



Care For You Home Healthcare Agency, LLC

Employee Handbook

**This Handbook is to be carried at all
times for reference when at a
clients/participants home**

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Purpose of the Handbook

This Personnel Handbook contains a summary of the policies and guidelines in effect at Care For You Healthcare Agency, LLC July 28, 2015 as well as updates and new additions in effect August 1st, 2015. This handbook is to be used as a guide by Care For You Home Healthcare Agency, LLC's employees and is not intended to create any contract of employment. Instead, your employment relationship with Care For You Home HealthCare Agency, LLC is at-will. This means that you are not required to work for Care For You Home HealthCare Agency, LLC for any set period of time. You remain free to terminate your employment at any time and for any reason upon proper notice. Care For You Home HealthCare Agency, LLC also remains free to terminate your employment at any time and for any reason that does not violate local, state or federal law with or without notice.

These policies are subject to change, modification, or amendment at any time in Care For You Home Healthcare Agency, LLC's sole discretion with or without prior notice.

We at Care For You Home Healthcare Agency, LLC are dedicated to providing competent and professional services to the clients who we serve. We expect that our employees will perform in the same manner. We expect you to follow these standards of conduct and policies at all times. Infractions may be used as grounds for disciplinary action.

Employment Practices

Selection and Hiring

All employees must meet all applicable rules and standards outlined in licensing requirements as dictated by county, state or federal government agencies. Care For You Home Healthcare Agency, LLC will not discriminate against any employee or candidate regardless of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, or status with regard to public assistance. All decisions regarding the recruitment, selection and placement of employees are made solely on the basis of position-related criteria. Every effort will be made when hiring new employees or promoting current employees to match their skills, knowledge, abilities and interests with positions that best utilize their talents.

Sexual Harassment/Offensive Behavior

It is the policy of CARE FOR YOU HOME HEALTHCARE AGENCY, LLC that harassment on the basis of protected status (race, creed, religion, sex, national origin, marital status, with regard to public assistance, disability, age, membership on a local human rights commission and sexual orientation), including sexual harassment is prohibited. Such harassment violates the law, creates an offensive working environment, decreases productivity, adversely affects the positive working relationships, increases costs to the agency and tarnishes the image of the agency and everybody associated with it. No employee may engage in verbal or physical conduct that degrades or shows hostility or aversion toward an individual because of that person's race, creed, color, religion, sex, national origin, marital status, status with regard to public assistance, disability, age, membership on a human rights commission or sexual orientation, or that of the person's relatives, friends or associates, if the conduct:

1. **Has the purpose or effect of unreasonably interfering with the person's work performance, or**
 2. **Otherwise adversely affects that person's employment opportunities.**
- **One form of prohibited harassment is sexual harassment. Sexual harassment is defined as:**
 - **Making unwelcome sexual advances or requests for sexual favors or other verbal or physical conduct of a sexual nature a condition of an employee's obtaining employment or continuing employment; or**
 - **Making submission to, or rejection of such conduct the basis for employment decisions affecting an employee; or**
 - **Creating an intimidating, hostile or offensive working environment or otherwise substantially interfering with an individual's employment by such conduct; or**
 - **Retaliating against an employee for complaining about such conduct.**

Procedure: Complaints Relating To Prohibited Harassment

Policies include a procedure for the following:

To Report an Incident: CARE FOR YOU HOME HEALTHCARE AGENCY, LLC

An employee who believes he or she has been subject to harassment prohibited by this policy should report the incident immediately to his or her supervisor, agency administrator, or human resource personnel:

1. The complaining employee will be asked to put the facts surrounding the offensive conduct or communication in writing. Thereafter, the investigation may include interviews with the employee making the charges, the accused employee, and appropriate witnesses, depending upon the individual circumstances of the matter.
2. Determination of whether prohibited harassment occurred will be made on a case-by-case basis, depending upon the circumstances of the matter, including the type of harassment alleged, the context in which the alleged harassment occurred and any other facts deemed relevant. The employee making the complaint will be advised of the final disposition of the matter.

