

INTRODUCTION

Our company is a Home Health Agency dedicated to the provision of quality home health care with love. This task is carried out by our skilled and non-skilled nursing personnel who visit homes and other institutions and facilities. Our goals are to provide High Quality Professional Skilled Nursing Services, dedicated to meet all Patient's need, according to Industry Standard, by delivering the highest level of quality care possible to help the patient stay healthy, promote a close relationship between the patient, our Agency and his/her primary Physician, and promptly address any question that our patient might have about our services.

POLICY ON COMPLIANCE WITH FEDERAL, STATE AND LOCAL LAWS GEOGRAPHIC SERVICE AREA

Our Agency is in compliance with all applicable Federal, State and County laws and regulations. Our geographic service area, which is covered by professional staff, taking into account the projected number of clients, and supervision of staff, cover:

State: Florida

County: Miami Dade

POLICY ON ORGANIZATION, SERVICES, ADMINISTRATIVE CONTROL

It is our policy that organization, services provided, administrative control, and lines of authority for the delegation of responsibility down to the patient care level are here clearly set forth in writing and are readily identifiable. We will not delegate administrative and supervisory functions to another agency or organization, and all services we do not provide directly will be monitored and controlled by our agency including services provided by subunits (if any) of our agency, or employee contracted.

Our Agency will be ready for 24 hours operation through our Administrator or Director of Nursing 24 hrs pager/cellular.

OBJECTIVES AND SERVICES TO BE PROVIDED

This agency has the following objectives to fulfill:

- 1) The provision of direct services in the following categories:
 - * Skilled nursing services. These will include RN and LPN services.
- 2) The provision of the following services by contract:
 - * Home Health Aide services.
 - * Medical Social Worker services.
 - * Speech Therapy services.
 - * Homemaker services.
 - * Physical Therapist
 - * Companion services.
 - * Occupational Therapy services.
 - * Sitter services.
- 3) The provision of home health services to AIDS patients.

NOTICE TO APPLICANTS

We comply with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability, to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all entering employees in the same job category will be subjected to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

We are an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, handicap, or marital status. We assure you that your opportunity for employment with us depends solely upon your qualifications.

PLEASE READ THE STATEMENTS BELOW

I understand that in accordance with Florida Statute 443.131 (3) (a) (2), if hired, I will be placed on a 90 day probationary period. I further understand that if I am terminated for unsatisfactory work performance within the 90 day probationary period, my employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination.

I understand and agree that all policies, procedures, and the Employee Handbook may be modified, amended, or deleted by my employer with or without notice to me of such amendment, modification or deletion; that the policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment, and that my employment may be terminated at my option or at the option of my employer with agreements, or understandings regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing and signed by the president.

I understand that I may be required to undergo blood and/or urinalysis screening for drug or alcohol use as part of the pre-employment process. In addition, all employees are subject to blood and/or urinalysis screening for drug or alcohol use.

I certify that all information given on this employment application, any resume that I submit to the company, and any related papers and answers given during oral interviews are true and correct. I understand that my employer will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by my employer during the course of such investigation. I understand that falsification of any derogatory information discovered as a result of this investigation may-subject-me-to-immediate-dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigation.

ORIENTATION PROGRAM

I: Introduction

1. Job Description, Contractual Items
2. Orientation of Agency
(Philosophy, Policies, Scope of Services, Organization Chart)
3. Time slips for services Provided
4. Developing Plan of Treatment
5. Daily Report and Clinical Notes Requirement
6. Lines of Communication & Supervision
7. Visit Defined, Case Conference, Mileage
8. Safety/Emergency Management (Accidents, Incident report, OSHA, Universal Precautions, Biohazardous Waste, HIV Update, TB Update, Emergency Forms, Fire Drill)
9. Infection Control

II: Office tour

1. Introduction to Office Personnel

III: Human Resources

1. Personnel Policies - Review & Discussion Payroll Procedure
2. Schedule of Pay, Time, Hours of Work
3. Coordination of Services, Dress Code, Insurance Benefits
4. Reporting Illness, Staff in-service meetings

IV: Admissions/Services

1. Field Assignments Days and Type of Patient Services
2. Criteria of Admission of Patients to Home Health Agency
3. Completion of necessary form for admission to service
4. Skilled care vs. non-skilled

V. Discussion of Referral Sources

1. Hospital: Social worker, liaison, discharge planner
2. Doctor
3. Family
4. Social Agencies
5. Staff

VI. Contracts

1. Contractual agreement with RN's, Contractual agreement with LPN's
2. Contractual agreement w/HHA, Contractual agreement with Therapist
3. Contractual agreement with MSW

VII. Regulations governing unskilled staff:

1. Type of care to be provided, Supervision of care
2. Necessary unskilled staff forms

VIII. Documentation

1. Format of Documentation of services provided to patient, patient's rights and responsibilities
2. Charting for Home care patients
3. Charting to contract agency
4. Confidentiality, Client, SO, Staff

IX. Discharge of patients from Home Health

X. Explanation of the role of supervisor and the methods which will be used for evaluating Performance and identifying needs.

XI. Hiring/References, Medical Examination, Continuing Education

1. Personnel Licensor
2. Acceptance of Patients
3. Anti-Harassment Policy
4. Emergency Procedures, Progress Notes, Initial Assessment
5. Therapy Services, MSW, Home Health Aide Services
6. Protection of Records, Quality Assurance, Courtesy Title
7. Medication errors, Regulations Compliance, Self Administered Medication

POLICY AND PROCEDURE EMPLOYEE ORIENTATION

Non nursing staff employees will be required to undergo a one day (8_hour) office orientation. During the orientation period (to be conducted and supervised by the Administrator), employees will familiarize themselves with office location, other staff members, equipment and supplies, existing policies and procedures and their respective job responsibilities. In the absence of the Administrator, the Director of Nursing or any other appropriate designate will supervise the orientation. No test is required at the end of one day orientation, but a signed statement by both the employee and the supervisor attesting to the successful completion of the orientation will be required.

New nursing or professional staff employees will undergo a one or two days orientation, to be conducted and supervised by the Administrator or (in his/her absence) the Nursing Director.

During the orientation the new nursing/professional staff will familiarize herself/himself with agency procedures and policies, the Nursing Manual, the organizational chart, and duties and responsibilities as defined in the Job Descriptions section of this Manual.

Because our nursing staff may be involved with the care of patients with the Human Immunodeficiency Virus (HIV) disease, all new nursing staff will be required to read in detail our policy on Infection Control.

No written test is required at the end of the orientation but a "Compliance Checklist" must be completed and signed by both the nurse and the supervisor. A competency test is required of all Home Health Aides.

POLICY ON PERSONNEL POLICIES

It is the policy of our Agency that all of our personnel practices and patient care are supported by appropriate written personnel policies. Our personnel records include qualifications, proof of licensure, performance evaluations and health examinations. It is our policy that all such records are kept current and confidential. Health examination certificates for employees shall be updated once every year. Each employee must be explained at time of employment, their complete JOB DESCRIPTION.

POLICY ON PERSONNEL UNDER HOURLY OR PER VISIT CONTRACT

It is our policy that personnel under hourly or per visit contract shall abide by the signed contract as is contained in the Personnel Policy Manual (please see copy of Contract).

POLICY ON MONITORING OF CONTRACTED SERVICES

It is the policy of our Agency that all contracted services shall be monitored closely by this agency. In keeping with this policy, our Agency and the contracted Professional shall meet for monthly case conferences review to evaluate the patients progress and such evaluation shall be entered into the Patient's Medical Record.

OUR PHILOSOPHY

The philosophy of our Agency, is to offer support to our patient, with our commitment of Quality Care, abiding by one of the most emphatic principles on which this agency is founded, and that is unconditional love toward every patient we come in contact with. Thus we consider our care total, meeting the physical, emotional, psychosocial and mental needs of the patient. This is reflected in the way our care plan is drawn and contact time managed with the patient.

We also bring into cognition the immediate family setting and the background of the patient in drawing up a care plan and thus when necessary involve them in the patients overall care.

We are aware of the fact that home health services are cost-effective and a better alternative to inappropriate institutionalization for a large part of the population in need of medical, nursing or supportive services. We therefore are willing to support and avow to its principles and guidelines.

This agency is also open to receiving suggestions, opinions and constructive criticisms all in the bid to providing an excellent and dynamically improving service for our patients.

We also ensure that every member of our nursing staff and other medical personnel sent to care for patients are well qualified.

Based upon the foregoing, our Agency will adhere to the following criteria in the provision of services to our clients:

1. Our Agency will see that our clients receive quality health care corresponding to the best possible standards.
2. Every potential employee will be interviewed in depth, and careful checking of references will be carried out.
3. The Registered Nurse, Licensed Practical Nurse, and Home Health Aide will be required to present his/her current license, a copy of which will be made and kept in his/her file, at time of hire and at each renewal date thereafter.
4. Verification of all licenses will be requested from the State Board of Nursing.
5. All new employees will attend an orientation, which shall include but not be limited to:
 - a. Job descriptions for the different categories
 - b. Employees' expectations.

