

**Abundant Life Home Health Agency, LLC**

**POLICY AND PROCEDURE**

**MANUAL**

# **Abundant Life Home Health Agency, LLC**

**The following Policy and Procedures were last reviewed:**

**April 8, 2021**

**These policy and procedures have been approved by:**

**Title:** Director of Nursing

**Signature:** Traci Brissett RN      **Date:** \_\_\_\_\_

## Abundant Life Home Health Agency, LLC

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Category:	Administrative	Number:	1.001.1
Subject:	Definition of Organization		
Applies:	All Staff	Page:	1 of 1

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**Purpose:** To clearly define the structure of the Organization.

**Policy:** Abundant Life Home Health Agency, LLC is a for profit Agency established under the laws of this state for the purpose of providing healthcare services to individuals in their own residence on a part time basis. This agency and its personnel adhere to all applicable federal, state, and local laws and regulations related to the health and safety of the patients.

This agency place of business shall provide adequate space to accommodate staff and equipment in a safe and efficient manner and is located at:

Abundant Life Home Health Agency, LLC  
28050 US Hwy 19 N, Ste 205  
Clearwater, Fl, 33761

All required licenses and/or permits are current and posted in a conspicuous place accessible to public view in or near the entrance of the agency. This agency must not transfer a license from one location to another without prior notification to AHCA.

### **General Definitions:**

Agency = the term agency is synonymous with Abundant Life Home Health Agency, LLC throughout this manual.

CEO = the title CEO is effectively the same as Administrator.

Supervising Nurse = the title Supervising Nurses is effectively the same as Director of Nurses.

Patient = the term patient is synonymous with client in throughout this manual.

Field Staff = field staff is defined by this agency as anyone that will have direct contact with patients.

Agency for Health Care Administration (AHCA)

### Attachments:

Copy of Articles of Incorporation/Bylaws and applicable amendments

Copy of Current Licenses/permits















## Abundant Life Home Health Agency, LLC

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Category:	Administrative	Number:	1.004.2
Subject:	Fee Schedule		
Applies:	Administrative/Billing Staff	Page:	1 of 2

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**Purpose:** To define the agency fee schedule.

**Policy:** The fee schedule is set by the governing body. Patients will be made aware of the fee schedule during the admission process and prior signing the consent. The fee schedule is available for public disclosure as outlined in the Public Disclosure policy.

### **Medicare Patients:**

Medicare covers home health services 100% as long as the delivered care is necessary to the patient's wellbeing, requires skilled intervention, and the patient is homebound as defined by Medicare guidelines.

Medicare patients should not owe any out of pocket expenses for home health services including therapy, nursing, and home health aide assistance. Items such as walkers, wheelchairs, and canes will be purchased through a medical equipment company and billed to Medicare.

In the event that we suspect any services or goods will not be covered by Medicare, we will notify you prior to delivery of said goods and services.

### **Medicaid Patients:**

Medicaid covers 100% of home health services including nursing, therapy, and home health aide assistance. You should not be responsible for any part of the bill for services.

In the event that we suspect any services or goods will not be covered by Medicaid, we will notify you prior to delivery of said goods and services.

### **Insurance Patients:**

We will bill your insurance company for all services that we provide. We will bill secondary insurance policies as well. Please provide all insurance information to the nurse during the admission process.

The patient/guardian will be responsible for any fees that have not been paid by the patient's insurance company. For example, if your insurance policy covers home health 80%, then you will be billed for the other 20% of services.







**Abundant Life Home Health Agency, LLC**

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Category: Administrative Number: 1.004.4

Subject: Service Limitations

Applies: Administrative/Billing Staff Page: 1 of 1

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**Purpose:** To define the agency population in which this agency does not serve.

