayment. Notification is required each day an employee is absent unless the management is notified when the employee will return to work. If an employee cannot return when expected, it is his/her obligation to again notify the Agency prior to the expected return date.

3. The following is a list of minimum guidelines which the Agency expects to be followed while on duty:

   a. The employee will receive an ID badge when beginning his/her first assignment. The employee is expected to WEAR IT AT ALL TIMES while on duty.

   b. All paraprofessional employees are expected to dress professionally. No clogs or open toe shoes are to be worn. Clean attire is to be worn whenever on duty.
4.14 STAFF RIGHTS

POLICY:

All employees have rights and are entitled to fair, consistent and professional treatment including but not limited to the following:

1. Staff may request a change in assignment because of a personality conflict.
2. Staff may complain without fear of repercussion.
3. Staff has the right to special consideration to accommodate personal requests arising from cultural or religious practices provided the Agency can cover the needs of the patient/clients.
4. Staff has a right to be treated in accordance with the Agency mission and vision.
5. Staff is to receive information in a timely manner.
6. Staff is entitled to a workplace free from solicitation and distribution of unsolicited material.
4.15 WAGE ASSIGNMENTS/BENEFITS/GARNISHES

SUMMARY OF BENEFITS

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

1. AT 90 DAYS
   b. Eligible to participate in group health insurance plan.

2. AT ONE YEAR
   a. Performance review and benefits.
   b. Eligible to use paid vacation time.

SALARY PLAN

The Administrator shall, from time to time, recommend to the Board of Directors 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 Board of Directors 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 competition. The Agency shall maintain a salary scale by position classification which shall be used as the basis for supervisors and/or the Administrator to set wages for individuals.

SALARY INCREASES

Employees may, upon approval from their supervisor and/or the Administrator, 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 supervisor and the Administrator. Merit increases may be granted to individual employees at the discretion of the supervisor and the Administrator.

SALARY REDUCTIONS

An hourly or salaried employee may, for just cause, be reduced 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 Administrator in a timely manner prior to the effective date of the reduction and in accordance with state regulations.
PAY FOR CONTRACTUAL EMPLOYEES

When employees are retained on a contractual arrangement, the Agency shall pay for the services rendered in the manner specified in the contract. Checks will be mailed unless otherwise requested by the contractual employee.

SICK LEAVE

Sick leave hours are provided to office personnel only for use during periods of legitimate illness or injury. They are earned in the same manner as vacation time. You will earn sick time from your first day of employment, and after your first 90 days of continuous full, modified full, or regular part time employment, you are eligible to use the sick time you have accrued if you are ill.

If you are ill and cannot work, it is important that you notify the office as soon as reasonably possible. You should make this call personally and speak directly to the President/CEO or Director of if you are able. You may be required to provide a note from your doctor or other acceptable comparable proof upon request.

If you become sick at work, notify your supervisor immediately. Improper or excessive use of sick leave may affect your annual evaluation. Continued violations may result in disciplinary action.

If your employment status changes from full, modified full, or regular part-time to irregular part-time, your earned sick time will be "frozen" in your account until your status changes back to full, modified full or regular part-time. If your employment ends during your irregular part-time status, you will forfeit your accrued sick time.

HOLIDAYS

The Agency recognizes these holidays:
1. New Year's Day
2. Labor Day
3. Memorial Day
4. Thanksgiving
5. Fourth of July
6. Christmas

Once you have completed the probationary period, you will be permitted to take any holiday time you have earned with the permission of the President/CEO. All requests for holiday time should be submitted to the President/CEO. Conflicting requests will be resolved by seniority.

If you are a full-time, modified full-time or regular part-time employee and are required to work on holidays, you will be paid time and a half. If you are asked to resign, you will not receive any paid
benefits, including sick time, vacation time and holiday time.

VACATIONS

Full-time, modified full-time and regular part-time employees receive paid vacations. Once you have completed one year of employment, you will be able to take vacation time that you've earned (accrued) with the approval of the Office Manager. Seniority determines the granting of conflicting requests. Vacation time must be used in whole hours.