- c. Agency's expectations of its employees
 - d. Policies and procedures
 - e. Orientation on the facilities
 - f. In the case of Home Health Aides, a written test.
6. We will keep an up to date copy of the State's Nurse Practice Act in the office and will adhere to its standards and requirements.
 7. The Administrator and the Director of Nursing shall evaluate each employee.
 8. We shall provide ongoing inservice education for all employees (IE: refresher course at each year end on topics relevant to our current cases).
 9. We will not discriminate on the basis of race, creed, color, national origin, sex age or physical handicap.

SCOPE OF SERVICES AND SERVICES TO BE PROVIDED

We will directly provide case management by a Registered Nurse (**RN**) to determine type, appropriateness and adequacy of requested services to include at a minimum an initial home visit for assessment of the patient's needs and compliance with our patient care plan. Following our acceptance of a case, the Director of Nursing or Admissions RN shall, within 48 hours of the acceptance of the case, make an initial home visit to assess the patient's needs as well as plan for adequate case management. Also complete a OASIS assessment if required.

This initial visit to assess or evaluate the case in question shall be carried out by the Director of Nursing or by a Registered Nurse. Appropriate patient assessment forms shall be filled out by the RN who, in consultation with the patient's physician, shall plan for the home management of the patient as approved and recommended by the patient's physician. Both the RN and the physician shall sign the patient's "Plan of Care" form, and this form shall then represent the official authorization for provision of services by our agency.

Compliance with this requirement is in accordance with guidelines as set forth by the Office of Licensor and Regulation. Our Agency shall warranty the 24 hours of services to all of our patients and fast response to any Emergency after regular business hours, through 24 hrs pager/cellular from our Administrator/Director of Nursing. Both are responsible to coordinate the services in compliance with all patient's needs.

Also, in keeping with acceptable practices as outlined by the Office of Licensor and Regulation, this initial patient Plan of Care shall be reviewed at least once every sixty (60) days to determine the appropriateness of services continuation, modification or termination. In all cases of such a review, both the patient's physician and our agency's Director of Nursing shall affix their signatures to the Plan of Care form in order to authenticate the decision.

We shall provide the following services:

A. Services to be provided by our direct employee:

- 1) Skilled Nursing.
- 2) Case Management in cases requiring Nursing and Therapy and/or Nutritional Services, provided by a Registered Nurse or Director of Nursing.

B. Services to be provided under contract

- 1) Medical cases requiring the services of a Registered Nurse, a Licensed Practical Nurse, or a Certified Nursing Assistant. Care of the AIDS patient is also inclusive in this section.
- 2) Home Health Aide (Nursing Assistant) services.
- 3) Homemaker/Companion/Sitter services
- 4) Medical Social Services
- 5) Respiratory Therapist.
- 6) Physical Therapist.

- C. **Consulting with a Physician**
Following the acceptance of a case, either the Director of Nursing or a Registered Nurse shall visit the patient within 24 hours and make an initial assessment of the case to include a well defined patient care plan. In consultation with a physician, the Director of Nursing or Admissions Nurse shall draw up a Plan of Treatment which must be approved and signed by a physician. This policy and procedure shall be followed in all cases without exception.
- D. **Patients receiving only physical, speech, or occupational, therapy services, or in cases of patient receiving only one of these therapy services and home health aide services, case management shall be provided by the licensed therapy personnel, who is a direct employee of the agency or an independent contractor.**
- E. **In cases of patients requiring only nursing, or in cases requiring nursing and physical, respiratory, occupational or speech therapy, or nursing and nutrition services, the agency shall provide case management by a licensed registered nurse directly employed by the agency.**
- F. **In cases of patients receiving only dietetic and nutritional services, case management shall be provided by the licensed dietitian/nutritionist who is a direct employee of the agency or an independent contractor.**
- G. **If we work directly contracts with a resident of an assisted living facility, or adult family care home, to provide home health services, we shall coordinate with the facility or home regarding resident's condition and the services being provided in accordance with the policy of the family or home and if agreed to by the resident or the resident's representative, we shall retain responsibility for the care and services we provide and avoid duplication of services by not providing care the assisted living facility is obligated, by resident contract, to provide to the patient.**

POLICY ON EMPLOYEE TIME SLIP

POLICY: Every employee shall submit one or more time slip(s) at the end of each week that documents his/her client care activity during the previous week. A separate time slip will be prepared and signed by each client/designated representative.

PURPOSE: To establish a clear and consistent approach to the billing of clients.
To establish a clear and consistent approach to administration for salary.

PROCEDURE: A new time slip is used for each week worked, and for each client for whom care is rendered.

The time slip must be complete and accurate. Incomplete time slips will cause delay in the issuance of employee's paycheck until corrections are made. Client billing will also be negatively affected. The proper format for completing the time slips is the following:

- Enter the "week ending" date. The payroll week ends on Saturday.
- Print your name and title. If you are a professional, enter your license number.
- Sign your name to verify validity of information on the time slip.
- Enter the date you report to work next to the correct day of the week. Time slips may be used for seven days; however, if reporting to work on a Saturday, a new time slip should be used for any work done the next day or thereafter; Saturday is the end of the pay week.
- If living in the client's home on a 24_hour_per_day basis please check column marked "Live In."
- Enter the time you arrived to begin work with the client.

POLICY ON PATIENT VISITS/PLAN OF CARE/ASSESSMENT AND CONSULTATION WITH A PHYSICIAN

Following the acceptance of a case, the Director of Nursing or a Registered Nurse shall visit the patient within 48 hours and make an initial assessment of the case to include a well defined Patient Care Plan, for Patient's required OASIS assessment, the completed Assessment must be delivered to Agency in 72 hours. In consultation with a physician, the Admitting RN shall draw up a Plan of Treatment/Care, which must be approved and signed by a physician, before billing for services. This policy and procedure shall be followed in all cases.

As a Licensed Home Health Agency, we shall comply with a review/update of the Plan of Care every 60 days, in coordination with the Patient's Physician.

An Initial Verbal order/Medical Necessity Letter, must be signed before billing for services by the Physician when the Agency receives the Referral from Doctor's Office or Referral Source.

POLICY ON PLAN OF CARE

The Plan of Care shall be established in consultation with the physician, and our staff who are involved in providing the care and services shall be required to carry out the physician's treatment orders. The plan must be included in the clinical record and available for review by all staff involved in providing care to the patient. The plan of care shall contain a list of individualized specific goals for each skilled discipline that provides patient care, with implementation plans addressing the level of staff who will provide care, the frequency of home visits to provide direct care and case management, and the frequency of supervisory visits for staff providing direct care. All our staff must follow the physician's treatment orders that are contained in the plan of care. If the order cannot be followed and must be altered in some way, the patient's physician must be notified and must approve of the change. Any verbal changes are put in writing and signed and dated with the date of receipt by the nurse or therapist who talked with the physician's office. The patient, caregiver or guardian must be informed by our Agency personnel that:

- (A) He has the right to be informed of the plan of care
- (B) He has the right to participate in the development of the plan of care, and
- (C) He may have a copy of the plan if requested

Also, in keeping with acceptable practices as outlined by the Office of Licensor and Regulation, this initial patient's Plan of Care shall be reviewed at least once every sixty (60) days to determine the appropriateness of services continuation, modification or termination. In all cases of such a review, both the patient's physician and our agency's Director of Nursing shall affix their signatures to the Plan of Care form in order to authenticate the decision.

POLICY ON CLINICAL RECORD REQUIREMENTS

In accordance with the Social Security Act (42 CFR 484.48), it is the policy of our Agency that quality clinical records shall be maintained on all patients. Accordingly, skilled nurses shall maintain and accurately fill out the respective clinical forms on each patient, as follows:

1. Source of referral
2. Physician's verbal order initiated by the physician prior to start of care and signed by the physician within 30 days of start of care.
3. Assessment of the patient's needs
4. Statement of patient or caregiver problems
5. Statement of patient's and caregiver's ability to provide interim services
6. Identification sheet for the patient with name, address, telephone number, date of birth, sex, agency case number, caregiver, next of kin or guardian
7. Plan of Care and all subsequent updates and changes
8. Clinical and service notes, signed and dated by the staff member providing the service which shall include:
 - Initial assessment and progress notes with changes in the person's condition
 - Services rendered
 - Observations
 - Instructions to the patient and caregiver or guardian, including administration of and adverse reactions to medications
9. Home visits to patients for supervision of staff providing services
10. Reports of case conferences
11. Reports to physicians
12. Termination summary including the date of first and last visit, the reason for termination of service, an evaluation of established goals at time of termination, the condition of the patient on discharge and the disposition of the patient.