Discipline For Prohibited Harassment

- *A violation of this policy may be grounds for immediate discipline, up to and including discharge, or other appropriate action.*
- *CARE FOR YOU HOME HEALTHCARE AGENCY, LLC does not tolerate harassment or abuse to any active clients or affiliated staff, such behavior results in immediate termination.*

Complaints or Grievances

A complaint should be in writing, contain the name and address of the person filing it, and briefly describe the action alleged. A complaint should be filed in the office of the within 30 days after the person filing the complaint becomes aware of the alleged action. The Administrator will conduct an investigation of the complaint to determine validity. The Administrator will issue a written decision determining the validity of the complaint no later than (30) days after its filing.

Confidentiality

Confidentiality of all client and/or family concerns is required by Ohio State Regulation and HIPPA. Disclosing any confidential information or improperly discussing any client condition is grounds for immediate termination.

Probationary Period

All employees are considered probationary for the first 90 days of employment. This is to ensure a satisfactory performance relationship has been established.

Performance Evaluation

Care For You Home Healthcare Agency, LLC commitment to excellence is fulfilled in part through an on-going performance improvement process. Evaluations are objective and intended to improve performance of individual employees as well as the company.

An employee's job performance will be evaluated at the end of his/her 90 day probationary period and may or may not be documented.

An annual evaluation will be performed on or before the employee's anniversary date of hire. The annual evaluation will be documented and will be retained in the employee's confidential personnel file.

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In-service Education

Four hours of in-service are required annually to maintain employment. All are required to comply with this requirement. In-service instruction/lecture, videotapes, and quiz's are available at the office and can be viewed, by appointment, at your convenience. Attendance of any in-services offered at our office or by third parties will be documented and be part of each employee's file.

Voluntary Resignation

Field staff who resign are requested to give a two week notice. Administrative staff are requested to give a three week notice. If an emergency arises, a shorter notice may be agreed upon between the employee and Administration. An employee who resigns without prejudice and who has a satisfactory record may be entitled to reemployment with Management approval. No recommendation will be furnished on an employee whose services are terminated with prejudice or for disciplinary reasons.

The employee is responsible for requesting alternative clients should the employee be dismissed from the client for whom he or she is hired to work. Failure to do so will result in the assumption of your voluntary resignation.

Grounds for Termination

Evidence of the following are grounds for immediate termination with valid circumstantial data. The Administrator may use the event for strong disciplinary action rather than termination, but usually not.

1. Dishonesty
2. Theft
3. Incompetence
4. Racial intolerance
5. Failure to obey reasonable instructions
6. Reporting to work intoxicated or under the influence of a controlled substance
7. Failure to notify employer of absence from work
8. Insubordination
9. Client abuse or misuse
10. Profanity
11. Falsification of records
12. Giving confidential information pursuant to Michigan Law
13. Violation of patient rights pursuant to Michigan Statutes
14. Violence on premises
15. Failure to report evidence of Vulnerable Adult Act violations

All of the above conditions are grounds for immediate termination. Any new employee shall be subject to discharge at the option of the employer during the first 90 days. No employee shall be suspended, demoted or dismissed without sufficient cause. If after proper investigation it is verified that an employee has been disciplined unjustly, he or she will be reinstated, however, that no claim for compensation for time lost shall be paid. In the case of a dismissal, the employee affected may request and shall receive from the employer in writing the reason for the dismissal. Employees so disciplined during the probationary period, shall forfeit all other benefits, except earned wages during the time that he/she worked. Accumulation of one verbal and one written notice is cause for dismissal.

Arbitration Policy

If an employment dispute arises while you are employed at Care For you Home Healthcare Agency, LLC Care For You Home Healthcare Agency, LLC requests that you agree to submit any such dispute arising out of your employment or the termination of your employment (including, but not limited to, claims of unlawful termination based on race, sex, age national origin, disability, breach of contract or any other bias prohibited by law) exclusively to binding arbitration under the federal Arbitration Act, 9 U.S.C., Section 1. Similarly, any disputes arising during your employment involving claims of unlawful discrimination or harassment under federal or state statutes shall be submitted exclusively to binding arbitration under the above provisions. This arbitration shall be the exclusive means of resolving any dispute arising out of your employment or termination from employment by Care For You Home Healthcare Agency, LLC or you, and no other action can be brought by employees in any court or any forum.

Involuntary Separation

Employees whose services are terminated by disciplinary action or for just cause are not eligible for rehire.

LEAVES OF ABSENCES

Leave of Absence Procedure

A request for a leave of absence shall be in writing and submitted to the Director at least two weeks in advance. Failure of the employee to return on the expiration date of the leave of absence will result in termination of the leave and employment.