Your vacation time will accrue for:
1. Regular hours worked
2. Vacation days
3. Holidays

Your vacation time will not accrue for:
1. Overtime hours
2. On call time
3. Unpaid leaves of absence
4. Conversion of sick time when you resign

Modified full-time and regular part-time employees will accrue vacation hours prorated on paid hours. For Example: If you are paid for 20 hours a week, you will earn one half of the full-time benefits. If you are paid for 32 hours a week, you will earn 80 percent of the full-time benefits.

If employment status changes from full, modified full or regular part-time to irregular part-time, you may use the vacation time you previously earned with the permission of the President/CEO, but you will not earn additional vacation time. If your employment ends during your irregular part-time status, you will forfeit any remaining vacation time.

If you resign, in order to receive the benefits that you have accrued, you must give us your notice of resignation in writing with adequate notice and actually work during this period. We consider adequate notice to be twice your normal vacation allowance or two weeks whichever is the least time. If you provide this notice and work out the appropriate period, you will be paid for your accrued vacation days. Otherwise, you will forfeit your accrued benefits.

LEAVES OF ABSENCE

If you are a full-time, modified full-time or regular part-time employee and have completed your probationary period, you are eligible to apply for a leave of absence. You must make your request at least two weeks before the time off desired and your request must be approved by the President/CEO.
Some types of leaves of absence are paid and some are unpaid.
Paid leaves of absence and the maximum amount of time allowed:
Military (training periods)...up to 2 weeks
Unpaid leaves of absence:
   Education
   Maternal/paternal/adoption
   Medical
   Military (Active duty)
   Personal

NOTE: No leave of absence extending beyond 30 days will be granted except for active military duty.

If you need to extend the time that is allowed for your leave of absence, you must request the extension in writing and have it approved otherwise, your leave will be considered an automatic resignation. We cannot guarantee that your job will be available after 30 days leave of absence.

During your leave of absence, you will not be eligible for any wage increase that might have accrued and your annual merit review will be delayed by the amount of time of your leave.

BEREAVEMENT LEAVE WITH PAY

This will be granted to you if a member of your immediate family dies. Your immediate family is defined as your husband or wife, your children, your mother or father, your brother or sister. You are permitted three days of leave with pay. If you travel outside the state two additional days are given.

JURY DUTY LEAVE WITH PAY

This will be given to you during the period you are called by the courts to serve as a juror. Some employees may be exempt from jury duty.

MILITARY DUTY LEAVE WITH PAY

This concerns reservists who have a responsibility for summer training. You are required to return your military pay to the Agency, except the portion that is paid to you for travel or other out-of-pocket expenses.

MILITARY LEAVE WITHOUT PAY

This is granted if you are inducted or recalled into military service. Your re-employment rights are protected by federal law.
MEDICAL LEAVE WITHOUT PAY

This may be granted upon the advice of your physician. You may use your accumulated sick leave before taking the unpaid leave.

PERSONAL LEAVES

This may be available for personal emergencies if you are considered above average in your work performance and overall evaluations.

EDUCATIONAL LEAVE

An employee may be granted educational leave when the leave is for the purpose of enabling the employee to obtain educational training necessary for the betterment of the service rendered to his position and the Agency.

WORKER'S COMPENSATION

This Agency provides Workers Compensation for their employees.

OVERTIME

No overtime will be worked or paid unless prior authorization is received from the President/CEO. 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.

GARNISH POLICY:

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

POLICY:

Employees must be a citizen of the United States or submit authorization from the United States Government permitting gainful employment in this country. Alien Registration Card, Visa or other Immigration and Naturalization Service document must be presented at time of application.
4.17 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.

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 client records and/or work records.
6. Negligence or willful conduct which causes potential harm to client.
7. Violation of organization or patient confidentiality.
8. Abusive behavior.
9. Intoxication on duty.
10. Unprofessional action.
11. Stealing.
12. Unlawful acts.
13. Refusal to perform responsibilities of position.
15. Not adhering to Agency policies and procedures.
16. Drug or Alcohol use on the job.
4.18 CONFIDENTIALITY OF CLIENT 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 client’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 clients or visitors without clear instruction provided to the agency. I acknowledge that all information seen or heard regarding clients, 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 clients or the agency with the media. This is essential for protection of both the client and Agency.