No information may be disclosed from the patient's file without the written consent of the patient or the patient's guardian. All information received by any employee, contractor, or State/Federal/Accreditation employee regarding a patient of the Agency is confidential.

If the patient transfers to another home health agency, a copy of his record must be transferred at his request.

All clinical records must be retained by the Agency for a period of five years following the termination of service. Retained records can be stored as hard paper copy, microfilm, computer disks or tapes and must be retrievable for use during unannounced surveys.

The following applies to signatures in the clinical record:

Facsimile signatures: The plan of care or written order may be transmitted by facsimile machine. The home health agency is not required to have the original signature on file. However, our agency is responsible for obtained by original signatures if an issue surfaces that would require certification of an original signature.

POLICY ON SUPERVISING PHYSICIAN OR REGISTERED NURSE

It is our policy that all skilled nursing and other therapeutic services provided by us shall be under the supervision and direction of a Registered Nurse (the Director of Nursing), who is directly employed by our Agency, in consultation with the patient's primary physician. Our Director of Nursing must have at least 1 year of supervisor experience and must be a Registered Nurse.

The Director of Nursing, or other Registered Nurse who may act in his or her absence or under his or her direction, shall be available 24 hours a day either physically or by phone/beeper accessibility and shall participate in all activities relevant to the professional services provided, including the qualifications and assignment of personnel.

It is the policy of our Agency that a Registered Nurse shall provide direct supervision as necessary to a Home Health Aide/CNA and be readily available at other times by telephone.

POLICY ON SUPERVISING VISITS

It is the policy of our Agency that a Registered Nurse shall make Home Health Aide supervising visits to each Medicaid/Medicare patient at least one time every two weeks (14 days cycle), and at least 1 a month to Licensed Practical Nurse (LPN), for Medicaid/Medicare Patients receiving Skilled Services. We shall obtain the patient's permission to send a registered nurse into the home to conduct a supervisory visit.

For Waiver, Home Health Aide without Skilled Services, Personal Care only, and/or Homemaker/Companion Services, at least every 60 days, according to Patient's needs, directions. Our Agency shall provide RN supervisory visits to non-Medicare/Medicaid Patients, receiving Aide services in accordance with Patient's direction and approval (see Patient's Choice Form).

It is recommended that the RN make such a visit in such a way that the Home Health Aide will be present at some visits while at other visits, the RN should make the visit at a time the HHA is not physically present.

At each visit, the RN must sign the Communication/Supervisory Sheet to show the date and time of visit, remarks or instructions, and her signature. The Communication/Supervisory Sheet shall be turned into the agency's office once a week.

The supervision of a Physical Therapist assistant shall not require on-site supervision by the physical therapist, but he/she shall be accessible at all times by two way communication, which enable the physical therapist to respond to an inquiry when made and to be readily available for consultation during the delivery of care, and shall be within the same geographic location as the assistant.

CASE CONFERENCE:

Every 30 days a Case Conference is due, for each patient, with the following procedure:

- Case Manager/DON identified need for Case Conference
- Case Manager/DON meets with SN or other field staff, on a monthly basis who informs of patient's status.
- Case Manager/DON advises nurse to call Case Manager/DON if there's change in patient's condition.

PERSONNEL POLICIES: SAFE AND ADEQUATE CARE OF THE PATIENT

(SAFETY OF THE PATIENT'S IMMEDIATE ENVIRONMENT)

Our Company hereby sets forth the following guidelines to be adhered to by all employees of this agency:

Upon arrival at a patient's home, the nurse/employee shall make physical checks of the essential safety devices such as proper locks on doors, proper ventilation, proper beds/chairs, proper bedding, adequate bathroom systems, adequate kitchen with all electrical devices, to be sure they are in good working condition.

The employee shall also check the appropriate boxes on our "Patient Safety Checklist" and make the appropriate report to our offices as soon as possible. (see form)

Upon receipt of such report, the Director of Nursing shall take necessary action to ensure that any safety deficiencies are corrected.

FURTHER POLICIES AND PRACTICES TO ENSURE PATIENT AND STAFF SAFETY

These guidelines must be read and adhered to at all times:

Transfers in Bed:

To side:

If heavy, use 3 persons.

- a) Move patient's legs to side and cross arms over stomach;
- b) Position your hands;
- c) On signal "1,2,3 Pull"; as you pull back, shift your weight to rear leg.

To head or foot:

- a) Patient at side of bed, arms crossed;
- b) Your arms under;
- c) Your forward leg is on outside; " 1,2,3 Pull". Pull BACK as your weight shifts to rear leg (avoid twisting).

Roll to side:

Position patient to have space when turned, then

- a) Move patient's right arm, put left arm across stomach, left leg crossed over right;
- b) Helpers alternately grasp shoulder, buttock;
- c) "1,2,3 Turn". Protect patient from falling.

3 Person lift: (Team practice before lifting).

Number of lifters depends on patient's size, disability.

TO START: Bed raised to maximum. Cross his arms. Leader supports heavy part. Brace your hips against bed. Grasp patient.

READY__ " 1,2,3 Pull" him to side of bed. Then "roll" him by pivoting elbows on bed as you pull him to chests. Get set __bend knees ore__ immediately "Stand".

Then "Turn" and "Walk" in step (patient on side held tight against chests). Now - bend knees. "Down" onto your elbows. Release.

Bed to bed: (With transfer sheet)

Have 2 or 3 persons pulling, depending on patient's size.

- a) Move patient's legs to right, cross arms.
- b) Grasp sheet with your hips supported against bed.
- c) Then "1,2,3 Move" __pull patient as you shift your weight to rear leg.

NOTE: Patient roller can be used; needs only 2 persons.

ON CALL AND EMERGENCY SERVICES POLICY:

All clients will be provided with the correct information regarding service hours of the Agency and access to staff for emergencies. Agency will provide adequate, qualified staff for emergency response and troubleshooting related to any services provided to client/care giver. Clients/care givers will be informed when Home Health visits, originally scheduled for regular business hours, need to occur after office close.

PROCEDURE:

Emergency Response:

1. On initial visit, client/care giver will be provided with an Agency Client Handbook and telephone number, and will be educated on Agency's twenty-four (24) hours, seven (7) days per week, availability of Home Care staff.
2. Staff will discuss Client handbook with the client/care giver:
 - a) Telephone calls may be made to the Agency during office hours, Monday thru Friday.
 - b) After office hours and on weekends/holidays, on call supervisor may be reached by dialing office number:
 1. If a true emergency exists, caller will inform service of the type of emergency and staff member will return call immediately.
 2. If caller chooses only to leave a message with the service, he/she may do so and Agency staff will follow up on the call on next business day.
 3. Only emergency/scheduled visits are made on weekends and holidays.
 4. All clients/care givers are instructed verbally on admission to contact 911 in the event a life threatening emergency occurs.
 - c) On-call representatives will handle all problems, or will contact the Home Care licensed staff as appropriate.
 - d) The Home Health Care Staff is responsible for determining the necessity for a home visit, notifying the physician and/or taking other appropriate action.
3. The on-call representative will keep a log of all calls and action taken.

EMERGENCY MANAGEMENT PLAN

Our agency shall prepare and maintain a written comprehensive emergency management plan, which will be reviewed by the local County Health Department or by the Department of Health if required by AHCA. In the event of an emergency our agency shall implement the plan and comply with its orders. We will be aware of Emergency situation through the Media and Public alerts.

Our agency shall review our emergency management plan on an annual basis and make any substantive changes. All staff who are designated to be involved in emergency measures will be informed of their duties and be responsible for implementing the emergency management plan.

If the telephone service is not available during an emergency, our agency shall have a contingency plan to support communication, which include cell phones, pagers, contact with a community based ham radio group, public announcements through radio or television stations, driving directly to the employee's or the patient's home, and, in medical emergency situations, contact with police or emergency rescue services.

On admission, our agency shall inform patients and patient's caregivers of the agency's procedures during and immediately following an emergency and inform patients of the special needs registry maintained by the county Emergency Management office. Our agency shall document in the patient's file if the patient plans to evacuate or remain home, if during emergency the patient's caregiver can take responsibility for services normally provided by the agency, or if the agency needs to continue services to the patient.

Upon imminent threat of an emergency or disaster our agency will contact those patients needing ongoing services and confirm each patient's plan during and immediately following an emergency.

Our agency shall collect registration information for special needs patients who will need continuing care or services during a disaster or emergency. This registration information shall be submitted, when collected, to the county Emergency Management office, or on a periodic basis as determined by the agency's county Emergency Management office.

Our staff shall educate patients registered with the special needs registry that special needs shelter are an option of last resort and that services will not be equal to what they have received in their homes.

