

_____ It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from this employers services, if I have been employed. Furthermore, I understand that just as I am free to resign anytime, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

_____ I give the employer the right to investigate all police, driving and personal records and references, if job related. I hereby release from liability the Employer and its representative for seeking such information and all other persons, corporations or organizations for furnishing such as information.

_____ The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

_____ Any controversy of any kind arising between the parties under this agreement or otherwise (or any agent, officer director or affiliate of any party). Including but not limited to common law, statutory, tort or contract claims, will be submitted to mediation and failing settlement in mediation, to binding arbitration. Unless otherwise agreed, a mediation and arbitration designated by staff professionals will govern any mediation and arbitration. Panel of Mediators and will notify the designated company, in writing, to initiate the selection process. The arbitration will be subject to and governed by the provisions of the Federal Arbitration Act. 9 U.S.C. Section 1--et seq. The parties hereto stipulate that this agreement involves matters affecting interstate commerce.

_____ This application is current for 60 days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary to fill out a new application.

Signature of Applicant _____ Date _____

Employment Agreement

Employee Name _____

1. The employee will carry out the duties and responsibilities listed in the job description, list of assigned tasks, and signed by employee and employer.
2. Following are the hours the employee will work:

Monday _____	Friday _____
Tuesday _____	Saturday _____
Wednesday _____	Sunday _____
Thursday _____	
3. The employee will have the following time off _____

4. The employer will pay the employee \$ _____ per hour
5. When leaving, the employee will give the approximate time of return and, if possible, leave a phone number where he/she can be reached. Also, when the employee will be late in returning, he/she will call to let the employer know.
6. The employee is responsible for paying for long-distance telephone calls made/received by the employee.
7. The employee will not be paid for scheduled hours not worked unless the time not worked is covered by a benefit as provided by the employer.
8. Both parties to this agreement will respect each other's individuality and treat each other accordingly. Both will attempt to be flexible and work at solving problems as they arise.
9. At least 2 weeks notice will be given by the employee regarding termination of this agreement.

Other agreements/benefits: _____

Employee Signature _____ Date _____

Employer Signature _____ Date _____

Emergency Contact Information

Name _____

Phone # _____

Do you have reliable transportation? Yes No Do you have any lifting restrictions? Yes No Do you currently hold any state licenses or certificates? Yes No

If yes, please list _____

EMPLOYMENT AGREEMENT

This agency does not discriminate in hiring based on race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, age, physical, or mental disability -- related to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this agency the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from liability or responsibility all persons, companies or corporations supplying such information. I consent to take the physical examination and future physical examination as it relates to the essential duties I would be required to perform.

I understand that my employment is at will; either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form. If employed, I will be required to complete an Employment Verification Form (1-9), and within three days show satisfactory evidence of identity and eligibility of employment.

Signature _____

Date _____

Task / Skill Inventory

Please indicate your level of experience in the following area's:

Personal Care	None	Limited	Moderate	Proficient
Bed Bath				
Tub Bath				
Oral Care				
Hair Care				
Perineal Care				
Skin / Back Care				
Shower				
Lotion / Massage				

Activities	None	Limited	Moderate	Proficient
Ambulate with Assistive Devices				
Standing Practice				
Sitting Balance				
Wheelchair Use				
Transfers				
ROM (Range of Motion) Exercise				
Positioning				
Teaching ADL's				

Nutrition / Meal Preparation	None	Limited	Moderate	Proficient
Prepare Nutritional Meals / Snacks				
Assistive Feeding				
Monitor / Record I & O				

Homemaking	None	Limited	Moderate	Proficient
Occupied Bed Linen Change				
Unoccupied Bed Linen Change				
Laundry / Wash				
Light Housekeeping				
Grocery Shopping				

Employee Signature _____ Date _____

AC PCA Representative _____ Date _____

Employee Dress Code

Employee Name _____

Date _____

AC Personal Care Agency Strives to present a professional and safe health care image to patient's families, the community, and other Health Care professionals. Staff members adhere to following standards in their dress appearance.

1. All staff will wear an approved name badge when providing patient care.
2. Clothing shall be clean, neat, and well maintained.
Allowed Clothing: Loose comfortable clothing, scrubs, walking shorts that are at least mid- thigh in length, hemmed blue jeans, plain T-shirt, and casual street wear are appropriate undergarments should be worn.
3. Shoes should be conservative and comfortable. We encourage closed toed shoes for personal safety and infection control while providing patient care. No flip flops or thong sandals.
4. When attending school with a patient, the employee will be provided with a copy of the schools dress code and must adhere to it.
5. Nurses should keep a clean lab coat available to wear over their clothes when accompanying patients to any medical appointment. (These may be unexpected).
6. AC Personal Care Agency employees will try to meet the requests of parents or primary caregivers within reason.
7. Employees are expected to keep their hair dry, neat and clean. Long hair must be styled so it does not come in contact of the patient. Mustaches and beards must be clean and trimmed.
8. Perfume should be conservative. Strong odors can be offensive to patients.
9. Jewelry represents a safety hazard, so it must be worn with discretion, i.e. wedding rings, rings without large mounting, small earrings or studs. Visible piercing, except for earrings, should be removed when providing patient care. Both professionalism and safety should be considered when wearing jewelry.
10. Fingernails are to be kept clean, trimmed and moderately short for patient safety.

*If an employee is sent home to change their clothes due to inappropriate attire, the employee will be sent home on his/her own time and may result in disciplinary action.

*interpretation of compliance to this dress code policy is subject to the discretion of the Administrator, DON or acting supervisor.

Employee Signature _____ Date _____



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Las Vegas, NV 89115
(725) 204-4713

Employee Reference Check

AC Personal Care has my authority to check my references.

Print Employee Name _____

Employee Signature _____

Company Contacted _____

_____ is seeking employment with our company.
It is our policy to ask for references prior to employment. Please complete this form for our records **and sign below**. We would greatly appreciate your assistance.

PLEASE VERIFY EMPLOYMENT DATE:

From _____ To _____

ELIGIBLE FOR REHIRE? Yes No

COMMENTS _____

INFORMATION WAS RECEIVED BY Phone Email Fax

Name of the Company _____

Company Contact Signature _____

Signature of AC PCA Representative

Date

Confidentiality of Information Agreement

Employee Name (Print) _____

Confidentiality of Information

- All information designated confidential that is obtained or generated as a result of any or all of the operations of the agency will be dealt with in a confidential manner.
- All information that is gathered, maintained, or stored by the agency becomes the agency's property and cannot be released without proper authorization from the administration.
- Altering information is prohibited by the agency and by law. Correction of any identified erroneous information must be done according to agency policy.

WHAT WE CAN DO TO MAINTAIN CONFIDENTIALITY OF INFORMATION

- In order to protect any individual from invasion of privacy and to protect the interest of the agency, any information gathered for patient care or operation will be gathered, maintained and stored in such a manner as to assure confidentiality.
- Access to information will be limited to a need to know basis to perform the scope of one's duties and responsibilities.
- Dissemination of information will be handled according to agency policy, and staff will be informed during orientation, will sign the confidentiality statement and it will be placed in the employee's file.
- Proven violation or breach of the confidentiality agreement may be cause for immediate termination.

I understand that I am responsible for following this Confidentiality Policy Agreement & the Guidelines, both Written and Verbal.

Employee Signature _____

Date _____

Policy on Cellular Phone Use

AC Personal Care Agency does not permit employees on company time to talk on the cellular phones while driving a vehicle. This is very dangerous and should be avoided any time. It is Mandatory that I must pull over and stop my vehicle each time I conduct agency business per cellular phone.

The agency is not responsible for any moving violations, accidents or other incident that may occur while I am using my cellular phone and driving.

I have read and understand the above information of the agency regulation regarding cellular phone use and I will comply.

Employee Signature _____ Date _____

Agency Representative _____ Date _____

Disclaimer and Waiver of Liability

Employee Name (Print) _____

I acknowledge and will adhere to the rules and regulations as set forth by the Department of Health and Human Services and Medicare & Medicaid. I understand that the falsification of documents, particularly those pertaining to the submission of visit notes where in fact no visit was made, is considered to be fraud and is subject to filing of a criminal grievance, civil and/or criminal prosecuting, and immediate termination. I therefore hold the home health care agency, its shareholders, directors and officers, harmless from any falsified documents.