Maternity Leave

Employees who are pregnant must bring a written statement from their physician after each visit indicating continued work will not be hazardous to her health or to that of the baby expected. Maternity leave will be granted for a period not to exceed 60 days from birth date of child in normal pregnancy. Complication may extend your leave on an individual based evaluation.

Parental Leave

A leave of absence without pay is granted to all expectant parents, who are generally expected to return to work full time.

GENERAL WORK RULES

Sick Calls/Cancelled Visits

If an employee cannot make it to a scheduled visit/shift, a call must be made to the Care For You Home Healthcare Agency, LLC staffing department. If made during office hours at 234-344-0185 (Monday-Friday, 9:00 a.m.- 5:00 p.m.), the employee must speak directly to the Staffing Coordinator to ensure that the information will be directed to the client in a timely manner. Sick calls/cancelled visit messages are NOT to be left on Voice Mail. After hours contact is 234-334-0184 this number should only be used After the hours mentioned above. A four hour advance notice is requested if at all possible. Late notice is grounds for disciplinary action and possible termination, if repeated.

Replacement Staff

If your replacement staff is 15 minutes late, please call the office. We will make every effort to locate the staff and call you back with an explanation and/or substitute. You are required to remain with the client until arrangements can be made.

Employee Health

If you become ill while on duty, call us immediately. We expect you to stay with the client until other arrangements can be made for you.

First Report of Injury

If you are injured on the job, you are required to call the office immediately and explain that you have to complete a First Report of Injury. Should the injury result in a lighter work-load or time off of work, you will be required to be seen by a physician. Once you are cleared to work, you will need to have your physician complete a return to work form that is available from our Human Resource Department.

24-Hour Answering Service

We have an after hours phone number. We expect you to make your calls for business-related matters from 9:00 a.m. to 5:00 p.m., Monday through Friday 234-334-0185. Only emergency calls should be made at other hours. Any problem with your visit/shift may be made to the case manager or staffing coordinator whenever necessary.

Appearance

To maintain a professional environment, employees are expected to be clean, well groomed and appropriately dressed at all times. Clean and proper attire is to be worn. Additionally, it is important for all employees to select clothing and footwear that is appropriate for the position (i.e., pants instead of skirts for ease in mobility). No jewelry except a wedding band or engagement ring, watch or small earrings are to be worn.

Proper attire is defined as no stains, holes or rips in clothing, and proper undergarments are to be worn at all time.

Inappropriate Attire:

- Blue jeans
- Pajamas bottoms
- Capri's
- T-Shirts
- Cut off jeans
- Shorts
- Flip flops
- Sandals
- Torn clothing

Proper Attire:

- Care For You Home Healthcare T-Shirt (Management staff only)
- Nursing Scrubs
- Nursing Scrub pants
- Khaki pants
- Collar solid color shirt
- Tennis Shoes

Take pride in your own well being and appearance. Help the client to do the same.

Rest Periods and Lunch Breaks

Care For You Home Healthcare Agency, LLC believes that breaks are an important part of the working day. Given the nature of our business, our work environment may not always be conducive to regularly scheduled breaks. Employees are expected to exercise proper judgment and, when appropriate, such breaks shall not exceed two fifteen minute periods during an eight hour shift. An employee may not leave the client's household (or assisted living facility) during a break. A normal full time shift is 8 hours. Employees working this shift are entitled to a 30-minute meal break. This period of time is not paid. Employees who need to be on duty during their meal break will work an 8-hour shift. Rest or meal breaks cannot be used to shorten the work day in any way by arriving late or leaving early from a shift.

Solicitations and Distributions

Solicitation for any cause during working time and in working areas is not permitted. You are not permitted to distribute non-company literature in work areas at any time during working time. Working time is defined as the time assigned for the performance of your job. Employees are not permitted to sell chances, services, and merchandise or otherwise solicit or distribute literature or encourage acceptance of any belief or philosophy. Persons not employed by Care For You Home Healthcare Agency, LLC are prohibited from soliciting or distributing literature on company and client property or from being on Care For You Home Healthcare Agency, LLC or Client property.

Giving and Receiving Gifts

You may not give or receive money or any gift to or from a client or client family member.