The prioritized list of registered special needs patients maintained by our agency shall be kept current and shall include information such as current medications, doses, frequency, route, supplies and medical equipment required for continuing care and service should the patient be evacuated, also the list include, allergies, physician name and phone number, pharmacy name and number, and if the patient permits the list can also include the patient's diagnosis. This list will assist our staff during and immediately following an emergency which requires implementation of the emergency management plan, this list shall be furnished to local County Health Departments and to the county Emergency Management office, upon request.

UNIVERSAL/STANDARD PRECAUTIONS

It is the policy of our Agency that home health care providers will adhere to the following, when delivering care to all patients. By adhering to the following universal precautionary measures, the risk of transmission of disease, is decreased when the infection status of the patient is unknown.

Gloves must be worn when delivering patient care, handling specimens, doing domestic cleaning, and handling items that may be soiled with blood or body fluids. Gloves or aprons must be worn during procedures or while managing a patient situation when there will be exposure to body fluids, blood, draining wounds or mucous membranes.

Mask and protective eyewear or face shield must be worn during procedures that are likely to generate droplets of body fluids, blood or when the patient is coughing excessively.

Gloves are to be worn when handling all specimens to prevent contamination from body specimen fluids or blood.

Hand washing: Hands must be washed before gloving and after gloves are removed. Hands and other skin surfaces must be washed immediately and thoroughly if contaminated with body fluids or blood and after all patient care activities. Home health care providers, who have open cuts, sores, or dermatitis on their hands must wear gloves for all patient contact.

ACCIDENTS

1. Accidents and/or injuries, no matter how slight, must be reported at once to the Director of Nursing.

2. Accidents to patients:

- Falls:
- If a patient falls out of bed or slips and falls on the floor, call the Director of Nursing immediately.
 - Do not attempt to move patient.
 - Place a pillow under head.
 - After Director of Nursing examines patient and thinks patient can be safely moved, two or more persons lift patient to bed.
 - If broken bones are suspected, make patient as comfortable as possible. Do not attempt to move.
 - Call attending physician.
 - After patient has been attended to, Director of Nursing is to make out accident report. Have doctor sign name.
 - Original copy is placed in patient's chart, and the other two go to agency office.
 - Supervising nurse also charts incident on nurses' notes, denoting time, extent of injury and treatment.

3. Accidents to Employees:

- All injuries and/or accidents are reportable immediately to Director of Nursing either by injured party or by witnesses. This includes burns, abrasions, lacerations, strains, and sprains.

POLICY ON WASTE DISPOSAL

In compliance with administrative codes on the subject of biohazardous waste, our Agency hereby sets out the following policy in relation to procedures to be followed regarding the handling and disposal of medical wastes generated by our personnel in the course of their routine day to day work.

SCOPE: This rule prescribes minimum sanitary practices relating to the segregation, handling, labeling, storage, treatment and disposal of biohazardous waste to ensure that the waste is properly handled to eliminate the exposure to employees, patients and the general public to disease causing agents.

MEANING OF BIOHAZARDOUS WASTE: This term stands for any solid waste or liquid waste which may present a threat of infection to humans. It includes, but is not limited to: non liquid human tissue and body parts; laboratory and veterinary waste which contain human disease causing agents. It also includes discarded sharps, human blood, human blood products and body fluids. Also included in this list are:

1. Used, absorbent materials such as bandages, gauze or sponged supersaturated, having the potential to drip or splash with blood or body fluids from areas such as operating rooms, delivery rooms, trauma centers, emergency rooms or autopsy rooms.
2. Devices which retain visible blood adhering to inner surfaces after use and rinsing, such as intravenous tubing, hemodialysis filters and catheters, medical devices used in the treatment of hepatitis "B" virus or Human Immunodeficiency Virus (HIV) from suspected or positive patients, all of which shall be segregated as biohazardous waste.
3. Other contaminated solid waste materials which represent a significant risk of infection because they are generated in medical facilities which care for persons suffering from disease requiring strict isolation criteria and listed by the US Department of Health and Human Services Center for Disease Control (CDC).

INFECTION CONTROL

For your well being, and the well being of your patient, we outline the following procedures to guard against infection.

1. Please wash your hands before and after each procedure.
2. In the event of an exposure to a pathogen please make an immediate report to the Director of Nursing. This office must be notified immediately and the staff involved must report to the nearest hospital emergency room and will return to work only after a physician has cleared him/her of any communicable infection.
3. When working with an AIDS patient, remember to avoid any and all contact with the patient's body fluids, especially blood and blood products. Read and be familiar with the attached pamphlet on how to prevent catching the AIDS virus.
4. This agency is not liable for our health care worker who contracts AIDS virus in the course of performing his/her professional duties.

For more policies on infection control our agency asks all of its employees to read the accompanying scripts which are summaries from the CDC and the Department of Health and Rehabilitative Services.

PERSONNEL INFECTION CONTROL

It shall be the policy of our Agency that any personnel showing symptoms or signs of communicable disease or infected skin lesions shall not be permitted to work.

In the event that any of the above conditions exists, the employee may not return to his/her job unless he/she has a doctor's certificate stating that he/she is free from a communicable disease.

There shall be close observation of patients and employees. Any suspected infections are referred to outside resources and Health Department for assistance.

Each employee is required to have an annual physical examination by his/her physician. The examination report must include that the employee is free from communicable diseases or infectious disease. These reports will be kept on file in the employee's personnel folder.

OTHER INFECTION CONTROL MEASURES

1. If a severe dermatologic condition exists, a dermatology consult must be obtained prior to treatment.
2. Place linen in laundry bag (clearly labeled), then place the laundry bag with contaminated line in a second clean bag. After treatment with well, linen may be handled normally.
3. Personal clothing should be handled in the same manner.
4. Health care personnel need not receive prophylactic treatment, but they should be observed for signs of infestation.
5. Gowns and gloves should be worn during close patient contact until treatment with Kwell is carried out.
6. The diagnosis of scabies and the treatment involved should be reported to the Director of Nursing for her further action (e.g. reporting to the local health department).
7. Condition, treatment and disposition should be charted in the progress notes.

PERSONNEL POLICY STATEMENTS

The following policy statements shall govern all staff, personnel and employees of this agency.

1. Each employee shall be given a job description at time of employment.
2. Such job description shall detail:
 - a) The job title;
 - b) Primary responsibilities;
 - c) Wage rate and salary range for position;
 - d) A copy of written personnel policies and procedures.
3. Personnel selection and appointment shall be made after the position has been advertised through the press or by word of mouth, and applicants have completed the application for employment, been interviewed by the staff of this agency and selected on merit over other applicants.
4. In accordance with Title VI of the Civil Rights Act of 1964, "no person shall be denied employment solely on the basis of race, color, ethnic, disabilities, sexual orientation, age, religion, sex, or cultural background", except that as a CBO, this agency is committed to hiring at least fifty percent of its staff from members of the economically disadvantaged minority population: e.g. African Americans and Hispanics within the Miami Dade county area.
5. Each new employee (full_ or part time) shall, for inclusion in his/her file, prior to contact with patients, must submit the results of a Mantoux method tuberculin skin test (TST), performed within the last six months. Also be required to have a pre employment statement from a physician. Such statement will indicate, within the last six months, that the employee is in reasonable good health and does not appear to be at risk of transmitting communicable diseases, which would jeopardize the health of any person under the care of this agency. Employees not known to be tuberculin reactors shall provide documentation that they have had a tuberculin skin test within the past six months. Positive reactors to a tuberculin skin test shall provide documentation of adequate preventive therapy or the results of a chest X ray taken within the past six (6) months.
6. All newly hired employees shall serve an initial three month (90 day) probationary period before admittance to full employment status on successful completion of the probationary period as judged by a positive evaluative report by the Director.
7. All new employees shall spend the first week for orientation and familiarization with existing policies and codes of our agency. The director or his/her designate shall conduct the orientation.
8. Employees shall continue in office indefinitely unless terminated by reason of breach of code, incompetence or other reasons that may warrant dismissal from position. An employee may also terminate his/her appointment by resignation. In this case, a one month (4 weeks) written notice shall be given to the Director by the employee, or forfeit one month's pay in lieu of such notice.
9. Any breach of the code of conduct shall constitute grounds for dismissal. Specific violations include absenteeism, sexual harassment, lateness to work, breach of the confidentiality code, insubordination, gossiping, incompetence, insufficient improvement on the job, or other breaches deemed by the Director to be of a nature serious enough to warrant dismissal. Any dismissal is subject to appeal within one week of the dismissal.
10. Employees are encouraged to make all grievances known in writing to either the Director or their immediate supervisors.
11. Full time employees shall work for forty (40) hours per week: 9:00/___a.m. to 5:00/___p.m., with a one ___ hour lunch break. Part time employees shall work for less than 40 hours per week, as needed.