I have read and understand the above information. I understand that the falsification of documents, particularly those pertaining to the submission of visit notes where in fact no visit was made, is considered to be fraud and is subject to filing of a criminal grievance, civil and/or criminal prosecution, and immediate termination.

Employee Signature _____ Date _____

Agency Representative _____ Date _____

Drug Testing Policy

Employee Name (Print) _____

Agency employees may not possess, distribute and or use alcoholic beverages or controlled substances including inhalants while on the premises of property controlled by the Agency or while in course of conducting company business or engaged in any company sponsored activity.

Patients or visitors may not possess, distribute and/or use alcoholic beverages or controlled substances while on the premises of the property controlled by the Agency.

Any employee who has knowledge of a person or persons violating this policy must report it to his/her supervisor immediately.

Based on reasonable cause, the agency may conduct searches or inspections of an employee's personal belongings and may be asked to take a drug test. Refusal to consent may result in termination.

I have read and understood the above and will comply with this agreement:

Employee Signature _____ Date _____

UNIVERSAL PRECAUTIONS

Training Document

Employee Name _____

- Lesson 1 – Blood Borne Infection

Definition of exposure

Spread of HIV infection in the general population

Symptoms and effects of HIV infection Spread of Hepatitis B, including number of infections, hospitalization, and deaths caused by HBV each year

Symptoms and effects of HBV infection and HBV vaccination

The hepatitis B virus and HIV virus can be transmitted in the workplace

It is estimated that there are 1 and ½ million HIV carriers in the U.S.

There may be as many as one million carrier of HBV.

- Lesson 2 – Transmission of Blood Borne Infection

Source of blood borne infections in the workplace

Four primary ways of getting blood borne infections outside the workplace

Three primary ways of getting blood borne infections at work

Risky jobs, tasks, and work practices.

- Lesson 3 – Exposure Control

The HBV vaccine for all workers who come into contact with blood or other potentially infectious body fluids on the job

The definition of Universal Precautions

The steps that should be taken after an exposure incident in order to prevent infections

My rights in case of exposure and/or infection

I have the right to have HBV vaccinations provided to me free of charge, if I am at risk for infection. If I refuse it at this time, I have the right to be vaccinated free of charge at any time in the future provided I am still at risk for infection.

- Lesson 4 – Using Personal Protective Equipment

Types of personal protective equipment (PPE) required for different tasks or situations Key requirements for selecting, providing, using, and disposing of or cleaning PPE Limitations of personal protective equipment

- Lesson 5 – Work Practice Controls

Disposing of used needles or other sharps Working with lab materials

Decontaminating work areas, instruments, and equipment

Identifying and handling regulated waste

Hand washing and other personal hygiene and health practices

I have the received training covering all of the above topics and been informed of my rights accordingly.

Employee Signature _____

Date _____

Following Infection Control Agreement

AC Personal Care Agency wants to improve patient outcomes by identifying and reducing the risk of infection in patients and agency staff.

The agency will document infections that are acquired while the patient is receiving services from the agency. The documentation will include at a minimum the date that the infection was detected, patients name and number, primary diagnosis, signs/symptoms, type of infection, pathogens identified and treatment.

The infection control program will include surveillance, identification, prevention, control, and reporting. Targeted surveillance of infections will focus on specific patient population or procedures.

Infection Control Standards are established in compliance with the recommendations of the National Center of Disease Control in Las Vegas, Nevada. All staff are educated on these standards and they are practiced consistently. Any incidents of infection related to care and service and reported.

I recognize, and am fully aware of the fact that any patient may be contagious at any time and that this may not always be a known fact while care is being provided. I will follow all Infection Control and Universal Precautions Procedures of the agency. I also state that currently I am in excellent health and have no impairments that may alter my job performance.

Employee Signature _____ Date _____

Agency Representative _____ Date _____

HBV Vaccine / Waiver Form

Employee Name _____ Date of Hire _____

Social Security Number _____

I understand that due to my occupation, exposure to blood or other potential infectious materials, I may be at risk acquiring Hepatitis B Virus (HBV) Infection. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infection materials, and I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.

I have been advised of my rights to accept or decline the HBV Vaccine. HBV (Hepatitis B Virus) has been fully explained to me:

Initial ONLY One!

_____ I choose to waive my rights to receive the HBV Vaccine

_____ I choose to receive the HBV Vaccine and I understand that the vaccine is given in a 3 part series

Series #1 Date	Series #2 Date	Series #3 Date

Employee Signature _____ Date _____

Agency Representative _____ Date _____

Health and Safety Agreement

Employee Name _____

I do understand the physical requirements of my job and understand proper lifting and moving techniques which I am expected to use in moving and lifting objects and/or patients.

I have been informed and do fully understand that any injury claimed by me while on the job must be reported immediately to my supervisor and documented on an Accident/Incident Report form. I understand that unless an incident report is completed immediately and signed by me, the agency may not consider a voluntary payment of any medical bills or any other benefits as a result of my failing to follow policy/procedures, the agency may not be expected to cover medical payments.

I do fully understand that I am not encouraged to lift or transfer any object or patient by myself unless I know that I can safely lift or transfer alone. If I believe there is no one readily available to assist me in lifting or moving patients or equipment while on duty, I am to wait until I can obtain assistance before moving or lifting.

I have read and understood the above and will comply with this agreement:

Employee Signature _____ Date _____

Agency Representative _____ Date _____



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Policies & Procedures Orientation Acknowledgement

Name of Employee _____

I acknowledge that I have been oriented to agencies Policies and Procedures Manual and agree to follow all guidelines, both written and verbal. I understand that, if the guidelines, policies and procedures are not followed, that I may be immediately terminated. I also had the opportunity to ask questions regarding the Policies and Procedures Manual, and I know where it is located for future reference.

Employee Signature _____ Date _____

Agency Representative _____ Date _____

Reporting Abuse / Neglect / Exploitation

Employee Name _____

Reporting:

- Abuse
- Neglect
- Exploitation

All agency staff is required to report suspected abuse/neglect/exploitation and develop a plan to minimize the risk of such. The home health employee is responsible for reporting & documenting:

- A child's susceptibility to abuse including self-abuse and neglect
- Elderly individuals as well as children are susceptible to abuse as well
- Physical components, such as impairments and the ability of patient/caregiver to provide adequate care.
- Mental impairments, such as mental retardation, Alzheimer's disease, disorientation, confusion, etc.
- Emotional status, such as passive personality, depression, etc.
- Physical environment, such as safety in or outside the home. The employee is responsible for reporting all incidents to DON and/or Supervisor. A written report may be forwarded for Social Services with the request for referral. The Supervisor will review the situation and investigate to determine if this is a reportable incident. If so, it will be reported to the appropriate agency or Adult/Child Protection Agency by the DON/Administrator or an appropriate designee.

I have read and understand the information above. As a home health employee it is my responsibility to report and document any suspected abuse, neglect or exploitation.

Employee Signature _____ Date _____

Sexual Harassment

Employee Name _____

AC Personal Care does not tolerate sexual harassment, as it is a form of gender-based discrimination.

Definition:

Under Title VII of the Civil Right Act of 1964, any type of discrimination based on an individual's gender (male or female) is illegal. Sexual harassment is considered to be a form of gender discrimination. According to the Equal Employment Opportunity Commission, sexual harassment is "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when submission to the conduct enters into employment decisions and/or the conduct unreasonably interferes with an individual's work performance, or create an intimidating, hostile, or offensive working environment.

The Agency will not tolerate any form of sexual harassment from any of its employees. The Agency encourages that any behavior which could be construed as sexual harassment be reported immediately to the supervisor and/or administrator. There is no need to fear retaliation. Both females and males can be sexually harassed when exposed to unwelcome sexual advances or to a pattern of verbal abuse, threatening, crude, impolite, or unprofessional conduct.