Dating In the Workplace

Clients and employees are strongly discouraged from forming romantic or sexual relationships. Such relationships can create the impression of impropriety in terms and conditions of employment and can interfere with productivity and the overall work environment. If you are unsure of the appropriateness of an interaction with a client of Care For You Home Healthcare Agency, LLC contact management for guidance. If you are encouraged or pressured to become involved with a client in a way that makes you feel uncomfortable and is unwelcome, you should also notify your manager immediately. No client or employee of Care For you Home Healthcare Agency, LLC has the right to subject any client or employee to sexual or other unlawful harassment, including requests for sexual favors, sexual advances, offensive touching, and any other unwanted verbal, graphic, conduct or communications of a sexual nature. You should also be aware of, and are expected to comply with, Care For You Home Healthcare Agency, LLC policy against sexual and other forms of illegal harassment in the workplace. Appropriate action, which may include a transfer or reassignment, leave of absence, suspension or termination, will be taken against those who violate this policy.

No Smoking Policy

Field staff may never smoke in the client's home or office unless permission is granted. Office staff are prohibited, by policy, from smoking in the office. All visitors shall be politely informed of the "no smoking" policy. This is done to comply with health care leaders' efforts to reduce smoking in Ohio. DO NOT DRINK ALCOHOLIC BEVERAGES WHILE ON DUTY. USE OF DRUGS IS STRICTLY FORBIDDEN.

Emergencies

For life-threatening emergencies, call "911." In the event of a client's death, expected or unexpected, please record accurately all data regarding the death. Employees shall record the exact time and the events that happened. Notify the office for further directions.

Incident Reporting

If there is an accident, you (or the client) must call the office immediately. Following the telephone call, a written report is required within 48 hours by Ohio law. Complete an INCIDENT REPORT FORM and mail it to the office immediately. This is for your protection.

COMPENSATION

Salaries and Wages

Salaries and/or wages shall be determined at the time of employment.

Holiday Pay

Care For You Home Healthcare, LLC recognizes the following holidays:

New Year's Day, July 4th, Memorial Day, Labor Day, Thanksgiving, and Christmas Day.

Employees who do not work on a recognized holiday will be paid their regular rate of pay. Employees who do perform work on a recognized holiday will be paid time and one half their regular rate of pay, pending approval of the Administrator.

An employee calling in absent the day before or the day after a holiday will not be paid for the holiday (unless a physician statement is submitted).

Payroll Guidelines

Pay periods are bi-weekly and begin 12:01 a.m. on Sunday and end at midnight on Saturday. Overtime must be authorized in advance by the office. Not all clients are approved for services on holidays. Please call the office prior to a holiday to verify if you are authorized to work on a holiday. Employees working with Medicaid Passport clients will not receive overtime or holiday pay.

Payroll checks will be available for pick up bi-weekly on **Friday** from 3 pm to 5 pm at our Akron office.

If you are unable to pick up your check, your check will be mailed to you within 5 business days after its been issued. You will be responsible for postage if you wish to have your payroll check mailed to you.

Payroll checks will be mailed from our Akron, Ohio office to each employee's home address. It is the responsibility of the employee to furnish Care For You Home Healthcare Agency, LLC with their correct home address. Please notify the office as soon as possible if there is a change of address. There are forms that may be obtained for an authorized ADULT to pick up your check with proper identification.

Time Slip Protocol

Employees must complete and submit a time slip for each client. All time slips must be signed by the client or responsible party before submitting. Time slips are available at our office.

Completed time slips must be sent in weekly. They may be faxed to 234-334-0186, or dropped off in person at our office, but must be received in the office **by Monday (at 12 o'clock Noon)** to ensure receipt of a paycheck for that pay period. Late timecards will be paid the following payday. Please call the office with any questions regarding the due date, as this policy must be **enforced**.

Time slips which are incomplete and/or incorrect will be returned to the employee for completion/correction.

As a result, these time slips will not be processed until the next pay period. The following information should be on every time slip to ensure that it will be acceptable and processed for that pay period.

- BOTH the client and employee names.
- Be sure that shifts worked correspond to the total hours worked for that day. For example, a time slip that an employee submits for a shift as worked from 8:00 a.m. -1:00 p.m. and then writes 6 hours for the total worked, would be returned to the employee for correction.
- a.m. and p.m. must be included when recording your times.
- The client or responsible party must sign & initial the time slip.
- Requests for past pay stubs must be made a minimum of 72 hours in advance Monday thru Thursday only.
- Employment verification will be made by fax only at **234-334-0186**. Please allow 3 to 5 business days for this type of request.
- **Absolutely** no pay advances will be given.