12. All overtime hours worked shall be paid time and a half of their regular hourly rate.
13. Full time employees who have worked for this agency for at least one (1) year shall be entitled to a ___one week paid annual vacation.
14. Each employee shall be entitled to four (4) ___ days of absenteeism due to illness or injury, each year.
15. All legal holidays shall be work free days for all employees except for those employees who volunteer to work. Such voluntary work shall be paid.
16. A yearly evaluation shall be made on each employee and salary increases will be considered annually. Promotions shall be considered at the end of each five year period.
17. When an annual evaluation is performed on a staff member, the staff member concerned shall be asked to read and sign the evaluation as proof that he/she has been informed of its contents.
18. Employees who serve a minimum of two years with this agency shall qualify for medical insurance coverage, as well as retirement benefits, according company Economic situation.
19. Each personnel shall have a file in his/her name which shall include name and address of employee/contractor, name and address of next of kin or guardian, evidence of qualifications, licensure or registration if applicable, a signed and notarized Affidavit of Good Moral Character, results of background screening, and dates of employment and separation from the agency. Evidence of continuing education and in-service training for home health aides shall be on file, and available for inspection within 3 hours of request. The file shall be maintained by the Director/Administrator/Human Resource personnel, and contents of the file shall be accessed by the employee on his/her request, unless the employee signs a waiver for such an open policy.
20. All files belonging to this agency, its personnel, staff, patients and clients, are confidential and will be treated as such. An employee shall not have access to the file of another employee. Personnel who, by reason of their duties, have access to the files of patients, clients or other employees, shall treat all such information as confidential and on no account shall disclose any information so obtained to any other person. A violation of this policy shall constitute grounds for immediate dismissal.
21. Only the Director/Administrator of this agency has direct access to personnel files and records.
22. A complete personnel record shall be maintained on each employee.
23. The secretary, in collaboration with the Director, shall be responsible for implementing and coordinating personnel policies and procedures.
24. Our Agency is a Drug Free Work Place, a Drug screening test may be required for each suspect employee, for use/abuse of illegal drugs.
25. Criminal Background Check is required for all field employee/contractor, all conducted through AHCA.
26. Each non-licensed direct care personnel must receive a minimum of 2 hours of initial training and 1 hour biennially of in-service training in HIV and AIDS, the training should include universal precautions and infection control procedures to ensure proper practices are followed.
27. If we change the Administrator or alternate, we shall notify AHCA Home Care unit office prior to or on the date of change, the notification shall consist of submission of the person's name, professional resume, license, if applicable, and a copy of the Affidavit of Good Moral Character, the Administrator will submit also the level 2 screening.
28. Our Agency shall maintain a record of the employment or contractual history of all agency personnel, both employed or under contract, and shall make submission of such history a condition of employment or contract, we rely on history provided by applicant.

* **SCHEDULE OF PAYROLL:** _____

POLICY ON COORDINATION OF PATIENT SERVICES

In compliance with the Social Security Act, it is the policy of our Agency that all services rendered by us to our patients shall be coordinated in a manner that will enhance the overall efficacy and professionalism of our office, as well as provide maximum quality care for our patients.

To achieve this end, all personnel and nurses shall be involved in the direct or indirect care of the patient.

Our Organizational Chart clearly maps out the coordinated relationship that exists between staff members and patients.

Our policy is that all personnel providing services to a specific patient shall maintain liaison in order to assure that their efforts will effectively complement each other and support the objectives outlined in the respective patient's Plan of Treatment.

Further, it is our policy that clinical records or minutes of case conferences establish that effective interchange, reporting and coordinated patient evaluation does occur. It is also our policy that a written summary report for each patient shall be sent to the attending physician at least every sixty (60) days.

POLICY AND PROCEDURE DRESS/ETHIC CODE

Purpose: To establish a uniform standard for general Ethic and dress/grooming.

Policy

As part of the health care team, it is essential that all employees maintain adequate ethic procedures, restrict accepting gift from clients, lending or borrowing money, handling money, unless authorized, giving out their address, telephone or beeper numbers, performing duties outside their scope of service, transporting clients in their vehicles. All employees/contractors must maintain an appropriate personal appearance in terms of grooming and dress. Clean, appropriate attire that is suitable to meet the public and inspire the confidence of patients, the public and fellow employees. Extremes in dress and jewelry are inappropriate. It shall be the responsibility of the employee's supervisor to see that the dress code is adhered to. The employee may be subject to disciplinary action for continued violations of the dress code.

Guidelines/Definitions

Uniforms: Uniforms must be clean and wrinkle free (in accordance with this institution's Requirements). All personnel (with the exception of clerical office staff) shall be required to wear white dress, pantsuit, culottes in the case of female employees; shirt/top, belt, trousers in the case of male personnel.

Shoes: Safe, comfortable and clean shoes are required. No tennis or platform shoes are permitted.

Hose: Employees are required to wear white or neutral colored stockings or white socks.

Hair: Hair must be kept neat, clean and in a style which will be permitted.

General: Denim outfits are not permitted, nor are jumpsuit. Jeans style dress is not permitted. Sweaters must be white or navy blue.

Nursing school, professional affiliation insignias and patches may be worn; other buttons and adornments must be approved by the Administrator. All employees are required to wear agency identification badges while on duty for this institution. Halter tops, bare shoulders, shorts and cutoffs are not permitted. Offensive body odors or excessive fragrances (cologne, aftershave, etc.) are also prohibited.

* Insurance Benefits: _____

POLICY SICK LEAVE

(Please see Personnel Policy Statements.)

Each employee shall be entitled to four (4) or ___ days of absenteeism due to illness or injury, each year. Insurance after (3) three month of employment. Employee deduction of 30% of Insurance cost. ___ Applicable ___ N/A

1 week vacation, NO Accumulation of time.

POLICY FOR NURSES NOTES, HINTS & PATIENT'S TRAINING

Specific times for each entry and date. All nursing interventions and observations.

Reasons for PRN and stat drugs. Signs and symptoms displayed by patients.

Complications and actions taken. Follow up (doctor called, time, etc.)

Any further comments that communicate patient information.

Cut down on excess verbalization. Be specific and concise.

Read notes from previous shifts and report on any follow up.

Teaching of the patient and/or family is an active and interdisciplinary process, aimed at producing an observable change in a patient's behavior or attitudes, and ultimately resulting in an improved outcome for the patient. It is the Policy of our Company, that our employees may instruct our patients according to Nurse/Therapist evaluation of the Patient's response to instructions given, including reinforcements of instructions if the field employee evaluate that the patient ability to understand the teachings is not satisfactory. Supervising and counseling the patient and family members regarding the nursing care needs, including but not limited to medication regimen, use, side effects, treatment program, disease process, sign and symptoms, safety measures, universal precautions and other related problems of the patient at home. Careful assessment of the patients learning ability and needs forms the cornerstone of effective patient education and must precede any teaching. The assessment must also consider the patient's emotional readiness to learn. The teaching plan should include specific patient outcomes that have been agreed upon with the patient, and the teaching strategies that will best help meet the selected outcomes.

Our Agency goal for full patient/caregiver learning after the complete training for each subject was provided, is a maximum of 3 services days. The employee must verify/measure the ability/response of the patient to training, asking questions regarding training provided, such as medications side effects, disease sign and symptoms, etc. If the teaching is unsuccessful, it may be necessary to modify or revise the process being used. If the patient outcomes are not accomplished, it may be necessary to reassess, revise the plan or re-implement. One goal of the teaching plan is to provide continuity of care for the patient. One way to accomplish this is through careful documentation. The documentation should reveal what teaching was planned, accomplished and what the patient has learned.

PHYSIOLOGICAL RESPONSES: Observe, and intervene as necessary, changes in patient's:

1. Appearance
2. Vital signs
3. Level of consciousness
4. Verbal behavior

ACTIVITIES OF DAILY LIVING: Be specific, i.e. not just "a.m. care"

OOB ad lib, walker in hall times 2, bath with assistance, etc.

BODY MECHANICS: Maintain proper body alignment when positioning, physical therapy, etc. Check traction, K footboards, slings, etc.

SAFETY: Educate family members and patient on caution regarding:

- a) Restrained patients;
- b) Seizure patients; and
- c) Blind/deaf and mute patients).

Also, check safety equipment in the home to be sure they are functional.

POLICY ON HOME HEALTH IN-SERVICE TRAINING

It is the policy of our Agency that every employee hired to work for us shall be required to undergo an inservice training once every month or quarter. Such inservice training shall be conducted during the first week of each month and shall be conducted by the Director of Nursing or some other professional staff designated. The inservice training shall last for an hour and shall cover basic important items such as:

1. Communication skills.
2. Observation, reporting and documentation of patient status and the care or services furnished.
3. Reading and recording temperature, pulse and respiration.
4. Basic infection control procedures.
5. Basic elements of body functions that must be reported to an Aide's supervisor.
6. Maintenance of a clean, safe, healthy environment.
7. Recognizing emergencies and knowledge of emergency procedures.
8. The physical, emotional, and developmental characteristics of the populations served by our agency, including the need for respect for the patient, his or her privacy, and his or her property.
9. Appropriate and safe techniques in personal hygiene and grooming, sink, tub, or bed, nail and skin care, oral hygiene.
10. Safe transfer techniques and ambulation.
11. Normal range of motion and positioning.
12. Adequate nutrition and fluid intake.
13. Fire safety (in patients' homes).
14. Prevention of abuse of the elderly.
15. Review of AIDS prevention.
16. Emergency/Disaster Plan.