- Quid pro quo sexual harassment is also against company policy
- The Agency encourages and urges an employee to come forward and discuss any sexual harassment that may have occurred with an administrator.
- Every complaint will be taken seriously and investigated immediately.
- Any employee involved in a sexual harassment complaint will have a full opportunity to give a full account of their recollection of the incident or incidents.
- The incident(s) will be investigated thoroughly and appropriate action will be taken

Employee Signature _____ Date _____

Non-Compete Agreement

As an employee of AC Personal Care, the employee acknowledges that they will be in receipt of confidential information. The information shall include but not be limited to, procedures manuals, in-house policies, patient lists, patient's medical records, financial information and billing records, certifications and applications, actual and prospective markets a patient's business plans and marketing strategies, customer lists, sales and marketing data, operating systems, income statements, asset and liability information, financial projections and any other confidential information gathered, revealed, acquired or generated by AC Personal Care Agency. Each employee shall protect and hold in confidence the confidential information to anyone except with the express written consent of (Administer Olive Ejiofor). The employee acknowledges and understands the competitive sensitivity of the confidential information and the potential for significant material harm that could result to AC Personal Care Agency in the event that confidential information is disseminated to others, in particular competitors. Therefore, the employee agrees that the appropriate remedy would be an immediate injunction against the violating employee in joining and prohibiting the use and continued dissemination of the confidential information would cause damages for which damages could not be readily ascertained and would constitute a breach of duty owed by the employee to AC Personal Care Agency. Each employee agrees to pay AC Personal Care Agency in any action to enforce this confidentiality agreement or cost of litigation, including attorney's fees and other damages found by the trier of fact.

As consideration for employment and for the release of this confidential information, employee agrees not to compete against AC Personal Care Agency or to utilize any of the confidential information for a period of two (2) years from date of their employment terminated with AC Personal Care Agency. This Non-Compete Agreement shall be limited to (Clark County) and contiguous counties. This Non-Compete Agreement is not intended to prohibit employee from working as a nurse, therapist or other position in the health services industries but is intended to prohibit employee from working with a competitor of AC Personal Care Agency in the home health industry and utilizing any of the confidential information of AC Personal Care Agency or contacting any of AC Personal Care Agency patients. Employee agrees and warrants that they will not contact, engage, discuss, negotiate or contact with any patient or family member of a patient for those purpose of developing or promoting home health care services of said patient. All parties acknowledge that this confidential information is of a proprietary nature of AC Personal Care Agency if the confidential information was revealed to the general public or to a competitor, the revelation would destroy or impair the expected success of AC Personal Care Agency.

ANY CONTROVERSY OR CLAIM ARISING OUT OF OR RELATING TO THIS AGREEMENT SHALL BE SUBMITTED TO ARBITRATION BEFORE ONE (D) ARBITRATOR IN (LAS VEGAS, NEVADA), IN ACCORDANCE WITH THE COMMERCIAL ARBITRATION RULES OF THE AMERICAN ARBITRATION ASSOCIATION JUDGEMENT UPON THE AWARD RENDERED BY THE ARBITRATOR MAY BE ENTERED BY COURT HAVING JURISDICTION THEREOF. ARBITRATION SHALL BE THE EXCLUSIVE, FINAL AND BINDING METHOD OF RESOLUTION OF ANY CLAIM OR CONTROVERSY BETWEEN AC PERSONAL CARE AGENCY AND EMPLOYEE ARISING FROM THIS AGREEMENT.

I have read and understood the above and will comply with this agreement:

Employee Signature _____

Date _____

Agency Representative _____

Date _____

Criminal History Search
Consent Form

Name _____

Date _____

I have had no prior convictions of an offence described in the Health and Safety Code which would bar or potentially bar employment as listed below:

Criminal Homicide	Kidnapping & False Imprisonment
Indecency with a Child	Agreement to abduct from custody
Solicitation of Child	Sale or Purchase of a Child
Arson	Robbery
Aggravated Robbery	Assaultive Offenses
Burglary & Criminal Trespass	Theft
Weapons	Fraud
Public Lewdness	Indecent Exposure
Public Indecency	A felony violation of the statute intended to control the possession or distribution of a substance (Nevada Controlled Substance Act)

I UNDERSTAND THAT THE HOME HEALTH AGENCY IS REQUIRED TO CONDUCT A CRIMINAL HISTORY CHECK BEFORE OFFERING ME EMPLOYMENT. I, THE UNDERSIGNED, HEREBY AUTHORIZE THIS AGENCY TO CONDUCT AND VERIFY MY CRIMINAL HISTORY BY PERFORMING A CRIMINAL HISTORY CHECK.

Employee Signature _____

Date _____

Criminal History Statement

Statements 1-15 below refer to any criminal conviction which may be either a felony or misdemeanor.

1. I have never been convicted of murder, voluntary manslaughter, or mayhem.
2. I have never been convicted of assault with intent to kill or to commit sexual assault or mayhem.
3. I have never been convicted of sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure or any other sexually related crime that is punished as a felony (including felony prostitution).
4. I have never been convicted of prostitution, solicitation, lewdness, or indecent exposure, or any other sexually related crime that is punished as a misdemeanor, within the immediately preceding 7 years.
5. I have never been convicted of a crime involving domestic violence that is punished as a felony.
6. I have never been convicted of a crime involving domestic violence that is punished as a misdemeanor, within the immediately preceding 7 years.
7. I have never been convicted of abuse or neglect of a child or contributory delinquency.
8. Within the past seven years, I have not been convicted of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS within the immediately preceding 7 years.
9. I have never been convicted of abuse, neglect, exploitation or isolation of older persons or vulnerable persons, or any provision of NRS 200.5091 to 200.50995, inclusive, or law of any other state or other jurisdiction that prohibits the same or similar conduct.
10. Within the past seven years, I have not been convicted of any provision of law relating to the State Plan for Medicaid or a law of any other state or other jurisdiction that prohibits the same or similar conduct.
11. I have never been convicted of a violation of any provision of NRS 422.450 to 422.590, inclusive, statutory provisions relating to Nevada's State Plan for Medicaid.
12. Within the past seven years, I have not been convicted of a criminal offense under the laws governing Medicaid or Medicare.
13. Within the past seven years, I have not been convicted of any offence involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property.
14. I have never been convicted of any felony involving the use of threatened use of force or violence against the victim or the use of a firearm or other deadly weapon.
15. I have not been convicted of an attempt or conspiracy to commit any of the offenses listed in numbers 1 through 14 within the immediately preceding 7 years.

I affirm that the statements 1-15 above are true and correct; I authorize the submission of my fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its background check report.

Signature _____

Date _____

PRINT NAME _____

Nevada Revised Statutes 449.123 requires that employees or independent contractors of an agency to provide personal care services in the home, an agency to provide nursing in the home, a facility for intermediate care, a facility for skilled nursing, a residential facility for groups or a home for individual residential care or, if residential services are provided to children, a medical facility or a facility for treatment of abuse of alcohol or drugs that provide services to children complete this type of statement. These statutes are available online at <http://leg.state.nv.us/NRS/NRS-499.html>

Things that PCA's are Permitted or Not Permitted to do**PERMITTED**

- Help bathe the patient
- Grocery Shopping
- Change diaper or Pull-Up
- Laundry

NOT PERMITTED

- Wash the dog
- Administer injections
- Fingernail or Toenail Cutting
- Accept or carry keys to the recipients home
- Physical assessments
- Massages

Employee Signature _____

Date _____

New Employee Processing Checklist

The following is a checklist of items required during processing:

Name _____ Hire Date _____
 Title _____ Department _____

Category (check one)

- Full Time
- Part Time
- Per Diem
- Independent Contractor

Hiring paperwork to be completed

- Employment Application
- Employer References
- Proof of professional license or certification
- Written proof of freedom from Tuberculosis
- Hepatitis B Vaccination record
- Current CPR Card (copy)
- I-9 Form
- Cultural Competency Training

Benefits

- Pension Plan
- Cafeteria plan
- Holidays
- PTO
- Jury Duty Pay
- Military leave

Personnel Policies

- Education / Training
- Promotion from within
- Performance Appraisals
- Discipline
- Absences and Tardiness
- Rest breaks

Pay Forms

- Employment Agreement
- Employment pay status report
- Personal Policy Manual (supervisors)
- Orientation Checklist
- Skilled Nursing specialized skills competency

Pay/FLSA (check one)

- Hourly/nonexempt
- Salaried/nonexempt
- Salaried/exempt
- Per Visit
- Independent Contractor

- Confidentiality Agreement
- Emergency contact record
- Voluntary self-identification form
- Workers Comp notice (if applicable)
- Statement of employability (if applicable)
- Auto Liability Insurance (if applicable)
- Criminal History Check (if applicable)