**Policy:** This agency serves all populations (pediatric, adult, & geriatric).





## Abundant Life Home Health Agency, LLC

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Category: Administrative Number: 1.006.1

Subject: Administrative Control

Applies: Administrative Staff Page: 2 of 6

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- f. Supervise and evaluate client satisfaction survey reports on all clients served.
  - g. The Administrator or alternate and the DON or alternate will be available during the Agency's operating hours, either in person or by telecommunication. The office receptionist or answering service can contact the person in charge via telecommunication during operating hours. Operating hours are 9 am till 5 pm Monday through Friday, excluding commonly recognized national holidays. E.g. Independence Day. New Year's Day, Christmas Day, Labor Day etc... The company's telephone number is located on office door which is transferred to the answering service, whenever no one is present in the office.
  - h. The Administrator shall have at least one year of managerial or supervisory experience. The Administrator may also be a supervising physician or supervising registered nurse.
  - i. The Administrator and the alternate must complete a minimum of six clock hours per year of continuing education in subjects related to the duties of the Administrator.
  - j. Implementing governing body directives and organizational policies and procedures
  - k. Complying with applicable laws and regulations
  - l. Recruiting, employing and retaining qualified personnel to maintain appropriate staffing levels
  - m. Ensures annual continuing education and training for management personnel through attendance at approved seminars/conferences.
  - n. Ensure employee performance evaluations are performed by the appropriate personnel at least annually.
  - o. Planning, developing, implementing, administering and evaluating programs
  - p. Ensure adequate resources for infection prevention and control activities.
  - q. Informing the governing body and staff of current organizational, community, and industry trends
  - r. Maintains ongoing liaison among the governing body, PAC personnel, employees, patients, and community.
5. The Governing Body:
- a. Sets forth the composition of the Professional Advisory Committee and clinical record utilization review/quality assurance committee in its policies. The appointment of membership to the professional Advisory Committee is made by

## Abundant Life Home Health Agency, LLC

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Category: Administrative Number: 1.006.1

Subject: Administrative Control

Applies: Administrative Staff Page: 3 of 6

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- the Administrator. Membership is reviewed by the governing body as part of the annual evaluation.
- b. Governing Body Board Members are oriented to the responsibilities and accountabilities as defined in this policy by the Chairperson which includes:
    - o Organizational Structure
    - o Confidentiality practices and signing of a confidentiality agreement
    - o Review of the organizations values, missions, and goals
    - o Overview of programs and initiatives
    - o Philosophy of care
    - o Personnel and patient grievance policies and procedures
    - o HIPAA Confidentiality agreement
    - o Responsibilities in performance improvement activities
    - o Organizational ethics
  - c. Delegate's authority to the Administrator for appointment to professional positions within the Agency. Health care professionals must meet qualifications consistent with State requirements and reflected in applicable job descriptions.
  - d. Ensures annual continuing education and training for management personnel through attendance at approved seminars/conferences.
  - e. Reviews and approves new policy and procedures at least annually.
  - f. Approves budgets and capital expenditures and provides oversight of management and fiscal affairs
  - g. Appoints professionals to review and resolve ethics related issues as they arise.
  - h. Maintains fiscal and resource usage responsibility while ensuring fiscal solvency.
  - i. Reviews business contracts and legal documents yearly.
  - j. Annually, or more often as needed, the members of the governing body and executive staff provide written disclosure of all professional or personal relationships or interests, direct or indirect that might present a conflict of interest. Statements are on file in the office.
  - k. Adopts bylaws or equivalent review them annually
  - l. Board Member Meeting Minutes are kept on file in the office and retained for at least (7) seven years. Board Member Meetings are held at least annually or more often as needed and reflect decision making.
  - m. Creates, revises and reviews the agency mission statement, goals, and philosophy. (See policy 1.001.2)
  - n. Assuring that appropriate space requirements, support services, and equipment for staff to carry out assigned responsibilities.

## Abundant Life Home Health Agency, LLC

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Category: Administrative Number: 1.006.1

Subject: Administrative Control

Applies: Administrative Staff Page: 4 of 6

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- o. Seeking and promoting sources of reimbursement for home health services which will provide for the patient's economic protection.
- p. Cooperating in establishing a system by which to coordinate and provide continuity of care within the community served.
- q. Assuring that services will be provided directly or under arrangement with another person, agency or organization. Overall administrative and supervisory responsibility for services provided under arrangement rests with HHA. The HHA assures that legal physician's orders are carried out regardless of whether the service is provided directly or under arrangement. The home health agency and its staff, including staff services under arrangement, must operate and furnish services in accordance with all applicable federal, state, and local laws.
- r. Evaluates the Administrator at least annually.
- s. Ensures adequate Human Resources are maintained.
- t. Promotes performance improvement.
- u. Promotes responsible utilization of community resources.
- v. The Administrator is oriented to the following by the governing body and then the Administrator orients the DON to the following:
  - Organizational Structure
  - Agencies Mission and Vision
  - Safety and Quality Goals
  - Decision Making Process
  - Employee and patient grievance policy and procedure
  - Responsibilities related to quality outcomes and performance
  - Confidentiality practices and signing of a confidentiality agreement
  - Budget process and interpretation
  - Populations served by the agency
  - Conflict of Interest Policy and Disclosure Statement
  - Responsibilities and Accountabilities as they relate to the mission of the agency and providing safe and quality care.
  - Applicable laws and regulations