POLICY ON ADMISSION

It is the policy of our Agency that patients are admitted to this facility and are rendered services without distinction due to race, sex, sexual orientation, ethnic, color, national origin, handicapping condition, cultural background, or age. This facility complies fully with:

1. Title VI of the Civil Rights Act of 1964.
2. Section 504 of the Rehabilitation Act of 1973.
3. The Age Discrimination Act of 1974.
4. Patients shall be accepted for care on the basis of a reasonable expectation that the patient's health and social needs can be met safely and adequately by the agency in the patient's place of residence.
5. The Agency shall consider the medical, nursing and social aspects of the client's condition in making the decision to accept the client for care. Considerations relevant to the acceptance of clients shall include, but not necessarily be limited to:
 - a. Adequacy and suitability of Agency personnel and resources to provide the services required by the client.
 - b. Attitudes of client and his family toward his care at home. If at any time during the course of treatment of client, because of the client's general attitude towards care, i.e., client can be discharged upon reasonable written notice to him and the attending physician and proper community agencies notified.
 - c. Reasonable expectation that the client's medical, nursing and social needs can be met adequately in his residence, including a plan to meet medical emergencies.
 - d. Adequate physical facilities in the client's residence for his proper care.
6. The R.N. will determine type, appropriateness, and adequacy of requested services including at a minimum an initial home visit for assessment of the client's needs and development of the client care plan within 24 hours of the start of service.
7. Types of Patients Admitted
 - a. Patients with acute, non chronic, episodic type disease or disability who will return to pre illness level of functioning.

* Review of all Admission package

POLICY ON Outcome and Assessment Information Set (OASIS) ENROLLMENT

Our Home Health Agency, shall in compliance with Federal conditions of participation, enroll in, collect and report the Outcome and Assessment Information Set, (OASIS) data.

Our Agency shall collect, start of care, resumption of care, follow-up, discharge to the community, transfer to an inpatient facility (with or without discharge), and death at home.

To encode the information, our Agency will use "HAVEN" or like software, and in compliance, the designed employee (OASIS Coordinator), will be trained in the use, and transmit to the State, the data collected, following the established dated schedule (see attached).

The original hand written assessment for each time point completed, must be filed in the patient's record behind the skilled discipline completing the OASIS data set questionnaire.

STATEMENT OF PATIENT PRIVACY RIGHTS:

As a home health patient, our patients have the right to know why we need to ask the questions, and be informed that their personal health care information will be kept confidential. Also they have the right to refuse to answer the question, and look at any time, by previous request, their personal health information. All admissions process will include the AHCA OASIS's STATEMENT OF PATIENT PRIVACY RIGHTS, which will be left at Client's home for further consult/review by Patient or Patient's family.

Also our Patients will be informed about the Authority for Collection, Principal Purposes for which their information is intended to be used, and effects if they do not provide the information requested. The AHCA's PRIVACY ACT STATEMENT-HEALTH CARE RECORDS, is also included in our Admission procedures, and will be left at Patient's home for further reference.

For Patients who don't have Medicare/Medicaid coverage, all needed information will be available to them, including Federal/State requirements for collection, purposes and use of the information, and remark that we keep anything we learn about them confidential. The AHCA's NOTICE ABOUT PRIVACY, will be incorporated in our Admission process, and left at Client's home for further reference.

Our Agency shall be up to date with all new/further regulations, updates, or changes in OASIS collection/encoding process, by attending In-services, review Posted Regulations, or through AHCA communications.

Our OASIS coordinator, shall be informed/trained with all up to date OASIS documentation/regulations/in services.

POLICY ON SKILLED NURSING SERVICE

It is the policy of our Agency to provide skilled nursing service by or under the supervision of a Registered Nurse and in accordance with the Plan of Treatment.

a) **Policy on Duties of the Registered Nurse.** In accordance with the policy of this agency, the Registered Nurse:

- (i) Makes the initial evaluation visit;
- (ii) Regularly re evaluates the patient's nursing needs;
- (iii) Initiates the Plan of Treatment and necessary revision;
- (iv) Provides those services requiring substantial specialized nursing skill;
- (v) Initiates appropriate preventive and rehabilitative nursing procedures;
- (vi) Prepares clinical and progress notes;
- (vii) Coordinates services;
- (viii) Informs the physician and other personnel of changes in the patient's condition and needs, counsels the patient and family in meeting nursing and related needs, participates in in service programs, and supervises and teaches other nursing personnel.

b) **Policy on Duties of the Qualified Licensed Practical Nurse.** In accordance with the policy of this agency, the qualified Licensed Practical Nurse:

- (i) Provides services in accordance with agency policies;
- (ii) Prepares clinical and progress notes;
- (iii) Assists the physician and/or Registered Nurse in performing specialized procedures;
- (iv) Prepares equipment and materials for treatment, observing aseptic techniques as required;
- (v) Assists the patient in learning appropriate self techniques.

- **DISCUSSION OF REFERRAL SOURCES:** Hospital, Doctor, Family, Social Agencies
- **Discussion of Contractual agreement**
- **Discussion of un-skilled services**

LEGAL ASPECTS OF CHARTING/REPORTING CLIENT'S STATUS

PURPOSE: To provide a legible and descriptive legal document.

POLICY: The Director of Nursing will assume responsibility for consultation on monitoring the legal aspects of the medical record.

PROCEDURE:

1. ALL charting must be legible and written in black ink.
2. ALL charting must be dated, timed and signed.
3. Document pertinent facts about the patient in the nurses' progress notes.
4. Document routine elements of care that do not relate to identified problems in the spaces provided for this purpose (see Patient Progress Record).
5. Use only the approved standard abbreviations.
6. Make appropriate correction for changing errors:
 - a. Draw one line through error entry so it can still be read.
 - b. Write "error" above the error, and then note correct entry in the chart.
 - c. Never use White Out or destroy any portion of the chart.
7. Always document the following:
 - a. Nursing actions taken.
 - b. Medical orders completed.
 - c. Patient responses to statement.
 - d. Patient understanding of illness, treatment, etc.
 - e. Available information which relates to identified problems.
 - f. Client's status, problems, and situations.
8. Never leave open space (lines) between changing entries.

DISCHARGE OF PATIENTS

Discharge of Patients policy includes but is not limited to the following:

When services are to be terminated, the person shall be notified of the date of termination and reason for termination which shall be documented in the clinical record. A plan shall be developed or referral made for any continuing care indicated.

Planning for the Patient's discharge from the home care service is an integral part of the Treatment Plan. The professional employee, in coordination with the patient's physician will closely monitor the patients progress toward the achievement of the therapeutic goals.

When services are to be terminated, the patient shall be notified of the date of termination and a letter of discharge will be sent to the patient and his/her physician. The discharge instructions will accompany the letter for the patient to follow.

POLICY ON EMPLOYEE EVALUATION

It is the policy of our Agency that all our employees shall be evaluated at least once every year. It shall be the responsibility of the Administrator to evaluate all employees and such evaluation forms shall be kept in the employees' files.

POLICY ON HIRING/REFERENCES

Subject to our existing policies on hiring, requiring non discrimination on the basis of race, color, sexual orientation, religion, cultural background, age, disabilities, ethnic, or sex, the following criteria shall also apply:

It is the policy of this agency that at least one valid reference check by telephone shall be adequate for purposes of confirmation and eligibility for hiring.

A sample telephone reference form for potential employees (following page) shall be used in all such instances.

POLICY ON MEDICAL EXAMINATION CERTIFICATE (PRE-EMPLOYMENT & PERIODIC)

It is the policy of our Agency that prior to contact with patients, the employee must submit the results of a Mantoux method tuberculin skin test (TST) performed within the last six months. The employee must also submit a statement from a health care professional licensed, a physician's assistant, or an advanced registered nurse practitioner (ARNP), or a registered nurse licensed, under a supervision of a licensed physician, or acting pursuant to an established protocol signed by a licensed physician, based on an exam in show within the last six months, that the employee is in reasonable good health and does not appear to be at risk of transmitting communicable diseases. It is the responsibility of our Agency to ensure that our staff continue to appear to be in good health and that patients are not placed at risk by employees with positive tuberculin skin test (TST) (10 or more MM's). Positive test reactors shall submit a statement from a health care professional licensed, that the employee does not constitute a risk of communicating tuberculosis. Upon the specific written request of an individual staff member, copies of the most recent tuberculosis test result and above mentioned health statement may be released by one employer and provided to another employer within 2 years of the initial date of the test results statement. Medical information is confidential and must not be disclosed without the specific consent of the person to whom it pertains. The written request to release the physical examination must be kept on file.