Insurance

- Group Medical insurance
- Group Dental insurance
- Life Insurance
- COBRA rights

- Smoking in the workplace
- Sexual Harassment
- Drug Free workplace
- Ethical / Professional Conduct
- Dress Code

- Organizational Chart
- Employee Handbook
- Safety Information
- Skilled Nursing clinical checklist



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PCA Orientation to Service Plan
Attendance Log

Date _____

Instructor _____ Instructors Signature _____

Time In _____ Time Out _____

Credit Hours _____

Location: AC Personal Care Agency
1735 N Nellis Blvd, Suite A
Las Vegas, NV 89115

Subject: Review of Client Care Plan, Medicaid Services, & Community Services
* to be reviewed with PCA prior to client visit

Employee Signature _____

Printed Name _____

Date _____

AC PCA Representative _____

Printed Name _____

Date _____

Job Task Analysis
 (goes to the employee health file)

Please check the appropriate box:

	YES	NO	UNSURE
Are you able to provide care to clients knowing that you have not been exposed to tuberculosis?			
Are you able to provide care to your client knowing that you are in good physical and mental health, and pose no health risk to your client?			
Are you able to bend at the waste, and lift 50 pounds without and result of swollen and painful joints?			
Are you able to perform various duties for the client, without results of dizziness or fainting spells?			
Are you able to care for your client, knowing you are able to fully hear your clients needs when expressed during oral communication?			
Are you able to care for your client in a stressful atmosphere, without putting your own physical health in jeopardy?			
Are you able to evaluate the situation around you and report any critical information to appropriate personnel to help initiate corrective action when necessary?			
Are you able to maintain accurate records and logs?			
Are you able to trust, tolerate, and co-operate with the client?			

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge:

Employee Signature _____

Printed Name _____

Date _____

AC PCA Representative _____

Printed Name _____

Date _____

ANTI-RETALIATION

AC Personal Care prohibits retaliation made against any employee, volunteer, board member or patient who reports any good faith complaint of sexual abuse or who participates in any related investigation. Making false accusations of sexual abuse in bad faith can have serious consequences for those who are wrongly accused.

AC Personal Care prohibits making false and/or malicious sexual abuse allegations, as well as deliberately proclaiming false information during an investigation. Anyone who violates this rule is subject to disciplinary action to and including termination.

INVESTIGATION & FOLLOW UP

AC Personal Care will make every reasonable effort to keep matters involved in the allegation as confidential as possible while still allowing for a prompt and thorough investigation.

Acknowledgement of Receipt & Understanding of Sexual Abuse Policy

I acknowledge that I have received and read the sexual abuse policy and/or have had it explained to me, and I understand that AC PCA does not tolerate any employee, volunteer, board member or third party who commits sexual abuse. Disciplinary actions will be taken against those who are found to have committed sexual abuse. I understand that it is my responsibility to abide by all the rules contained in the policy. I also understand how to report incidents of sexual abuse as set forth in the abuse policy, including retaliating against any employee/volunteer exercising his or her rights under the policy.

Employee Signature _____

Printed Name _____

Date _____

AC PCA Representative _____

Printed Name _____

Date _____

Proof of Car Insurance
(if the applicant drives a vehicle)

The employee needs to check the appropriate box and sign below if he/she does not own and/or drive a vehicle.

WAIVER OF AUTOMOBILE INSURANCE

I certify that I do not drive and therefore, I have no need for an automobile insurance. I rely on friends, family, and/or public transportation to travel to and from the place of assignment. I understand that I am, in any way, not allowed to transport clients even in their own vehicle unless otherwise stated in the care plan and pre-approved by the company.

I certify that the vehicle I use to and from the workplace is not my ownership. However, I have been authorized by the owner to drive the vehicle. I understand that I am, in no way, permitted to transport a client in the vehicle that I use, unless otherwise ordered by the company. I am submitting any proof of insurance for the said vehicle.

I do not have a vehicle.

By signing below, I acknowledge that I have read and understood the policy on care insurance the waiver for automobile insurance.

Employee Signature _____

Printed Name _____

Date _____

AC PCA Representative _____

Printed Name _____

Date _____

CPR Card Requirement

AC Personal Care Agency (AC PCA) requires its employees to have a valid CPR certification on and/or before the date of hire. Employees may receive CPR training through any licensed organization of their choice, may, from time to time hold CPR classes in the office. The cost of this class will range between \$25.00-30.00 which must be paid upon arrival to the class. For further information on the days and times of classes given, the employee needs to contact the office.

By signing below, I acknowledge that I have read and understood the policy on the CPR card. I need to provide AC PCA with my CPR certification before accepting any assignment. It is my responsibility to renew this certification before it will expire. I will also provide AC PCA a reported copy of my CPR card before it will expire.

Employee Signature _____

Printed Name _____

Date _____

AC PCA Representative _____

Printed Name _____

Date _____

Policies and Procedures Checklist

The policies and procedures manual is available for review in the office Monday-Friday 9am-5pm excluding holidays. The said manual is distributed to all employees on the date of hire. Employees can request copies of this manual from the office.

Please write your initials next to each one reviewed and then sign below.

_____ Pre-Employment Requirements

- Social Security Card
- Valid Drivers License
- Proof of Car Insurance & waiver of automobile insurance
- CPR Card
- Fingerprints
- 2-Step TB Test and/or Chest X-Ray (CXR)
- Basic Training
- Cultural Competency Training

_____ Standard Operating Procedures (SOP)

- PCA Job Description – Services Permitted and Not Permitted
- Complaints & Grievances
- Disciplinary Actions
- Telephone Procedures
- Contacting Advanced Home Healthcare
- Time Keeping
- Employee Annual Training
- Confidentiality
- Understanding Individual & Family Differences
- Personnel Goals
- Bill of Rights
- Employee Benefits
- Code of Conduct
- Dress Code
- Work Ethics & Standards
- Workman's Compensation Coverage & Procedures
- Workplace Safety
- Universal Precautions
- Background Screen Disclosure & Authorization
- Drug & Alcohol Abuse
- Hepatitis B Vaccination
- Promissory Note
- Sexual Abuse Policy

I acknowledge receipt of the above policies and procedures. I also certify that the above policies and procedures have been discussed with me. I understand that violation of any policies or procedures will result in disciplinary action; up to an including termination.

Employee Signature _____ Date _____

AC PCA Representative _____ Date _____

Hospitalization Policy

Date _____

When a patient goes into the hospital it is Medicaid policy to notify your personal care agency. When calling the office to notify us of a hospitalization, we need the following information, if available.

- Name of client
- Why the client went to the hospital
- What time the client went to the hospital
- What date the client went to the hospital
- What hospital the client went to

If the PCA fails to report a hospitalization, AC Personal Care agency will fine that PCA \$500 for failure to report the clients hospitalization. If you have any questions, please ask the office staff.

By signing below, you acknowledge this policy and understand that if you fail to report a clients hospitalization you will be fined \$500.

Employee Signature _____ Date _____

AC PCA Representative _____ Date _____

I have read and understand the provisions of NAC 449 concerning an agency to provide personal care services in the home. In addition, I have read and understand the provisions of NRS 499 concerning medical and other related facilities.

Employee Name _____

Signature _____

Date _____

Job Description

All employees will be required to sign an acknowledgement of receipt of their job description. The acknowledgement will be kept in the employee's personnel file and a copy given to the employee.

All employees are expected to render services to clients as outlined below. All employees, regardless of their skill level or professional license, will be required to assist the client with homemaking tasks, i.e. washing dishes, laundry, and light vacuuming, dusting, cleaning equipment, and keeping the client's environment safe and secure. Employees may also be expected to assist in the care of pets.

All personnel are responsible to report client condition changes to their supervisor that affect development, cl __ and evaluation of client care plans. Staff assigned to cases will be expected to participate in case conferences to further accommodate this process.

A Personal Care Assistant (PCA) or Caregiver is an individual who provides assistance by performing personalized services to clients of all ages with disabilities and chronic conditions. However, this assistance is limited to the performance of Activities of Daily Living (AOL) and Instrumental Activities of Daily Living (IADL).

