

# RAINBOW HOME SERVICES, INC.

## TABLE OF CONTENTS

|                      |   |
|----------------------|---|
| INTRODUCTION .....   | i |
| OUR PHILOSOPHY ..... | 1 |

### SECTION A - POLICIES

|  |      |
|--|------|
| POLICY ON COMPLIANCE WITH FEDERAL, STATE AND LOCAL LAWS .....  | A-1  |
| POLICY ON ORGANIZATION, SERVICES, ADMINISTRATION CONTROL ..... | A-2  |
| POLICY ON COORDINATION OF CLIENT SERVICES .....                | A-3  |
| SCOPE OF SERVICES AND SERVICES TO BE PROVIDED .....            | A-4  |
| POLICY ON PLAN OF CARE .....                                   | A-5  |
| OBJECTIVES AND SERVICES TO BE PROVIDED .....                   | A-6  |
| POLICY ON GOVERNING BODY .....                                 | A-7  |
| GOVERNING BODY .....   | A-8  |
| ADVISORY COMMITTEE .....                                       | A-9  |
| POLICY ON ADMINISTRATION .....                                 | A-10 |
| POLICY ON CLIENT VISITS .....                                  | A-11 |
| POLICY ON RECORD KEEPING BY HOME HEALTH AIDES .....            | A-12 |
| POLICY ON CLINICAL RECORD KEEPING .....                        | A-13 |
| HEPATITIS B DECLARATION FORM .....                             | A-14 |
| CONFIDENTIALITY STATEMENT .....                                | A-15 |
| UNIVERSAL PRECAUTIONS .....                                    | A-16 |
| TRANSPORTATION RESPONSIBILITY CONTRACT .....                   | A-18 |
| ACKNOWLEDGE UNDERSTAND INFECTION CONTROL POLICY .....          | A-19 |
| POLICY DURING THE ABSENCE OF THE ADMINISTRATOR .....           | A-20 |
| ON-CALL AND EMERGENCY SERVICES .....                           | A-21 |
| EMERGENCY MANAGEMENT PLAN .....                                | A-22 |
| DISASTER PLAN .....  | A-24 |
| EMERGENCY MEASURES TO HANDLE BELLIGERENT CLIENT .....          | A-26 |
| POLICY ON EMERGENCY PROCEDURES .....                           | A-27 |

### SECTION B - PERSONNEL/OPERATIONS POLICIES

|   |      |
|---|------|
| POLICY ON PERSONNEL POLICIES .....                                | B-1  |
| PERSONNEL POLICY STATEMENTS .....                                 | B-2  |
| POLICY AND PROCEDURE DRESS CODE .....                             | B-6  |
| POLICY ON EMPLOYEE EVALUATION .....                               | B-7  |
| EMPLOYEE EVALUATION SHEET - ANNUAL .....                          | B-8  |
| PERSONNEL POLICIES SAFE AND ADEQUATE CARE OF THE CLIENT .....     | B-9  |
| CLIENT SAFETY CHECKLIST .....                                     | B-10 |
| POLICY ON HIRING/REFERENCES .....                                 | B-11 |
| REFERENCE FOR POTENTIAL EMPLOYEE .....                            | B-12 |
| POLICY ON MEDICAL EXAMINATION CERTIFICATE .....                   | B-13 |
| MEDICAL EXAMINATION CERTIFICATE .....                             | B-14 |
| POLICY AND PROCEDURE EMPLOYEE ORIENTATION .....                   | B-15 |
| POLICY AND PROCEDURE STATEMENT OF ORIENTATION COMPLETION .....    | B-16 |
| POLICY ON ORIENTATION ADDITION - 8 HR ORIENTATION .....           | B-17 |
| POLICY ON JOBS .....  | B-18 |
| POLICY ON PERSONNEL UNDER HOURLY OR PER VISIT CONTRACT .....      | B-19 |
| POLICY SICK LEAVE .....   | B-20 |
| POLICY AND PROCEDURE EMPLOYEE HEALTH .....                        | B-21 |
| POLICY ON HIRING AND FIRING .....                                 | B-22 |
| POLICY ON CLIENT VISITS AND CONSULTATION WITH A COORDINATOR ..... | B-23 |
| PERSONNEL LICENSOR .....  | B-24 |
| POLICY ON MONITORING OF CONTRACTED SERVICES .....                 | B-25 |
| POLICY ON "INSTITUTIONAL PLANNING" .....                          | B-26 |
| POLICY ON ANNUAL OPERATING BUDGET .....                           | B-27 |
| POLICY ON CAPITAL EXPENDITURES PLAN .....                         | B-28 |
| POLICY ON BOARD MEMBERSHIP .....                                  | B-29 |
| ORGANIZATIONAL CHART .....  | B-30 |
| POLICY ON ANNUAL REVIEW OF PLAN AND BUDGET .....                  | B-31 |
| POLICY ON PROFESSIONAL PERSONNEL .....                            | B-32 |