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
4.19 EMPLOYEE CONFIDENTIALITY AGREEMENT OF PATIENT 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 patient 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 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
4.20 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.
4.21 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 solve this problem and to create and maintain an ALCOHOL and DRUG-FREE work place. Violation of this policy will be cause for immediate dismissal.

Our Agency seeks to foster the 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. We are committed to ensure that each employee has a safe and healthy working environment and to create and maintain tobacco-free work places. All applicants and employees are hereby notified of the tobacco-free work places. 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 work places 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 patients/clients.
4.22 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 Administrator.

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.
4.23 EMPLOYEE GRIEVANCE POLICY

POLICY

Employees who feel they 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.

PURPOSE

The grievance system is provided to allow a means for employees to present problems or complaints about their work to management in an orderly way so as to expedite decisions and promote good employee relations.

SPECIAL INSTRUCTIONS

1. The complainant should report the grievance in writing to the Agency Manager/Immediate Supervisor.

2. The Agency Manager/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 Agency Manager/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 Agency Manager shall notify the complainant that the grievance is being forwarded to the Administrator of the agency, 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.
4.24 SUPERVISION OF STAFF

POLICY
All staff providing home services will be supervised as outlined by federal and state regulations and accepted standards of practice.

PURPOSE
To ensure staff is demonstrating competence in the area of communication, identifying and responding to client needs, and performing procedures/techniques properly.

SPECIAL INSTRUCTIONS
1. Agency's supervisors will participate in joint visits with staff to observe performance at least annually as part of the performance evaluation process and to evaluate individual competencies.

2. Supervisory visits may be performed whenever the first time care is being initiated, or if an employee lacks experience or knowledge in a particular service being delivered and at least every 90 days.

3. Supervisory visits may be performed if trending or reporting systems indicate that the employee requires additional training/supervision.

4. Documentation will be reviewed on a continual basis either by record audit or home visit.

5. To assist in establishing supervisory needs and evaluating the supervisory process, random surveys are conducted to obtain the client’s perception of care and the employees learning needs.

6. Also, supervisory visits with staff will be performed at the employee’s request.
4.25 EXIT INTERVIEWS

POLICY:

At the time of resignation/termination from this Agency, all employees are offered an exit interview. This is an opportunity for the employee to express views about the Agency and to discuss their reasons for leaving. An exit interview form will be complete with specific discussion points. Employee comments will assist us in improving our staff relations and our organizational performance. Employees should be assured that this interview is confidential.
EXIT INTERVIEW

YOUR COMMENTS ARE IMPORTANT TO US. PLEASE COMPLETE THE QUESTIONS ON THIS FORM. YOUR ANSWERS WILL BE USED TO DEVELOP RECOMMENDATIONS FOR IMPROVEMENT. PLEASE BE CANDID WITH US.

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<th>NAME:</th>
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<td>DATE OF HIRE:</td>
<td>DATE OF RESIGNATION:</td>
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1. MOST IMPORTANT REASON FOR LEAVING:

2. WAS THE INFORMATION GIVEN TO YOU ABOUT HOURS, SALARY, AND JOB DUTIES AN ACCURATE REFLECTION OF WHAT YOU FOUND ON THE JOB?

3. WERE YOU ADEQUATELY PREPARED TO PERFORM YOUR JOB? IF NOT, WHAT COULD HAVE BEEN DONE TO HELP YOU PERFORM MORE EFFECTIVELY?

4. WHAT DID YOU LIKE BEST ABOUT WORKING FOR THE AGENCY?
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<th>5. WHAT DID YOU LIKE LEAST ABOUT WORKING FOR THE AGENCY?</th>
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<td>6. DID YOU RECEIVE SUFFICIENT INFORMATION ABOUT YOUR PERFORMANCE?</td>
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