POLICY AND PROCEDURE EMPLOYEE HEALTH

It shall be the policy of our Agency that when a nursing staff employee becomes ill while on duty, the employee's immediate supervisor shall notify the Administrator and the Nursing Supervisor.

When an office personnel takes ill, the Administrator shall be notified and, in all cases, the sick employee shall be taken to the emergency room of a local hospital.

There will be no exceptions to this rule.

POLICY ON HIRING AND FIRING

It is the policy of our Company that the agency reserves the right to hire and the right to fire any employee. To be hired, employees must meet all required criteria as are contained in our policy on licensor.

An employee who is fired for any of the reasons stated in item #9 (Breach of conduct), of our Personnel Policy Statements shall be paid a month's salary in lieu of a one month notice or may be given a one month notice of our intent to terminate his/her employment, in which case a month's salary in lieu of notice shall not apply.

Also our Agency has **zero tolerance to any sexual harassment to any personnel, co-worker or patient, any failure to comply with this Policy, amend any possible criminal prosecution, imply immediately** Job termination, a month's salary in lieu shall not apply.

POLICY AND PROCEDURE CONTINUING EDUCATION

All nursing staff of our health services shall undergo a bi yearly refresher course on current trends in nursing care. Such a course will be given here at our office and will consist of discussions and tape viewing on topics that relate to patient care, relationship with patient, drugs and their uses, and bedside manners.

This course shall be conducted jointly by the Administrator and the Nursing Director and each participant will be signed off upon successful completion of the course. The course shall last for one (1) day (8 hours).

PERSONNEL LICENSOR

1. Our Agency will hire persons who are professionally licensed and those licenses must be kept current.
2. Each potential employee will be interviewed and references checked thoroughly.
3. The license identification card of each Registered Nurse, Licensed Practical Nurse, Therapist, CNA, Social Worker, and Home Health Aide will be seen and copied at the time of application and at the renewal date thereafter.
4. Licenses will be verified with the State Board of Nursing or appropriate.
5. This section also applies to contracted care providers, whether they are licensed or not licensed.

CRITERIA USED WHEN ASSIGNING NURSING PERSONNEL

Our Agency selects and assigns nursing personnel to patients without regard to race, color, or national origin. Race, color or national origin are not determined as factors when assigning nurses to patients.

POLICY ON ACCEPTANCE OF PATIENTS

Acceptance of Patients policy includes but is not limited to the following:

No person shall be refused service because of age, race, sexual orientation, disabilities, religion, color, sex, cultural background, ethnic or national origin.

When a person is accepted for health services, there shall be a reasonable expectation that the services can be provided adequately and safely in his residence, it is our responsibility to assure that the patient or client receives services as defined in a specific plan of care. For those patients receiving care under a physician's treatment orders, or in a written agreement for clients receiving care without a physician's orders, this responsibility includes assuring the patient receives all assigned visits.

At the start of services our Agency shall establish a written agreement between the agency and the patient or the patient's legal representative. It must be signed and dated by a representative of the agency and the patient or his legal representative. A copy of the agreement will be given to the patient and the original shall be placed in the patient's file.

The written agreement, as specified above, shall also serve as the agency's service provision plan, for patients who receive homemaker and companion services or home health aide services which do not require a physician's treatment.

When medical treatments or medications are administered, physician's orders in writing, signed and dated, shall be included in the clinical record.

When terminating services for a patient or client needing continuing home health care, as determined by the patient's physician, for patient receiving skilled care, or as determined by the patient or caregiver, for patient receiving care under a service provision plan, a plan must be developed and a referral made by home health agency staff to another home health agency or service provider prior to termination. The patient/client must be notified in writing of the date of termination, the reason for termination, and the plan for continued services by the agency or service provider to which the patient/client has been referred. This requirement does not apply to patients paying through personal funds or private insurance who default on their contract through non-payment. Our agency provides social worker assistance to patients to help them determine their eligibility from government funded programs if their private funds have been depleted or will be depleted.

ANTI-HARASSMENT POLICY

Our Agency strives to maintain a work environment that is free of discrimination, intimidation, hostility, or other offenses that might interfere with work performance. In keeping with this desire, we will not tolerate any unlawful harassment of employees by anyone, including any supervisor, co-worker, vendor, client, or customer.

What Is Harassment?

Harassment consists of unwelcome conduct, whether verbal, physical, or visual, that is based upon a person's protected status, such as color, disability, gender, national origin, race, religion, age or other legally protected status. We will not tolerate harassing conduct that affects tangible job benefits, that interferes unreasonably with an individual's work performance, or that creates an intimidating, hostile, or offensive working environment. Harassment can take many forms, including, but not limited to: words, signs, jokes, pranks, intimidation, physical contact, or violence.

Sexual Harassment

Harassment is not limited to conduct that is sexual in nature. However, sexual harassment deserves special mention. Unwelcome sexual advances, requests for sexual favors, and other physical, verbal, or visual conduct based on gender constitute sexual harassment when:

- submission to the conduct is an explicit or implicit term or condition of employment;
- submission to or rejection of the conduct is used as the basis for an employment decision; or
- the conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

Sexual harassment may include explicit sexual propositions, sexual innuendo, suggestive comments, sexually oriented "kidding" or "teasing," "practical jokes," jokes about gender-specific traits, foul or obscene language or gestures, display of foul or obscene printed or visual material, including material electronically communicated or transmitted, and physical contact such as patting, pinching, or brushing against another's body. Sexually harassing conduct may also include any other verbal or physical contact of a sexual nature that prevents an individual from effectively performing the duties of his or her position or creates an intimidating, hostile, or offensive working environment, or when such conduct is made a condition of employment or compensation, either implicitly or explicitly.

Responsibility

All employees, and particularly supervisors, have a responsibility for keeping the work environment free of harassment. The individual who makes unwelcome advances, threatens, or in any way harasses another employee may be personally financially liable for such actions and their consequences. Our Agency is not required to provide legal or financial assistance, or assistance of any kind to an individual accused of harassment, if a legal complaint is filed.

Reporting

If you feel that you have experienced or witnessed unlawful discrimination or harassment, you are to notify your supervisor immediately and report it to the administration of our Agency. Although we encourage you to use the channels that are available through our Agency, you also have the right to contact your state fair employment agency or your local Equal Employment Opportunity Commission (EEOC) office.

All reports will be promptly investigated with due regard for the privacy of everyone involved and, if warranted, appropriate remedial action will be taken. Our Agency forbids retaliation against anyone for reporting suspected unlawful discrimination or harassment, assisting in making a discrimination or harassment complaint, or cooperating in a discrimination or harassment investigation. To the fullest extent practicable, our Agency will keep complaints and the terms of their resolution confidential. Any employee found to have unlawfully discriminated against, or harassed a fellow employee or subordinate will be subject to severe disciplinary action and may be terminated.

POLICY ON EMERGENCY PROCEDURES

It is the policy of our agency that all employees of this agency will be responsible for and be required to take the following actions in the event of an emergency involving a patient, an employee, or both:

- 1.Exercise of prudence and good judgment in assessing the nature of the emergency and taking an action that he/she deems necessary and appropriate under the given circumstances.
- 2.Establishing immediate phone contact with the office to alert the Administrator or his/her designate.
- 3.Establishing immediate phone contact with the skilled nurse in charge of the particular case, if applicable.
- 4.Establishing immediate phone contact with the patient's physician, if applicable.
- 5.Establishing immediate phone contact with the emergency medical system (EMS phone number 911), if applicable.
- 6.Establishing immediate phone contact with the local police, if applicable.
- 7.All incidents shall be reported in writing on communication sheets in the patients' files.

POLICY ON PROGRESS' NOTES/INITIAL ASSESSMENT

It is the policy of this agency that the following rules shall govern all nurses' notes:

- 1.The initial evaluation/assessment, to be done within forty eight (48) hours of the acceptance of a case, shall be due in the office as soon as possible but, in any case, no later than sixty (60) hours from the time the case is accepted by this agency.
- 2.All nurses' notes (RN's, LPN's) shall be due in the office no later than 1-3 week from the time those notes were compiled.
However, notwithstanding the provisions of this section, nurses' notes shall be turned in to the office no later than twelve (12) hours from the time they were written if the case constitutes a medical emergency or medical necessity
- 3.Home Health Aides' notes shall be turned in to the office every 1-3 week.
- 4.All nurses (skilled and non skilled) are required to make scheduled visits to patients as prescribed in the Plan of Treatment established for that patient. Notes on appropriate forms shall be made during the visits or as soon thereafter as possible but, in any case, not later than six (6) hours after the visit is completed.