# RAINBOW HOME SERVICES, INC.

|  |      |
|--|------|
| SELF-EVALUATION COMMITTEE MEETING .....                              | B-33 |
| POLICY ON ACCEPTANCE OF CLIENTS .....                                | B-34 |
| DISCHARGE OF CLIENTS .....   | B-35 |
| ACCEPTANCE OF CLIENTS IMPLEMENTATION PLAN, MEDICAL SUPERVISION ..... | B-36 |
| POLICY ON PERIODIC REVIEW OF IMPLEMENTATION PLAN .....               | B-37 |
| POLICY ON HOME HEALTH AIDE SERVICES .....                            | B-38 |
| POLICY ON CLINICAL RECORDS .....                                     | B-39 |
| POLICY ON RETENTION OF RECORDS .....                                 | B-40 |
| POLICY ON PROTECTION OF RECORDS .....                                | B-41 |
| CLINICAL RECORDS - SUMMARY REPORTS .....                             | B-42 |
| FILE MOVEMENT REGISTER .....   | B-43 |

## SECTION C - EVALUATION OF AGENCY'S PROGRAM

|   |      |
|---|------|
| POLICY ON EVALUATION OF AGENCY'S PROGRAM .....                        | C-1  |
| THE KEY TO "QUALITY ASSURANCE" .....                                  | C-2  |
| POLICY AND PROCEDURES QUALITY ASSURANCE .....                         | C-3  |
| QUALITY ASSURANCE EVALUATION .....                                    | C-4  |
| QUALITY ASSURANCE EVALUATION FORM CLIENT / FAMILY QUESTIONNAIRE ..... | C-5  |
| FAMILY QUESTIONNAIRE (SPANISH VERSION) .....                          | C-6  |
| QUALITY ASSURANCE FORM COORDINATOR QUESTIONNAIRE .....                | C-7  |
| POLICY AND PROCEDURE FOR CHART REVIEW .....                           | C-8  |
| QUALITY ASSURANCE FORM FOR REVIEW OF CLINICAL RECORDS .....           | C-9  |
| CLIENT SUPPORT/IMPLEMENTATION PLAN .....                              | C-11 |
| POLICY AND PROCEDURE HURRICANE/TORNADO WARNINGS .....                 | C-13 |
| POLICY ON DISPENSING FLUIDS TO CONFUSED CLIENTS .....                 | C-14 |
| POLICY AND PROCEDURE FOR DENTURES .....                               | C-15 |
| FURTHER POLICIES & PRACTICES TO ENSURE CLIENT AND STAFF SAFETY .....  | C-16 |
| POLICY ON HOME HEALTH AIDE IN-SERVICE TRAINING .....                  | C-17 |
| POLICY ON HOMEMAKER TRAINING .....                                    | C-18 |
| POLICY ON GOALS OF A IMPLEMENTATION PLAN .....                        | C-19 |
| BED SIDERAIL POLICY .....   | C-20 |
| POLICY ON CLIENT'S PROGRESS NOTES .....                               | C-21 |
| POLICY ON ACCOUNTING .....  | C-22 |
| POLICY ON MISREPRESENTATION .....                                     | C-23 |
| POLICY ON NON-DISCRIMINATION .....                                    | C-24 |
| POLICY ON PLANNING .....  | C-25 |
| POLICY ON TYPE OF TRAINING REQUIRED OF HOME HEALTH AIDES .....        | C-26 |
| POLICY ON COURTESY TITLE .....  | C-27 |
| POLICY ON ADMISSION .....   | C-28 |
| POLICY ON VERIFICATION OF SELF-ADMINISTERED MEDICATIONS .....         | C-29 |