The scope of PCA services will include the following:

- Bathing, Shampoo, and Personal grooming
- Mobility, ambulation and transfers
- Toileting, bowel and bladder elimination
- Nutrition, meal preparation, and meal consumption
- Light housekeeping
- Shopping
- Laundry
- Escort services
- Other duties as assigned

The PCA provides service to a client based on and limited to a client's care plan developed by the RN, the doctor and/or the client's family. The care plan is based on an assessment of the client's needs for services, developed in conjunction with a functional assessment and with the input from the client and/or client's family. PCA services are medically oriented tasks that are necessitated by the client's disability or chronic condition that limits the client's way to perform functional activities or daily living (AOL's) and instrumental activities of daily living (IADL's). PCA services vary depending on the needs and requirements of each individual client. Client needs and requirements are documented through the client's functional assessment. These services involve direct care from cueing/prompting total assistance and may include the following activities:

- Assistance with activities of daily living and/or personal hygiene. These activities may include dressing, bathing, grooming, eating, routine hair and skin care
- Assistance with bladder and/or bowel requirements or toileting needs including helping the client to and from the bathroom, or assisting the patient with bedpan routines
- Assistance with transfer activities and ambulation
- The personal care aide does not administer medication but may assist by opening drug containers, medicine planners, opening the medication for the client and/or medicine reminders
- Assistance with meal preparation. Examples of meal preparation activities include menu planning, storing, preparing and serving food
- Assistance with housekeeping, tasks that include assistance with activities related to housekeeping that are essential to maintaining the client's health and safety in the home. Examples

Job Description (continued)

of housekeeping tasks includes but are not limited to, changing bed linens, light housekeeping, laundering, washing dishes and shopping

- Escort services include accompanying and personally assisting clients on trips outside the home

Services **NOT** Permitted

PCA services should never be confused with skilled nursing services. Services that are not permitted as personal care includes the following:

- Insertion and sterile irrigation of catheters
- Irrigation of any body cavities which require sterile procedures
- Application of dressings involving prescription medications and antiseptic techniques, including the treatment of moderate or severe skin problems
- Giving injections of fluids into veins, muscles, or skin
- Administration of medication (as opposed to assisting with self-administered medications)
- Physical assessments
- Monitoring vital signs
- Transporting a client in a private care except when it is part of the service plan
- Changing hours, days or increasing and/or decreasing time authorized
- Accepting or carrying keys of client's home
- Performing chore services
- Loaning, borrowing or accepting gifts of money or personal items from the client
- Accepting or retaining money or gratuities for any reason than that needed for the purchase of groceries or medication for the client
- Performing home and outside maintenance. For example: lawn care, window washing, and woodcutting

I acknowledge that I have received a copy of my job description. I have read and understood my duties as a caregiver of AC Personal Care Agency. Also I understand the services that I am not allowed to do. If I have any questions in regards to this I will call the office.

Employee Signature _____ Date _____

AC PCA Representative _____ Date _____

Complaints & Grievances

All employees have the right, at any time, to submit a written complaint/grievance should the need arise, in regards to supervision, working conditions, or concerns regarding co-workers or clients. The employee MUST report to the office any occurrence of client and employee abuse, client neglect, or co-workers' practice problems for thorough investigation. The filing of a complaint/grievance will not disrupt employment and will be investigated within five (5) working days after receipt. Verbal complaints will be accepted; however, within 24 hours, this verbal complaint must be followed by a written documentation of the nature of the complaint and grievance. Abuse and neglect complaints MUST be reported IMMEDIATELY to the office by calling (725) 204-4713 if other means to report are physically impossible. There is a 24- hour on-call care coordinator to receive and act on emergency situations for these.

Disciplinary Actions

AC Personal Care Agency reserves the right to discipline employees when needed. Issues that need counseling will be documented. The employee will receive a copy of such documentation. Situations endangering the client's health, safety, or welfare will be reported to the appropriate authorities by AC PCA. When counseling is repeated more than twice in a twelve-month period, the employee may be dismissed. All employees are encouraged to complete the exit interviews upon self-termination or company termination.

Nevada Code Section 45-606

- Upon layoff or termination by either the employer or the employee, all wages due must be paid to the employee the earlier of the next regular scheduled payday or within ten (10) days of termination, weekends and holidays excluded
- If the employee makes a written request for earlier payment of his/her wages, all wages due must be paid within forty-eight (48) hours, excluding weekends and holidays.
- If an employer fails to pay all wages due as required by law, that employer may be subject to penalties in the amount of wages equal to the employee's regular wage rate, as if he rendered service in the manner as employed, for every day that the employer is in default up to thirty (30) days.

Telephone Procedures

- The client's telephone is not for the employee's personal use. The employee needs to ask for permission from the client if there is a need to use the client's telephone.
- Employees must not give the telephone number of the client to anyone including the employee's family and friends. Emergency calls for the employee may be coursed through the company.
- Employees must not give his/her telephone number to the client for any reason.
- When an employee is on an out-of-town assignment, he/she may make collect calls to the office. The office has a 24 hours/7 days per week staff to accommodate and act on emergency calls. After hours and weekend calls are intended for emergencies only.
- When an employee takes the client out of the house upon the client's request, (example: when going on an outing of any kind with or for the client) the employee needs to inform the office. Upon return, a call to the office is also a must.
- Schedule changes must be referred to the office by telephone, when physically impossible. Employees are prohibited from any direct contact with the client regarding changes of the schedule.

Contacting The Office

Employees must call, when physically impossible, the office for the following concerns:

- When the employee is aware of possible work schedule changes or problems
- When the employee knows that he/she is going to be late for work
- When the employee is aware of his/her personal illness or conflict that prevents him/her from completing the tasks assigned
- When the employee is having difficulties in meeting job responsibilities
- When the client shows changes of health condition
- When the employee is available to work, he/she needs to inform the client care coordinators, who in turn will do their best to put the employee to work
- Time-off vacation leave must be requested by the 10th of the previous month

Employees are requested to have their own telephone or cellular phones as message phones can be unreliable. Employees would need to have a reliable transportation and childcare to maximize the opportunity of being employed. Notwithstanding, the fact that the clients will always expect their Personal Care Attendants to work as scheduled.

Time Keeping

All employees are required to fill out a one-time card per client. Accurate time sheets are essential to ensure proper billing and to facilitate a timely payroll process. In order to prevent delays in payroll and billing, employees' time card must reflect the accurate time and care plan. Below are the rules and essential data required in submitting the time cards:

- Employees full name
- Client's full name and address
- Detailed time and dates worked. Time and dates on your time sheet must correspond with the employees' calendar
- The employee needs to mark in the time card as to whether the client is Medicaid or Private.
- The hours worked within the pay period are must be summed up.
- Signatures should be collected after every shift. Both the client and the employee must sign line by line. Employees must not have the client pre-sign time cards at the beginning of the period as these needs to be signed at the end of each shift.
- The employee needs to indicate whether or not he/she was injured during the shift (This note is located to the lower right corner of the time card)
- The employee needs to make sure that his/her time card reflects the specific care plan for each individual client
- Military time is not acceptable
- Pay checks will be released after 3:00pm every other Friday after the pay period ends.
- Time sheets not received by designated dates will be paid on the next scheduled payday
- Falsification/forgery is a ground for IMMEDIATE DISMISSAL

Time cards are due by the close of the business Monday (Payroll week). For specific dates and detailed payroll schedule the employee needs to refer to the payroll calendar or contact the office.

Proof of a 16-Hour Basic Training (conducted by an approved company provider)

All employees regardless of work experience or professional licensure are required to attend the Basic Training Class. This is a pre-employment requirement. AC Personal Care Agency and its affiliates, has an on hand instructor to conduct the basic training on a weekly basis. The subject of studies for the basic training, are as follows:

- Personal Care and Grooming
- Bowel & Bladder Care
- Body Mechanics
- Care of the Home and Personal Belongings
- Safety
- Universal Precautions
- Nutrition
- Communication
- Confidentiality
- Overview of "Aging and Disabilities"
- Advance Directives
- Serious Occurrence Reporting

Standard Operating Procedures

The management and employees of AC PCA do not engage in client discrimination because of race, creed, color, national origin, sexual orientation or diagnosis.

Once the applicant has satisfactorily completed the pre-employment requirements, he/she is officially hired by the AC PCA. Employees are introduced to the client by a Client Care Coordinator at which time employee will be oriented to the assigned client's health profile, environment and care plan.