ALL STAFFING MUST BE DONE THROUGH THE OFFICE. If you must stay past the scheduled time or come in early, Care For You Home Healthcare Agency, LLC must be notified for approval before the care is provided. Employees will not be paid for care that has not been scheduled in advance through the office. Do not ask clients to change scheduled work hours for your convenience.

Mangement

Shatanie Cargill

Gwendolyn Salter

Melissa Smith

Client Abuse/Neglect

A process is established for identification of potential or actual victims of abuse/neglect.

Policy: It is the policy of Care for you HHA LLC. that all patients will be assessed for potential or actual abuse/neglect and will be reported to Care for You HHA LLC and appropriate authorities per state regulations.

Procedure: Process of assessment and identification of clients vulnerable to abuse is addressed during orientation. All home care staff is instructed to report any suspicions of patient abuse/neglect to Care For You Home Healthcare Agency, LLC including self abuse/neglect.

Suspected abuse/neglect will be reported according to state regulations. Confidentiality is maintained for all suspected clients of abuse/neglect investigations. Any employee involved in client abuse/neglect will have disciplinary action taken per policy and procedure according to state and professional licensing regulations. Care For You Home Healthcare Agency, LLC shall maintain a current listing of community resources to contact as needed.

Substance Abuse

No employee shall work, report to work or be present on company premises while "under the influence" of illegal drugs, alcohol or controlled substances which could affect job performance, health or safety. In addition, the unlawful or unauthorized manufacture, distribution, dispensation, possession or use of drugs or alcohol on company premises.

Emergency Disaster Preparedness

DISASTER PLAN

PURPOSE: Emergency and Disaster preparedness is a planned coordination of efforts which includes procedures to be followed to assure that the health care needs of clients continue to be met in emergencies which interfere with the delivery of service.

INTRODUCTION:

1. Under routine procedures, each patient generally receives that highest quality of care that Care For You Home Healthcare Agency, LLC is able to provide. In the event of a disaster, the philosophy of Care For You Home Healthcare Agency, LLC may be altered to that of providing care for the greatest number of clients.
2. Steps which have been considered in developing this Disaster Plan are as follows:
3. To review the various types of disasters which can occur, emphasizing the types of disasters which are most likely to affect our clients.
4. Assess the resources at hand (facilities, material and personnel) and resources necessary to effectively cope with the disaster.
5. Allowing sufficient flexibility within the plan to meet unexpected contingencies.
6. For the purpose of this Plan, a disaster is defined as any situation which seriously over taxes or threatens to seriously overtax the routine capabilities of deliverance of patient care in the home.

CAUSES OF DISASTERS

1. Common natural disasters including but not limited to earthquake, hurricane, tornado and flood..
2. Industrial accidents involving explosion or environmental release of toxic chemicals.
3. Fire
4. Extensive or prolonged utility failure.
5. Collapse of building or other occupied structures.
6. Bomb threats

TYPES OF DISASTERS

INTERNAL DISASTERS

1. An event which causes or threatens to cause physical damage and injury to the home, family, client or personnel.
2. Examples of internal disasters are fire, explosion, telephoned bomb threats or extensive or prolonged utility failure.
3. An internal disaster may require removal of the client from threatened or affected areas.
4. Internal coordination is necessary to assure that each professional staff member is aware of his/her individual role in the Disaster Plan and to assure that all available resources are most efficiently and effectively utilized. Each Supervisor must assure that the field staff is aware of his/her individual role and responsibility during a disaster.

EXTERNAL DISASTERS

1. An external disaster may require that contact be made to the local fire department, police, ambulance services, volunteer agencies, local hospitals and other residential health care facilities.

PERSONNEL IDENTIFICATION

Identification cards must be used upon entrance to the home in order to have access.