## Abundant Life Home Health Agency, LLC

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Category: Administrative Number: 1.006.1

Subject: Administrative Control

Applies: Administrative Staff Page: 5 of 6

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6. The governing body or its administrative designee may enter into contracts with individuals, organizations, agencies, or facilities to provide those services required by patients. Notwithstanding any other provisions, the Agency is responsible for:
  - a. Compliance with federal, state and local statutes.
  - b. Planning, coordinating and ensuring the quality of services.
  - c. Ensuring adherence to the plan of care established for patients.
7. Governing Board members must sign disclosure of interest statement.
8. The Administrator appoints a qualified Director of Nurses and Alternate Director of Nurses. The DON participates in all activities relevant to the services furnished, including the development of qualifications and the assignment of personnel. The DON ensures quality of services is maintained, staffing of the program is appropriate and services are available.

The DON shall:

  - a. Be a full-time, salaried employee of the agency;
  - b. Supervise all patient care activities to assure compliance with current standards of accepted nursing and medical practice;
  - c. Develop, maintain, periodically review, and cause to implement philosophy, objectives, standards of practice, policies and procedures, and job descriptions for each level of nursing service personnel;
  - d. Ensure there are sufficient qualified nursing personnel to meet the nursing care needs of the patients in accordance with the plan of care;
  - e. Ensure there is a registered nurse available by telephone during operating hours and when home health services are being provided to receive referrals, orders, patient phone calls, and any other concerns that may arise; and
  - f. Identify an alternate registered nurse in writing to function as the nurse executive when the nurse executive is not available.

**Abundant Life Home Health Agency, LLC**

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Category: Administrative Number: 1.006.1

Subject: Administrative Control

Applies: Administrative Staff Page: 6 of 6

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Attachment:

Appointment of Administrator

Appointment of Alternate Administrator

Appointment of Director of Nurses

Appointment of Alternate Director of Nurses

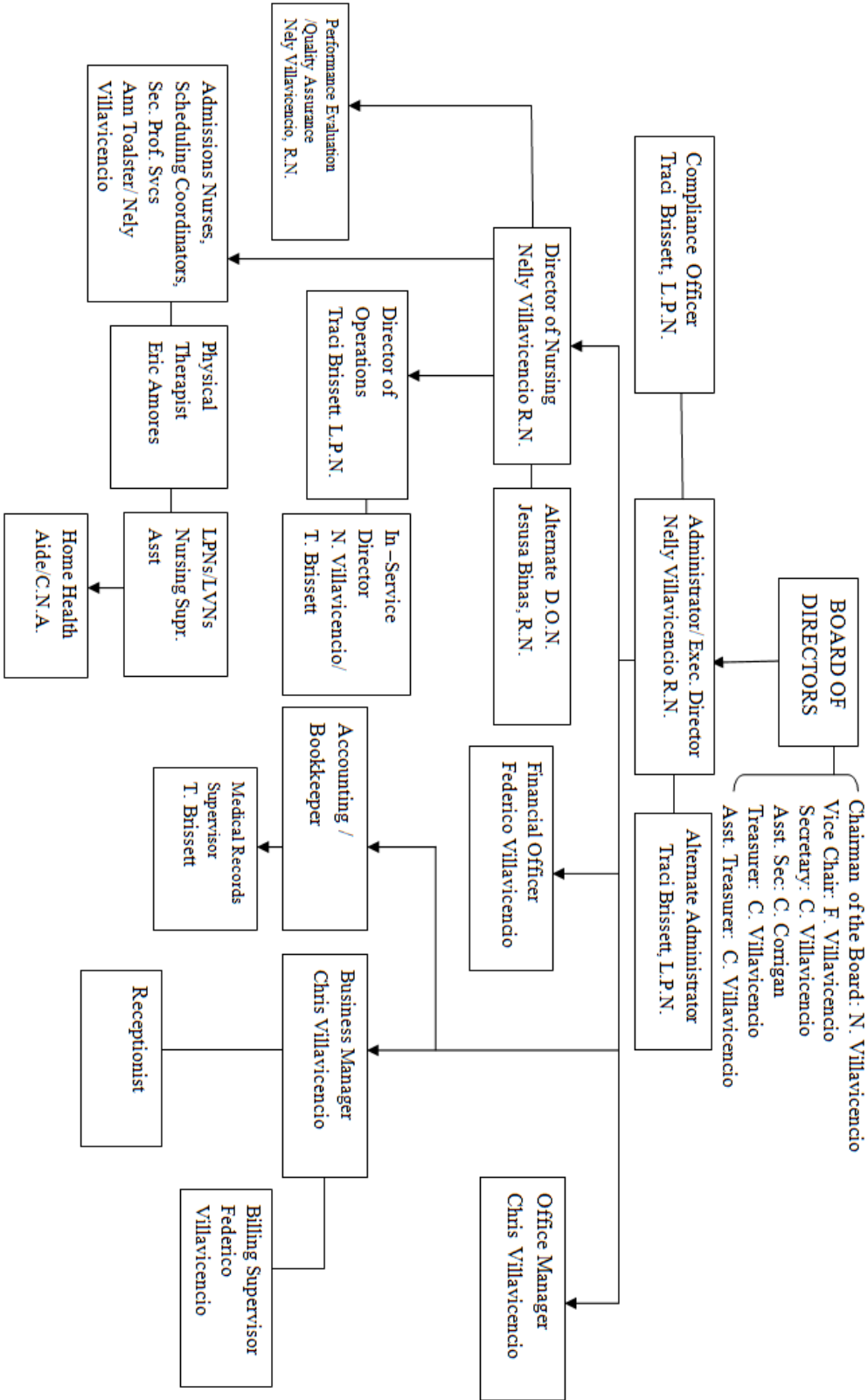
Board Meeting Minutes



*Organizational Structure and Lines of Authority*

**ABUNDANT LIFE HOME HEALTH AGENCY LLC**

**ORGANIZATIONAL CHART**



APPOINTMENT OF DIRECTOR OF NURSES AND ALTERNATE

Pursuant to our authority and in keeping with 42 CFR 418.52; the Administrative/Executive Director of Abundant Life Home Health Agency, LLC ,  
appoints \_\_\_\_\_ as Director of  
Nurses of Abundant Life Home Health Agency, LLC .

\_\_\_\_\_ is authorized to act in the absence of the  
Director of Nurses.

ATTEST:

By: \_\_\_\_\_  
Administrative/Executive Director Signature

\_\_\_\_\_  
Date

UNDERSTOOD AND ACCEPTED:

\_\_\_\_\_  
Director of Nurses Signature

\_\_\_\_\_  
Alternate Director of Nurses Signature

APPOINTMENT OF ADMINISTRATOR AND ALTERNATE

Pursuant to our authority and in keeping with 42 CFR 484.14(b); the Governing Body of

Abundant Life Home Health Agency, LLC ,

appoints \_\_\_\_\_ as Administrator  
of Abundant Life Home Health Agency, LLC .

\_\_\_\_\_ is authorized to act in the absence of the  
Administrator as the Alternate Administrator.

ATTEST:

By: \_\_\_\_\_  
Governing Board Representative

\_\_\_\_\_  
Date

UNDERSTOOD AND ACCEPTED:

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Alternate Administrator Signature

APPOINTMENT OF CLINICAL RECORD  
MANAGEMENT

The Chief Executive Officer of  
Abundant Life Home Health Agency, LLC ,  
appoints Traci Brissett, the Administrator as responsible for maintain the  
Clinical Record system of Abundant Life Home Health Agency, LLC .

The Director of Nursing is authorized to act in the absence of the  
Administrator.