A client accepted for care agrees to have AC PCA as the primary home care agency. AC PCA will coordinate with the providers on as needed basis and upon client request. However, AC PCA will remain the primary provider. Servicing the client will be controlled, coordinated and evaluated by the administration.

On the job training will be provided on an individual basis depending on the needs of the personnel and family/client involved. This type of training is designed to expand the employee's skills and increase the quality care rendered to the client. Documentation of training will be placed in the employee file.

All persons employed by AC Personal Care Agency will be on a probationary period from the date of hire to the period of ninety (90) days. The employee will be evaluated based on his/her job performance, cooperation with its workers and compliance. It is the employee's responsibility to provide AC PCA copies of renewals for their TB Tests and/or Chest X-Ray, CPR certification, car insurance (if applicable), proof of identification for inclusion in their personal file. Failure to do so may result in the suspension, revocation, or termination of employment. At any time during the probationary period either party may terminate the staff member's employment with or without cause or reason for the conclusion of the probationary period the employee will be evaluated and MAY OR MAY NOT BE eligible for pay increase. The employee has to work full-time in order to be eligible for a pay increase. Evaluations are due annually after that. Salary increments will be based on supervisory evaluations of job performance. After the probationary period, either party may terminate employment with or without cause or reason.

Confidentiality

Employees are involved in protecting health information. Employees are required to undergo training on privacy. It is the employee's responsibility to uphold and protect the privacy of each client. It is the employee's responsibility to identify and understand the physical, emotional, spiritual, and financial influences of the individual and/or family regarding death and the dying process.

Information contained in the AC Personal Care Agency document and/or in the workbook in the client's home is confidential. The only persons who have access to this information will be the AC PCA staff, its clients and/or client's family member with a durable power of attorney for health care (DPOA). Any document containing client information must be kept in a secure but accessible place known to AC PCA staff, client, and/or family member holding DPOA. Abuse or violation of any of the policies contained in the document and workbook may be a ground for immediate dismissal. The management and staff of AC PCA would be glad to assist anyone who may have questions or clarifications regarding company policies and procedures.

Clients expect privacy. However, when having conversations outside the client's home, privacy is sometimes compromised. For example, agency staff should be aware of the noise level, surroundings and other individuals who may overhear conversations. Discretion should always be used when discussing client care or scheduling must be kept confidential.

Agency staff should not give information about a client to another person, even to another member of the client's family, without the client's permission. In addition to constraints on communicating so that a client's privacy is respected the receptionist must strive to arrange the work place so as to support confidentiality. For instance, computer screens should not point towards the reception area or corner because client information may be visible to others. Client paper records should be stored safely and not left hallways with public access. Agency document should be returned to the client's secured location. Likewise, client details should not be left on public bulletin boards. Records should be shredded and now thrown in the garbage. Timecards, progress notes, etc. should be kept in employee's possession and taken from the home. If paperwork is returned to the office by anyone other than the employee, it must be in a sealed envelope. Email, client databases, or case letters should not be left on a computer screen for all to read while the operator is away. Unattended client information must be secured by turning off monitors, closing charts and covering information. If a staff finds medical records unattended, they should return the records to the supervisor. If a member of staff overhears other staff conferring regarding client's medical information, the staff concerned should be reminded that they could be overheard and also remind them of the policy on privacy. If agency staff wants to discuss client information and contractors are in the room, then the agency staff should ask the contractors to leave the room. If the contractors' job is critical and the contractors cannot leave the room, then the agency staff should leave the room and conduct their conversations of this nature in another area. Only the necessary information should be transmitted by email, as one can never be sure who has access to the agency's email. Staff should take care to send email to the right address - a client might not appreciate their progress notes being sent to strangers. Staff should never share computer passwords or leave the password where someone can see it. Diskettes containing client information should not normally be taken home. All members of agency staff are involved in a client's care in some way, but not everyone has to read everything in the client's case notes. Staff should remember the "minimum necessary" rule when reviewing the client's chart.

Staff should report abuses of patient privacy and should not fear retaliation for whistle-blowing -- they are not only protecting themselves from a lawsuit but they are protecting the agency. Staff should be aware of the penalties that could be levied against them for violation of privacy policies. Penalties may include agency discipline not to exclude termination of employment, fines levied by the Federal government and Federal imprisonment. These penalties will include all agency staff, not limited to administrative, office and field employees.



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Confidentiality (continued)

Security and confidentiality is a matter of concern for all persons who have access to AC Personal Care Agency information (AC PCA). Each person accessing AC PCA data and resources holds a position of trust relative to this information and must recognize the responsibilities entrusted in preserving the security and confidentiality of this information. Therefore, all persons who are authorized to access data and resources must read and comply with AC PCA policy. Violators may be subject to penalties, including disciplinary action under the policies of AC PCA and under the laws of the State of Nevada and compliance with HIPAA.

By signing this, I agree that I have read and understood confidentiality involving myself, AC Personal Care Agency and its clients. I will comply with this Agreement.

Employee Signature _____

Date _____

Printed Name _____

AC PCA Representative _____

Date _____

Printed Name _____

Understanding Individual & Family Differences

Employees need to identify and respect the cultural and ethnic differences of the clients. Employees also have to understand the physical, emotional, spiritual and financial influences of the client his/her family regarding death and the dying process.

Personnel Goals

- Physical support and/or rehabilitation of the client
- Support maintenance of the family unit
- Emotional support of the client and his/her family
- Functions as a source of social stimulation. Personnel not only provide their health care knowledge and skills, but can also offer a "part of themselves" (their personality to the client)

Bill of Rights

- Meeting activities of daily living (ADL) needs of the client
 - Client may choose whether to follow physician's orders/family orders or not
 - The nursing assessment and care plan will be coordinated with family participation
 - Documentation of AOL's to office
- Emergency procedures
 - Who to call and when; family procedures; information may be found in the emergency preparedness section of the client book found in the client's house.

Employee Benefits

- Schedule flexibility
- Assignment of choice
- Tax work computed by employer
- Workers compensation insurance
- Professional supervision
- Guaranteed payment of salary
-

All personnel will be placed on cases based on an hourly rate of pay per visit. Sleeping is not permissible on many cases. Some personnel will be offered assignments on a 24 hour basis, and AC Personal Care Agency will negotiate wage compensation with employees placed on those cases on a "live-in" rate. That rate will be less than a straight hourly wage. Employees staffed on "live-in" cases are permitted to sleep.

Sharing salary information with co-workers is strictly forbidden. Any such violation of this policy will result in employee discipline not to exclude termination of employment.

Code of Conduct (Employee Etiquette)

- All employees are to be addressed respectfully and courteously, whether conversation is face to face or on the phone. Management and office staff should be addressed in the same manner.
- Employees should address all clients courteously and respectfully at all times. If the employee or the client has a complaint of any nature, they should contact the office immediately. Employees should not engage in negative conversation of any nature with the client. Nor should any two employees have a discussion of any kind in the presence of the client, the exception being exchanging information during shift change.
- It is permissible to eat with the client if the client requests the company.
- Tips or gratuities are NOT to be accepted. There will be no exceptions to this rule. Borrowing money taking personal items, use or consumption from the client's personal property is strictly forbidden. Money handling of any kind should be done courteously and with discretion. If you handle money in any way, shape or form of the client, you should always return the change with a receipt to ensure as a way of showing honesty in paper. Employees need to keep in mind that some clients have Dementia and Alzheimer's disease who have a higher possibility of forgetting transactions that involve money.
- Use of any client's personal property is intended for the client's needs (i.e. television and stereo). Employees need to exercise sound judgment (e.g. when to watch TV and to read) while caring for the client. Furthermore, it is the employee's responsibility to ascertain that the condition of the client's home is kept up and free from other potential hazards.
- Alcoholic beverages should never be consumed before or during work hours. Smoking is prohibited while on duty. Discuss the "smoking situation" with the client care coordinators before accepting any offered cases.
- Employees need to understand that they are staffed in a case to unburden the client. Therefore, discussing personal concerns or issues while in the clients home or in the facilities is not tolerated.
- Employees need to report to the Client Care Coordinators any changes in the health condition or environment of the client. Incidents that are detrimental to the well-being of the client must be reported to the office immediately. This applies to both the client and the employee.