## SECTION D - TITLE VI OF CIVIL RIGHTS ACT OF 1964

|   |     |
|---|-----|
| POLICY ON COMPLIANCE WITH TITLE VI OF CIVIL RIGHTS ACT OF 1964 .....                                    | D-1 |
| POLICY ON GRIEVANCE PROCEDURE (SECTION 504) .....   | D-2 |
| POLICY ON PERSONS WITH CONFIRMED OR SUSPECTED DISABLING OR INFECTIOUS DISEASES,<br>INCLUDING AIDS ..... | D-4 |

## SECTION E - OVERALL PLAN AND BUDGET

|  |     |
|--|-----|
| POLICY ON BUDGET .....                                     | E-1 |
| INCOME AND EXPENSE PROJECTION FOR THREE FISCAL YEARS ..... | E-2 |
| POLICY ON WAGE SCALES AND CHARGES .....                    | E-3 |

## SECTION F - CONTRACTS & AGREEMENTS

|  |     |
|--|-----|
| POLICY ON SERVICES UNDER ARRANGEMENT ..... | F-1 |
| CONTRACT AGREEMENT (Direct Employee) ..... | F-2 |
| INDEPENDENT CONTRACTOR AGREEMENT .....     | F-4 |

# RAINBOW HOME SERVICES, INC.

## S E C T I O N G - B Y L A W S

|   |      |
|---|------|
| HOME HEALTH SERVICES PROVIDED MEDICAID/RECIPIENTS . . . . . | G-1  |
| HOME HEALTH AIDE SERVICES (in-Home Support) . . . . .       | G-2  |
| NON-RESIDENTIAL SUPPORT SERVICES . . . . .                  | G-3  |
| RESPIRE CARE . . . . .                                      | G-4  |
| PERSONAL CARE ASSISTANCE . . . . .                          | G-5  |
| COMPANION . . . . .   | G-6  |
| CORE ASSURANCE . . . . .                                    | G-7  |
| INFORMATION TO OUR CLIENTS. . . . .                         | G-9  |
| INDIVIDUALS BILL OF RIGHTS AND RESPONSIBILITIES . . . . .   | G-10 |
| MARKETING POLICY . . . . .                                  | G-11 |
| AFFORDED CHOICE OF SERVICES AND SUPPORT . . . . .           | G-12 |
| TRANSITION OF INDIVIDUALS . . . . .                         | G-13 |
| TRANSPORTATION. . . . .                                     | G-14 |
| RESIDENTIAL HABILITATION . . . . .                          | G-15 |
| SPECIAL MEDICAL HOME CARE . . . . .                         | G-17 |
| CHORE SERVICES . . . . .                                    | G-18 |
| HOMEMAKER SERVICES. . . . .                                 | G-20 |
| SKILLED NURSING SERVICES. . . . .                           | G-21 |
| POLICY ON THERAPY SERVICES. . . . .                         | G-22 |
| BEHAVIOR ANALYSIS . . . . .                                 | G-25 |
| DIETITIAN. . . . .  | G-27 |
| MEDICATION REVIEW . . . . .                                 | G-28 |
| SPECIALIZED MENTAL HEALTH . . . . .                         | G-30 |