GENERAL INSTRUCTIONS

1. Don't panic, keep calm
2. Stop, look and listen
3. Follow instructions
4. Reassure clients
5. Know locations of exiting premises and fire extinguishers and method for use
6. Do not tie up telephone lines
7. Do not obstruct doors and passageways

Reporting Requirements

In the event of any of the following occurrences call the office immediately. Some examples are:

- Client injury or illness.
- Theft or Illegal activities in the home
- Injury or illness to yourself
- Unusual or dangerous client/family behavior.
- Any occurrence requiring police or emergency service.
- Change in client condition.
- Client Hospitalization
- Client admitted to a Nursing Home/Rehab
- Out of Home Respite/Care
- Structural damage to the client's home
- Client Non-compliance with medical care
- Unsanitary conditions in the client's home (insect, rodent, etc...)
- Failure of Universal Precautions or an incident of exposure to blood, bodily fluids . or other infectious waste.

When you call the office answer all questions thoroughly and follow instructions carefully. Document what took place and what was done, and send your documentation to the office within 24 hours after the incident. The office staff will also need to fill out our special incident report form. Please cooperate with the office staff!

Caregivers Description

Caregivers are recognized as a prominent part of our home health care programs. Personal Care consists of client safety, maintenance and support primarily involving a combination of personal assistance and homemaker activities. As with other services, these activities are performed under the direction of the Care Plan is to be followed exactly.

Caregiver's responsibilities include:

- | | |
|---|--------------------------------|
| *Bathing (tub, shower) | *Shaving/Cosmetics application |
| *Partial bath (hands, face, back, bottom) | *Intact skin care |
| *Oral hygiene | *Dressing client |
| *Hair care | *Hand and foot care. |
| *Cooking | *Cleaning |
| *Companionship | *Transportation |

Other Activities Essential to Assisting the Client with Attendant Care are:

- | | |
|-------------------|---|
| *Homemaker duties | *Safety |
| *Mobility | *Reminding Client to self administer medication |
| *Nutrition | *Assistance with correspondence |
| *Elimination | |

The Following MAY NOT be performed by Caregivers are:

1. Medication Administration by employees
2. Other Care as determined by Care For You Home Healthcare Agency, LLC

Care Plan

You are to provide the care *as* it is outlined in the care plan. If the client or family requests care that is not on the care plan, or the care needed is not on the care plan, please contact the office immediately and report the need for changes. Do not provide care that is not on the care plan without the Care for You Home Healthcare Agency, LLC approval.

Documentation of your activities and care provided is required each time you see a client and must be completed before you leave the home each day. Caregivers should maintain **clear and accurate** records for the care provided. Documentation must be thorough, concise, and reflect the care plan goals. Our records are legal documents admissible in a court of law.

Administration/Dispensing of Medication and Non-Prescription Medication

Care For You Home Healthcare Agency, LLC employees are allowed to only dispense medication out of a pill container (Monday-Sunday Containers) with are pre-filled by a family member or licensed healthcare professional. No other methods are tolerated under any circumstance. We will not administer non-prescription directly to a client. Employees can only assist. Assisting is defined as bringing the prescription (bottle or container), opening the prescription, and allowing the client to take the prescription out of the container and take the prescription without the assistants of the employee. This includes putting the pill in the client's mouth.

Documentation Policies

General Documentation Policies

All care must be documented at the time it is provided and must follow the "care plan" or "instruction summary" that is located in the client's home. This information should be reviewed each time the employee enters the home for changes so that the employee may provide the care that is needed for the client to be safely maintained in the home setting.

When a "condition change" is observed, call the Care For You Home Healthcare Agency, LLC. A condition change is something you find or observe with the client that is not on the original care plan such as level of assistance needed, client injury, or any other client concern.

Call the office immediately if the client is not at home or does not answer the door when you arrive to provide care. Call to report if your client has been out of the home at all.

Write neatly, and legibly. If an error is made, line through it once, write the correct information beside it, date and initial. Never erase, white out, or write over previous notes. If an entry is forgotten, write it as a "late entry".

BCI Background Check

Care For You Home Healthcare Agency, LLC requires that each caregiver under the direction of Care For You Home Health Care Agency, LLC undergo a BCI background check through the **Express Work Occupational Healthcare Services** before becoming eligible to provide Home Care services to our clients.