POLICY ON THERAPY SERVICES

In accordance with the policy of our Agency any therapy services offered by the agency directly or under arrangement are given by or under the supervision of a qualified therapist in accordance with the Plan of Treatment. The qualified therapist functions as follows:

- (i) Assists the physician in evaluating level of function;
- (ii) Helps develop the Plan of Treatment (revising as necessary);
- (iii) Prepares clinical and progress notes;
- (iv) Advises and consults with the family and other agency personnel;
- (v) Participates in in service programs.

a)Policy on Supervision of Physical Therapist Assistant and Occupational Therapy Assistant. In accordance with the policy of this agency, services provided by a qualified physical therapist assistant or occupational therapy assistant are furnished under the supervision of the agency's qualified physical or occupational therapist. The physical therapist assistant or occupational therapy assistant functions as follows:

- (i) Performs services planned, delegated and supervised by the therapist;
- (ii) Assists in preparing clinical notes and progress reports;
- (iii) Participates in educating the patient and family;
- (iv) Participates in in_service programs.

b)Policy on Supervision of Speech Therapy Services. It is the policy of this agency to provide speech therapy services only by or under the supervision of a qualified speech pathologist or audiologist.

POLICY ON MEDICAL SOCIAL SERVICES

It is the policy of our Agency to provide medical social services, when needed, by a qualified social worker, or by a qualified social worker assistant under the supervision of a qualified social worker, in accordance with the Plan of Treatment. The social worker:

- (i) Assists the physician and other team members in understanding the significant social and emotional factors related to the health problems;
- (ii) Participates in the development of the Plan of Treatment;
- (iii) Prepares clinical and progress notes;
- (iv) Works with the family;
- (v) Utilizes appropriate community resources;
- (vi) Participates in discharge planning and in service programs;
- (vii) Acts as a consultant to other agency personnel.

POLICY ON HOME HEALTH AIDE SERVICES

It is the policy of our Agency to select Home Health Aides on the basis of such factors as a sympathetic attitude toward the care of the sick, ability to read, write and carry out directions, and maturity and ability to deal effectively with the demands of the job. Aides are carefully trained in: assisting patients to achieve maximum self reliance; principles of nutrition and meal preparation; the aging process and emotional problems of illness; maintaining a clean, healthful and pleasant environment; recognition of changes in patient's condition that should be reported; the work of the agency and the health team; ethics and confidentiality; and record keeping.

It is also the policy of this agency to closely supervise Home Health Aides to assure their competence in providing care.

a) Policy on Assignment and Duties of the Home Health Aide. The Home Health Aide is assigned to a particular patient by a Registered Nurse, and written instructions for the patient's care are prepared by the Registered Nurse, or the Therapist, as appropriate. Duties of the Home Health Aide include:

- (i) The performance of simple procedures as an extension of therapy services;
- (ii) Personal care;
- (iii) Ambulation and exercise for the patient;
- (iv) Household services essential to health care at home;
- (v) Assistance with medications that are ordinarily self administered previous training);
- (vi) Reporting changes in patient's condition and needs;
- (vii) Completing appropriate records.

b) Policy on Supervision (of the Home Health Aide). In accordance with the policy of this agency, the Registered Nurse, or other appropriate professional staff member if other services are provided, makes a supervisory visit to the patient's residence at least every two (2) weeks (Waiver, Personal Care only, Homemaker or Private Insurance's patient one time a month or every 60 days, or according to Patient's directions and approval), either when the Home Health Aide is present to observe and assist, or when the Aide is absent to assess relationships and determine whether goals are being met.

POLICY ON PROTECTION OF RECORDS HIPAA COMPLIANCE

Specific bylaws governing the protection of records are as follows:

- (a) All records (patient files, personnel files, administrative files) shall be filed under a generally accepted principle of filing.
- (b) Every file shall be filed in a file cabinet.
- (c) All file cabinets shall be protected and be equipped with a lock system, and keys to the cabinets shall be accessible only to office staff personnel.
- (d) A file movement register shall be maintained to monitor the movement of files. Such a register shall have columns showing the date, time, name of file, name of staff removing file from the cabinet, date/time returned and signature of staff making entry.
- (e) No information regarding any aspect of contents of office files shall be released to any person who is not a staff member of this agency without prior approval from the Director, the Administrator or the Director of Nursing.
- (f) In relation to patient clinical records, no such information concerning those records shall be released to any person without the written consent of the patient concerned.
- (g) On no account shall information on any protected record be released to anyone over the telephone.
- (h) All records of this agency shall remain a jealously guarded secret of this agency. This is the language of the medical profession.

POLICY AND PROCEDURES QUALITY ASSURANCE

1. The Director of Nursing shall personally assign cases to nurses in a manner which reflects high professionalism and prudence. A nurse must be well suited to a case before he/she is assigned to the case.
2. Any assignment of a nurse to a case will be followed by a biweekly review by the Director of Nursing to ensure that all patient care plans, medical regimens and patient needs are met.
3. The Director of Nursing shall conduct a yearly survey of current nursing practices by other institutions (hospitals and agencies) and compare such practices with our practices to ascertain that our practices are in line with community health nursing standards. Also, State/Accreditation Agencies regulations shall be adhered to and an annual report shall be rendered to the Administrator.
4. It shall be the duty of the Nursing Director to ensure that services provided to the patients are coordinated. Nurses assigned to individual cases will be visited (unannounced) at least once every month to ensure that practices are uniform.
5. The RN or LPN assigned to a case shall ensure that all services and outcomes are completely and legibly documented, dated and signed in the clinical service record. All data sheets (flow chart, drugs administration, incident report chart, etc.) shall be recorded accordingly, and the signatures of both the nurse(s) in charge of the case and the Director of Nursing shall appear on each record.
6. Every nurse/aide shall ensure that patient confidentiality is maintained. The patient shall be encouraged to make comments (positive or negative) directly to the office concerning his/her care. On each visit by the Nursing Director, she (the Nursing Director) shall remind to Patient of this Policy.
7. It shall be the policy of our Agency to conduct a yearly evaluation of the quality of work of all nursing and non nursing employees. The Nursing Director evaluate all nursing employees. Non nursing employees shall be evaluated by the Administrator, who will also co-sign all evaluations.
8. Our Agency shall conduct a monthly review of all quality assurance reports with a view to maintaining current services or improving upon them. Results of quality assurance activities will be deliberated upon by staff members at their six monthly meetings, and all recommendations will be acted upon as necessary to improve services.

POLICY ON COURTESY TITLE

It is the policy of our Agency to use courtesy titles (Mr., Mrs., Miss., Ms. Dr., etc.) when addressing patients and/or staff members. This courtesy extends further to allow individuals to identify themselves personally by one of these courtesy titles also. However, this policy does not restrict the non use of courtesy titles between consenting persons.

MEDICATION ERRORS AND DRUG REACTION POLICY

1. Medication errors include but are not limited to, wrong medications, wrong dose, extra dose, wrong time, wrong route and omission of ordered drug.
2. When a medication error is identified, the individual making or discovering the error will notify the supervisor.
3. An adverse reaction is defined as any medication that elicits specific signs and symptoms of a reaction not directly associated with that medication.
4. An unusual occurrence (incident report) will be completed and forwarded to the DON. A summary of errors will be incorporated into the CQI performance activities of the agency. Medication errors due to external cause are reported to the USP by the Administrator or Pharmacist.
5. When a client has any unusual reaction to a drug, if the client is in immediate danger, initiate appropriate emergency response at once. The staff nurse shall maintain an adequate airway by inserting an airway tube, if necessary.
6. The staff nurse shall obtain vital signs.
7. The staff nurse shall contact the client's attending physician and the pharmacist immediately.
8. If the client's attending physician cannot be reached, the staff nurse shall arrange for transportation by any means available to the nearest hospital emergency room. Available transportation may include the police, fire department (Fire Rescue) or an ambulance service.
9. The staff nurse shall notify the Director of Nursing as soon as possible to report the incident An unusual occurrence report is completed.
10. The Director of Nursing shall immediately notify the President/CEO/Administrator of the incident.

POLICY ON & COMPLIANCE WITH TITLE VI OF CIVIL RIGHTS ACT OF 1964

Our Agency does not and will not discriminate against any person (patient or employee) on the grounds of race, color, sex, religion, sexual orientation, cultural background, disabilities, age, ethnic group, or national origin. No person shall be excluded from participation in or be denied the benefits of or be otherwise subjected to discrimination of any kind under any of the programs we offer.

POLICY ON & COMPLIANCE WITH SECTION 504 OF THE REHABILITATION ACT OF 1973)

Our Agency does not and will not discriminate against any person from participation in any of our programs or services on the basis of handicap. Persons with any type of handicap will be given equal treatment as given all other participants in our programs and services.

POLICY ON & COMPLIANCE WITH THE AGE DISCRIMINATION ACT OF 1975

Our Agency does not and will not discriminate against any person on the basis of that person's age. No one who wishes to participate in our program and services will be excluded or discriminated against on account of their age.