## S E C T I O N H - J O B D E S C R I P T I O N S

|   |      |
|---|------|
| ADMINISTRATOR . . . . .                           | H-1  |
| HOME HEALTH AIDE . . . . .                        | H-3  |
| POLICY ON SELECTION OF HOME HEALTH AIDE . . . . . | H-5  |
| COMPANION OR SITTER . . . . .                     | H-6  |
| HOMEMAKER . . . . .                               | H-7  |
| CERTIFIED NURSING ASSISTANT . . . . .             | H-8  |
| ADMINISTRATOR ASSISTANT . . . . .                 | H-11 |
| CLIENT/CLIENT REPRESENTATIVE . . . . .            | H-13 |
| BILLING CLERK . . . . .                           | H-16 |
| OFFICE CLERK . . . . .                            | H-18 |
| OCCUPATIONAL THERAPIST . . . . .                  | H-20 |
| LICENSED PRACTICAL NURSE . . . . .                | H-21 |

## S E C T I O N I - S E L F A S S E S S M E N T

|                                    |     |
|------------------------------------|-----|
| SELF ASSESSMENT . . . . .          | I-1 |
| SELF ASSESSMENT FORM . . . . .     | I-2 |
| QUALITY IMPROVEMENT PLAN . . . . . | I-3 |

## S E C T I O N J - M I S C E L L A N E O U S

|   |     |
|---|-----|
| POLICY ON EMPLOYEE TIME SLIP/ITINERARY. . . . . | J-1 |
|---|-----|

## S E C T I O N K - C L I E N T C A R E M A N U A L

|  |      |
|--|------|
| HELPFUL HINTS FOR NURSES NOTES . . . . .   | K-1  |
| THE CARE PROCESS . . . . .                 | K-2  |
| ACCIDENTS . . . . .                        | K-3  |
| COMPLAINTS . . . . .                       | K-4  |
| PROCEDURE FOR THINNING CHARTS . . . . .    | K-5  |
| LEGAL ASPECTS OF CHARTING . . . . .        | K-6  |
| OTHER INFECTION CONTROL MEASURES . . . . . | K-8  |
| GUIDE FOR IMPLEMENTATION PLAN . . . . .    | K-9  |
| HAND WASHING . . . . .                     | K-10 |

## RAINBOW HOME SERVICES, INC.

|  |      |
|--|------|
| GOWN TECHNIQUE .....   | K-11 |
| EMERGENCY MEASURES FOR EPILEPTIC SEIZURES OR CONVULSIONS ..... | K-12 |
| BLIND PERSONS, AIDING .....                                    | K-13 |
| GOING TO DOCTOR'S OFFICE FOR APPOINTMENT .....                 | K-14 |
| AMBULATION .....   | K-15 |
| TURNING A CLIENT .....   | K-17 |
| POSITIONING .....  | K-18 |
| MOVING CLIENT UP IN BED .....                                  | K-19 |
| GETTING CLIENT IN/OUT OF BED .....                             | K-20 |
| ASSISTING CLIENT INTO AND OUT OF WHEELCHAIR .....              | K-21 |
| ASSISTING CLIENTS ONTO AND OFF STRETCHER .....                 | K-22 |
| HOW TO UNDRESS A CLIENT .....                                  | K-23 |
| HOW TO USE BED CRADLES .....                                   | K-24 |
| HOW TO USE RUBBER RINGS, DOUGHNUTS, SANDBAGS .....             | K-25 |
| HOW TO GIVE EARLY MORNING AND H.S. CARE .....                  | K-26 |
| PARTIAL BATH .....   | K-27 |
| BED BATH .....   | K-28 |
| HOW TO GIVE TUB BATH OR SHOWER .....                           | K-30 |
| SITZ BATH .....  | K-31 |
| ORAL HYGIENE .....   | K-32 |
| BACK RUB .....   | K-33 |
| SHAVING THE FACE OF THE MALE CLIENT .....                      | K-34 |
| HOW TO CARE FOR THE HAIR .....                                 | K-35 |
| MAKING AN UNOCCUPIED BED .....                                 | K-36 |
| MAKING AN OPEN BED .....                                       | K-37 |
| MAKING AN OCCUPIED BED .....                                   | K-38 |
| INFECTION CONTROL .....  | K-39 |
| PERSONNEL INFECTION CONTROL .....                              | K-40 |
| AIDS .....   | K-41 |