ATTEST:

By: \_\_\_\_\_  
CEO Signature

\_\_\_\_\_  
Date

UNDERSTOOD AND ACCEPTED:

\_\_\_\_\_  
Administrator Signature

## Abundant Life Home Health Agency, LLC

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Category:	Administrative	Number:	1.006.3
Subject:	Corporate Compliance Plan		
Applies:	Administrative Staff	Page:	1 of 1

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**Purpose:** The purposes of the Compliance Program are:

1. To educate officers, directors, employees, and affiliated professionals of Abundant Life Home Health Agency, LLC concerning the legal risks of certain business practices;
2. To encourage Abundant Life Home Health Agency, LLC managers to seek appropriate counsel regarding business practices and to conduct those activities within the requirements of the law and ethical standards of conduct for Abundant Life Home Health Agency, LLC employees; and,
3. To secure compliance with the Federal and State Guidelines.

In furtherance of Abundant Life Home Health Agency, LLC 's Mission and Values, management will exercise appropriate due diligence to prevent and detect unlawful and/or unethical conduct by its employees and agents. To these ends, Abundant Life Home Health Agency, LLC 's Compliance Program is hereby established.

**Policy:** Abundant Life Home Health Agency, LLC is committed to establishing and observing high standards and ethical conduct in its business and operational practices. This policy establishes a corporate compliance program, and policies and procedures, which conform to the standards, set forth in the Federal & State Guidelines. The Compliance Program shall be a Abundant Life Home Health Agency, LLC system wide program, structured to encourage collaborative participation at all levels of the Abundant Life Home Health Agency, LLC system. The Compliance Program shall focus on the detection and prevention of violations of federal, state and local laws. The Compliance Program shall foster an environment in which employees and affiliated professionals comply with all relevant laws and regulations and report any concerns about business practices as set forth under this policy.

See Attachment:  
Corporate Compliance Plan

# **Abundant Life Home Health Agency, LLC CORPORATE COMPLIANCE PROGRAM**

## **I. Mission of Corporate Compliance**

### Introduction

To realize Abundant Life Home Health Agency, LLC 's vision of continuing its positive influence in the community, improving health status, providing better access and establishing cost-effective quality home health care, Abundant Life Home Health Agency, LLC holds its employees to the highest ethical and quality standards. In striving to achieve this goal, Abundant Life Home Health Agency, LLC has set out to implement a Corporate Compliance Program, and an Office of Corporate Compliance to assist in carrying out the program.

### Mission

The mission of the Corporate Compliance Officer is to strive to protect and promote our integrity and enhance our ability to achieve our business and strategic objectives in a manner consistent with the Mission and Values of Abundant Life Home Health Agency, LLC . The mission of the Compliance Officer is to assist and advise employees and affiliated professionals to help ensure Abundant Life Home Health Agency, LLC is compliant with applicable Federal, State and local laws. In this capacity the compliance office is committed to providing clear guidelines to train and educate employees and affiliated professionals regarding applicable laws, regulations, policies and procedures as they pertain to compliance.

- The Corporate Compliance Officer will promote a culture that encourages employees and affiliated affiliate professionals to conduct activities with integrity and in compliance with laws, regulations and Abundant Life Home Health Agency, LLC policies and procedures; and, to report instances of non-compliance to the Corporate Compliance Department.
- To educate officers, directors, employees, and affiliate professionals of Abundant Life Home Health Agency, LLC concerning the legal risks of certain business practices.
- To encourage Abundant Life Home Health Agency, LLC managers to seek appropriate counsel regarding business practices and to conduct those activities within the requirements of the law and ethical standards of conduct for Abundant

Life Home Health Agency, LLC employees; and, to secure compliance with the Federal Sentencing Guidelines.

## Vision

Corporate Compliance is a partnership with management, to help identify areas of regulatory risk and to help mitigate risk of non-compliance. This partnership enhances management's ability to achieve organizational goals and objectives in a manner consistent with the Values of Abundant Life Home Health Agency, LLC . As employees, we will be dedicated to Abundant Life Home Health Agency, LLC and will act in a diligent, loyal and prudent manner to ensure high standards of creative leadership and fiscal responsibility; to collaborate and network with others who share our values in the provision of health related services; advocate on behalf of issues of conscience and human need; and contribute to the preservation and strength of professional home care. This in aligning with the mission of Abundant Life Home Health Agency, LLC . The department will play a positive role in facilitating the needs of the corporation and to enhance its status as a competent and compassionate healthcare provider.