Dress Code

As a general rule, employees who render services in a client's home must be dressed in a conservative manner. Any office staff of AC PCA may be approached for questions regarding the dress code. Guidelines for such are provided:

- Refrain from wearing t-shirts that have social commentary, political, or religious messages. The clients do not share the same views and may find the t-shirt advertising objectionable.
- Avoid wearing skimpy shorts and skirts.
- Wear clean and polished shoes at all times. It is not appropriate and hygienic to take off shoes while working for a client.
- Hair should be simply styled and shampooed regularly.
- Keep fingernails clean and short. If a nail polish is worn, this needs to be applied neatly with a light or colorless shade.
- Uniforms must be kept fresh and laundered. Neat street clothes are acceptable depending on client preference.
- Bath or shower daily. Take necessary precautions against body odor.
- Do not wear jewelry other than a wedding ring and simple earrings. Some jewelry collects germs and often gets in the way of work. Jewelry sometimes tangles with the client's clothing that will make transferring difficult to manage.

Dress Code (continued)

- Do not wear perfume or aftershave cologne. Some clients have allergy reaction to fragrances.
- AC Personal Care Agency will provide employees with nametags which must be worn on the job at all times.

Work Ethics & Standards

The most highly regarded professionals have very low rates of absenteeism and have the reputation of being dependable and highly responsible.

- Be on time when reporting for duty.
- **If an employee is going to be late for work, he/she must call the office and not the client.**
- It is the employee's responsibility to ensure his/her reliable transportation to get to/from work or have reliable means to do so. He/she is also responsible to have reliable means of childcare.
- If an employee must be absent, it has to be for a valid and excusable reason such as illness. The office needs to be informed at once. A four (4) hour minimum notice is required prior to a scheduled shift. Attempts to call in sick for any other reason may be grounds for written counseling. Attempting to call-in puts an undue burden on the Client Care Coordinator to reschedule your case. "Attempted call-in" is defined as any notification to the office staff that an employee will not be able to work a shift.
- **NO CALL+ NO SHOW= TERMINATION!** Only a doctor's excuse will be taken to assure that an employee will not be terminated. The employee is required to call the office when he/she cannot go to a scheduled shift and no disciplinary action will be taken.
- Assignment record must be kept up to date, daily activity log/time slips are filled out completely on a daily basis.
- When an employee is uncomfortable with an assigned job or when problems and conflicts arise, he/she needs to call the office without hesitation. **DO NOT LEAVE THE JOB OR REFUSE TO GO BACK.** The management resolves the issue the best way possible for both the client and the employee.
- Do not repeat any information concerning a client. Again, confidentiality is essential. A breach of this clause is grounds for termination.

Holidays

AC Personal Care Agency observes the following holidays enumerated below. When an employee is scheduled to work on a holiday, he/she is expected to show up for work unless previous arrangements were made with the Client Care Coordinators.

New Years Day
Martin Luther King, Jr.
Presidents Day
Easter
Memorial Day
State Holidays

Fourth of July
Labor Day
Columbus Day
Thanksgiving Day
Christmas Day



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Workman's Compensation Coverage and Procedures

AC Personal Care Agency has elected to self-insure its worker's compensation liabilities through the Nevada Retail Network Self Insured Group/ARMI.

Injuries sustained at work are covered by the worker's compensation laws. The employee needs to be aware that there are authorized medical providers in case of injury. All treatment for work related injuries are provided through the ARMI approved list preferred providers only.

If treatment is availed from a non-authorized medical provider, the employee will be responsible for payment of such treatment and its related medical expenses.

In the event of a life-or-limb-threatening emergency, call 911. However, a designated medical provider must provide any follow-up care.

The following procedures must be followed when an employee sustains a work-related injury:

- Any injury or involvement in an incident/accident that caused injury while at work must be reported immediately to the office by phone, when physically impossible. A 24-hour on call staff is always available to attend to matters like this.
- There will be forms that need to be filled out by the injured individual and his/her attending physician. These forms will be submitted to ARMI for processing.
- When permitted by the attending physician to return to work, the employee must inform the office as soon as possible.

To monitor work-related injury closely, the employee is requested to voluntarily indicate in writing whether or not he/she has been involved in or has sustained a work-related injury during the payroll period.

I acknowledge that the Worker's Compensation Procedures have been fully explained to me.; I also have received, read and fully understood the "Brief Description of your Right and Benefits IF You are Injured" and what is required of me if I sustain an injury and/or am involved in an incident/accident.

Employee Signature _____

Date _____

Printed Name _____

AC PCA Representative _____

Date _____

Printed Name _____



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Workplace Safety

The Safety and health of employees is of primary importance to AC Personal Care Agency. Safety on the job and at home will enhance the quality of life. The policies and procedures of AC PCA are geared towards a safe and healthy working environment for the employees, and in turn, ensures client protection. Therefore, the employee must adhere to the policies and procedures outlined by the AC PCA. Accidents represent a needless waste of human resources and economic loss while safe and healthful operation conserves human and material resources.

AC PCA offers a gait belt at a cost of \$15.00 and a back support belt at a cost of \$25.00. Should an employee need the use of these, AC PCA also offers to deduct the cost from the employee's pay check. This is refundable upon return of the device in good condition. The use of safety equipment does not replace proper lifting techniques. They are to be used in addition to good body mechanics. If the employee would like to avail of these offers, he/she needs to approach the Human Resource Director for assistance.

Gloves and CPR masks are always available at the AC PCA office. It is the responsibility of the employee to make sure that he/she has sufficient supply of gloves and CPR masks.

I acknowledge that I have received a copy of the Nevada Workplace Safety. I have read and understood the importance of safety.

Employee Signature _____

Date _____

Printed Name _____

AC PCA Representative _____

Date _____

Printed Name _____

Universal Precautions

- Universal precautions apply to blood, body fluids containing blood, tissues, pericardial, peritoneal, amniotic, semen, synovial, vaginal, cerebrospinal, and pleural body fluids.
- Universal precautions also apply to feces, saliva, nasal secretions, sputum, sweat, tears, urine, and vomit, especially, if it is contaminated with blood.
- Gloves should be worn for handling items or surfaces soiled with blood and the above-mentioned fluids.
- Gloves should be changed between contacts with clients requiring universal precautions. Hands should be washed between glove changes.
- Hands and other skin surfaces should be washed immediately and thoroughly, if contaminated with blood or other fluids.
- Masks and protective eyewear or face shields should be worn when the generation of droplets of blood (splashing) is anticipated.
- Protective apparel (gowns/aprons) should be worn during procedures likely to cause splattering and splashing of blood and body fluids.
- Mouthpieces, resuscitation bags, or other ventilation devices should be available for use in areas which the need for resuscitation is anticipated.
- All client specimens should be placed in sturdy leak-proof containers with a secure lid to prevent any leaking during transport. Care is taken to avoid contaminating outside of containers and laboratory slips.
- All health workers who have oxidative lesions or weeping dermatitis should refrain from direct client care activities and from handling client care equipment.
- Personnel should report to their supervisor all incidents of exposure to blood or body fluids including needles or sharp sticks, cerebrospinal, and pleural body fluids.

I acknowledge that I have read and understood the Universal Precautions.

Employee Signature _____

Date _____

Printed Name _____

AC PCA Representative _____

Date _____

Printed Name _____



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Background Screening Disclosure and Authorization

A background check will be conducted through a background-reporting agency and/or by the staff of AC Personal Care Agency. The purpose of this screening is to determine the eligibility of an individual for employment and/or specific assignment. The background screen may include investigation and review of information about the person's character, general reputation, personal characteristics, mode of living, employment history, criminal history, military record, credit history and/or department of motor vehicle records, whichever is applicable. All employees will be subject to this before and after the date of hire. The employee has the right to make a written request for a complete and accurate description of the nature and scope of the background screen. Address such requests to the following:

AC PERSONAL CARE
Corporate Security & Safety
1735 N Nellis Blvd, Suite A
Las Vegas, NV 89115

I acknowledge that I have read and understood the background screen disclosure. I also authorize AC Personal Care Agency to conduct a background check and part of my employment.