This background checks would consist of:

A criminal history search from records maintained by the Ohio State Police – Ohio Criminal History Record

1. Information contained in the Ohio Criminal History Record.
2. Information maintained by the Ohio Department of Corrections

The findings of those background checks would determine the individual's suitability for employment or continued employment. Under the law, no entity may employ or contract with any person under the entity's control who has or is expected to have access to its clients if the entity knows or should have known:

1. That the person has been convicted of a "serious crime";
2. That the person has pending against him/her a charge for a "serious crime";
3. That a unit of government or state agency has made a finding that the person has abused or neglected any client or misappropriated the property of any client;
4. That a determination has been made under the child abuse and neglect statutes that the person has abused or neglected a child.

Reference Checks

At Care For You Home Healthcare Agency, LLC two reference checks are conducted on every job applicant, regardless of the position for which they are applying. This process is conducted to verify the accuracy of the information provided by the applicant. Examples include checks of past employment, education, job-related accomplishments, etc.

Care For You Home Healthcare Agency, LLC will ensure that all reference checks are conducted in compliance with all federal and state statutes, such as the Fair Credit Reporting Act, as applicable. For example, the Americans with Disabilities Act prohibit organizations to collect non job-related information from previous employers/other sources. Therefore, the only information that can be collected is that pertaining to the quality and quantity of work performed by the applicant, the applicant's attendance record, education, and other work-related issues.

Once a decision has been made regarding interest in hiring an applicant an offer will be made contingent upon satisfactory completion of reference checks. As part of this process, each prospective employee must submit at least three professional references to be considered for employment at Care For You Home Healthcare Agency, LLC. Applicants will be asked to provide the employer's name, telephone number, and address.

Reference check information is located on your application for employment.

Receipt of Employee Handbook

I _____ (employee name), have been given a copy of the Care For You Home Healthcare Agency, LLC Employer Handbook. I have been advised and acknowledge that in the course of my employment with Care For You Home Healthcare Agency, LLC, the Company may at any time change the policies, procedures, benefits and benefit plans contained therein with or without prior notice since nothing in the Handbook should be construed as a contract of employment or promise of continued benefits. If I have specific questions about any statement or provision in the Handbook, I will direct them to my Supervisor or to the Personnel Department.

Arbitration

I also acknowledge I have read and understand the Arbitration Policy contained in this Employee Manual and I agree to abide by the policy.

Confidential Information

I am aware that during the course of my employment confidential information will be made available to me, for instance, product designs, marketing strategies, customer lists, pricing policies and other related information. I understand that this information is proprietary and critical to the success of Loving Care Home Care, LLC and must not be given out or used outside of Care For You Home Healthcare Agency, LLC's premises or with non- Care For You Home Healthcare Agency, LLC employees. In the event of termination of employment, whether voluntary or involuntary, I hereby agree not to utilize or exploit this information with any other individual or company.

I acknowledge that the programs and statements outlined in the booklet are to be regarded only as guidelines, not guarantees, which the Company may, in its sole discretion, change as needed in order to manage its workforce to the Company's benefit as Care For You Home Healthcare Agency, LLC deems fit.

Additionally, I acknowledge that no promise of job security has heretofore been given to me and that there are no such promises contained in the Handbook since I am employed AT WILL and may resign at any time or be fired from my job at any time, with or without notice and with or without cause.

Signature of Applicant or Employee:	_____
Printed Name of Applicant or Employee:	_____
Date:	_____

Care For You Home Healthcare Agency, LLC Consent for BCI Background Checks

Care For You Home Healthcare Agency, LLC requires that each caregiver under the direction of Care For You Home Healthcare Agency, LLC undergo a BCI background check through the **Express Works Occupational Healthcare Services** before becoming eligible to provide Home Care services to clients.

This BCI background checks would consist of:

A criminal history search from records maintained by the **Ohio** – Criminal History Record

1. Information contained in the Criminal History Record.
2. Information maintained by the Ohio Department of Corrections

The findings of those background checks would determine the individual's suitability for employment or continued employment. Under the law, no entity may employ or contract with any person under the entity's control who has or is expected to have access to its clients if the entity knows or should have known:

- That the person has been convicted of a "serious crime";
- That the person has pending against him/her a charge for a "serious crime";
- That a unit of government or state agency has made a finding that the person has abused or neglected any client or misappropriated the property of any client;
- That a determination has been made under the child abuse and neglect statutes that the person has abused or neglected a child.

Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Care For You Home Healthcare Agency, LLC and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Print Name: _____

Applicants Signature: _____ Date: _____