Employee Signature _____

Date _____

Printed Name _____

AC PCA Representative _____

Date _____

Printed Name _____

Two Step TB Test Result (this form goes to the employee health file)

TB TEST REQUIREMENT

Tuberculosis is an infection primarily of the lungs. In its active stage, a person may become ill with the TB or the person may remain a symptomatic, but the TB bacillus remains dormant with the body. A 2-Step TB skin test (POD or Mantoux) is given to determine if the person has been exposed to the disease of tuberculosis. A positive reaction does not necessarily mean the presence of active TB, but another evaluation should be carried out. If a person had positive TB skin test result in the past, additional skin test should not be given. Evaluation should be done by chest x-ray (CXR). Also, if a person had a live virus vaccine (i.e. measles, mumps, polio) within the previous four weeks, the TB skin test should not be taken. If the employee is aware of an exposure within the previous 3 months, he/she must notify the direction of employee health and safety as further tests may be indicated at a later date.

A 2-Step TB is a pre-employment requirement. A 1-step TB skin test will be required annually, a condition of continued employment with Advanced Home Health Care. Chest X-Ray is only acceptable when it is supported with either a positive TB test result or a Doctor's note that states a positive reaction to TB skin testing.

AC Personal Care Agency occasionally arranges TB Testing sessions for the convenience of the employees. Kindly sign below to avail of this health services when available.

- Accept** I consent to the administration of the TB skin test (PPD or Mantoux) I understand that it is the policy of Advance Home Health Care to administer the TB skin test annually. I further understand that if I have an unprotected exposure to tuberculosis, I will be tested according to agency protocol.
- Decline** I decline the administration of the TB skin test (PPD or Mantoux)

Administered	By	Site	Test Read	Reading in mm	By	Manufacturer / Lot #

Employee Signature _____ Date _____

Printed Name _____

AC PCA Representative _____ Date _____

Printed Name _____

Hepatitis B Vaccination

Hepatitis B is an infection of the liver caused by the Hepatitis B Virus (HBV). HBV is one of the several types of viruses that can cause Hepatitis. There is a Vaccine that will help prevent HBV infection.

Hepatitis B virus infection may occur in two phases. The acute phase occurs just after a person becomes infected and can last for a few weeks to several months. Some people recover after the acute phase, but others remain infected for the rest of their lives. They go into chronic phase and become "chronic carriers." The virus remains in the liver and blood. Acute hepatitis B usually begins with symptoms such as loss of appetite, extreme tiredness, stomach pain, nausea, and vomiting. Dark urine and jaundice evidenced by yellow eyes and skin are common. Also skin rashes and joint pain can occur. Over half of the people who become infected with HBV never become sick and some may later have long-term liver disease from their HBV infection.

- **Hepatitis B Vaccine**

Hepatitis B vaccine is given by injection. Three doses are given on three different dates and are needed for protection. Exactly when these three doses are given may vary. If you are interested in receiving this vaccine and need more information, contact the Clark County Health District at (702) 385-1291. The Hepatitis B vaccine prevents HBV infection in 85-95% of people who get all shots. Studies have shown that these people's protection lasts at least 10 years. Booster doses are not recommended for individuals who are exposed to blood or blood products in their work, clients and staff of institutions for the developmentally challenged, as well as client and staff of group homes, where any of the residents is a chronic carrier of HBV. Hemodialysis patients, users of injectable drugs, individuals with medical conditions such as hemophilia, who receive by products to help clot their blood;

- **Side Effects**

The most common side effect of Hepatitis B vaccination is soreness where the shot is given. Tenderness at the injection site has been reported in up to 46% of infants vaccinated. Of children who get the vaccine, 2-5% may get a fever of greater than 102° F or become irritable. When Hepatitis B Vaccine is given with other childhood vaccines, it does not make these mild reactions worse with other vaccines. HBIG has sometimes been associated with swelling and hives. As with any drug, there is a slight chance of allergic reaction or more serious reactions with either the vaccine or HBIG. However, no serious reactions have been shown to occur due to the Hepatitis B recombinant vaccines (these are the ones currently in use). A person cannot get Hepatitis B or AIDS from Hepatitis B shot or from an HBIG shot. The vaccine is made with a yeast base. Any person who has a problem taking medication that has a yeast base should not take this vaccine.

Accept I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV). I have been given the opportunity to be vaccinated with the Hepatitis B vaccine. I have read the above information and I elect to get the 3-shot series for Hepatitis B. I also understand that it is my responsibility to make arrangements to receive the vaccine.

Decline I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus (HBV). I have been given the opportunity to be vaccinated with the Hepatitis B vaccination. However, I decline Hepatitis B vaccination at this time. I understand that by declining, I continue to be at risk of acquiring Hepatitis B, a serious virus. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series. I have read the above information and I elect not to get the three shot series for Hepatitis B.

Employee Signature _____ Date _____

Printed Name _____

AC PCA Representative _____ Date _____

Printed Name _____

Sexual Abuse Policy

AC Personal Care Agency (AC PCA) prohibits and does not tolerate sexual abuse in the workplace and any organization related activity. AC PCA provide procedures for employees, volunteers, family members, board members, patients, victims of sexual abuse, or others to report sexual abuse and disciplinary penalties for those who commit such acts. No employee, volunteer, patient or third party, regardless of his or her title or position has the authority to commit or allow sexual abuse.

AC PCA has a Zero-Tolerance policy for any sexual abuse committed by an employee, volunteer, board member or third party. Upon completion of the investigation, disciplinary action up to and including termination of employment and criminal prosecution may ensue.

Sexual abuse is an inappropriate sexual contact of criminal nature or interaction for gratification of an adult who is a caregiver and responsible for the patient or child's care. Sexual abuse includes sexual molestation, sexual assault, sexual exploitation, or sexual injury, but does not include sexual harassment. Any incidents of sexual abuse reasonably believed to have occurred will be reportable to appropriate enforcement agencies and regulatory agencies.

Physical and behavioral evidence or signs that someone is being sexually abused are listed below.

Physical Evidence of Abuse:

- Difficulty in walking
- Torn, stained or bloody underwear
- Pain or itching in genital area
- Bruises or bleeding of the external genitalia
- Sexually transmitted diseases

Behavior Signs of Sexual Abuse

- Reluctance to be left alone with a particular person
- Wearing lots of clothing especially in bed.
- Fear of touch
- Nightmares or fear of night
- Apprehension when sex is brought up

Reporting Procedure

If you are aware of or suspect sexual abuse taking place, you must immediately report to: Olive Ejiolor or another person you designate such as a human resource person. If the suspected abuse is to an adult, you should report the abuse to your local or state Adult Protective Services (APS) Agency. If it is a child who is the victim, then you should report the suspected abuse to your local or state Child Abuse Agency. If you do not know your state child abuse agency you can call the Child Help's National Child Abuse Hotline, (Local#), TDD 1-800-222-4453. Appropriate family members should be notified of alleged instances of sexual abuse.

AC Personal Care Agency will report the alleged sexual abuse incident to:

Caldwell & Associates Insurance Services, Inc.
321 N. Mall Drive. Suite B-202
St. George, UT 84790 (435) 628-5378

Grievance Procedure

For any problems, questions, or complaints please call the office at 725-204-4713. The office is open Monday through Friday 9:00am to 5:00pm. The client care coordinator is available 24 hours a day, 7 days a week to address your concerns.

For all scheduling issues contact the Client Care Coordinator. If the issue is not resolved, please ask to speak with the Administrator.

For any conduct/ performance issues, or for a request of a change of a caregiver, please ask for the Client Care Coordinator. If the issue is not resolved, please ask to speak with the Administrator.

For any health related issues please notify the Client Care Coordinator. If there is a medical emergency, please call 911.

If your grievance cannot be resolved within this agency please contact the Nevada Medicaid District Office and/or First Health Services.

Las Vegas District Office (702) 486-1550

First Health (702) 684-7593

State Ombudsman (775) 687-4210

Cultural Competency Training

The law now requires all PCA's to attend a State approved Cultural Competency Training course within 90 days of employment and every 2 years onwards.

To take the course, visit <https://www.flexed.com/register.php> and create a profile

- Select Other for "Hospital/Facility Affiliation"
- Enter "AC Personal Care" for "Hospital Affiliation"
- Take the course titled "Cultural Competency and Health Care Self Study Module" under the "Self Study Modules" menu item.
- Cost is \$20 due at the end of the course

By signing below, I agree to take an approved course as required by law. I also agree to always keep a current copy of my certificate on my personnel file.

Employee Name: _____

Employee Signature: _____

Date: ____/____/____