The Governing Board of Abundant Life Home Health Agency, LLC provides strategic direction. The Compliance Advisory Committee consists of members of senior management. This Committee will have the responsibility of assisting the Compliance Officer in the implementation of the Compliance Program. The Committee shall provide support and feedback for the development of priorities for the Compliance Program and the implementation of the Compliance Program at Abundant Life Home Health Agency, LLC . In addition, the Committee shall establish priorities for educational programs to be provided as part of the Compliance Program and to help identify necessary human and financial resources required for the effective implementation of the Compliance Program.

The Compliance Program shall include monitoring and auditing systems designed to detect ethical or legal violations and a reporting system whereby employees may report suspected violations of standards for ethical and legal conduct. Internal Audit staff shall, in consultation and collaboration with the Corporate Compliance Officer, coordinate appropriate internal audits and surveys to verify adherence to and awareness of Abundant Life Home Health Agency, LLC 's ethics and compliance policies and procedures.

The Corporate Compliance Officer shall report to the Administrator regarding the Compliance Program on an ongoing basis, report the activities of the Compliance Program to the Corporate Compliance Committee at least annually, and report legal

and ethics compliance as required.

## **II. Policy**

### **PURPOSE**

The purposes of the Compliance Program are:

1. To educate officers, directors, employees, and affiliated professionals of Abundant Life Home Health Agency, LLC concerning the legal risks of certain business practices;
2. To encourage Abundant Life Home Health Agency, LLC managers to seek appropriate counsel regarding business practices and to conduct those activities within the requirements of the law and ethical standards of conduct for Abundant Life Home Health Agency, LLC employees; and,
3. To secure compliance with the Federal and State Guidelines.

In furtherance of Abundant Life Home Health Agency, LLC's Mission and Values, management will exercise appropriate due diligence to prevent and detect unlawful and/or unethical conduct by its employees and agents. To these ends, Abundant Life Home Health Agency, LLC's Compliance Program is hereby established.

### **POLICY**

Abundant Life Home Health Agency, LLC is committed to establishing and observing high standards and ethical conduct in its business and operational practices. This policy establishes a corporate compliance program, and policies and procedures, which conform to the standards, set forth in the Federal & State Guidelines. The Compliance Program shall be a Abundant Life Home Health Agency, LLC system wide program, structured to encourage collaborative participation at all levels of the Abundant Life Home Health Agency, LLC system. The Compliance Program shall focus on the detection and prevention of violations of federal, state and local laws. The Compliance Program shall foster an environment in which employees and affiliated professionals comply with all relevant laws and regulations and report any concerns about business practices as set forth under this policy.

### **PROCEDURES**

#### **A. Compliance Program Positions**



1. Abundant Life Home Health Agency, LLC Governing Body

Abundant Life Home Health Agency, LLC Governing Body will provide strategic direction to the Corporate Compliance Program, and be responsible for approving the Corporate Compliance Risk Assessment and Plan. The Corporate Compliance Officer will update and report progress to the Committee at its regular meetings.

2. Corporate Compliance Officer

Abundant Life Home Health Agency, LLC Corporate Compliance Officer shall be an employee who is delegated authority for day-to-day operation of the Compliance Program. The Corporate Compliance Officer shall report directly to the Administrator.

3. Corporate Compliance Advisory Committee

A Corporate Compliance Advisory Committee shall be created and will consist of members of senior management. This Committee will have the responsibility of assisting the Compliance Officer in the implementation of the Compliance Program. The Committee shall provide support and feedback for the development of priorities for the Compliance Program and the implementation of the Compliance Program at Abundant Life Home Health Agency, LLC . In addition, the Committee shall establish priorities for educational programs to be provided as part of the Compliance Program and to help identify necessary human and financial resources required for the effective implementation of the Compliance Program.

B. Elements of the Compliance Program

1. Corporate Compliance Officer

The Corporate Compliance Officer will be responsible for the development, operation and oversight of the Compliance Program.

2. Employee Code of Conduct

Abundant Life Home Health Agency, LLC shall establish a Code of Conduct, which shall govern the proper conduct of Abundant Life Home Health Agency, LLC employees and shall require all directors, officers, employees and affiliated professionals to comply with the ethical and legal standards outlined in this Compliance Program.

3. Evaluation of Business Practices

In order to evaluate Abundant Life Home Health Agency, LLC business practices, the Corporate Compliance Officer shall:

(a) Ensure that Abundant Life Home Health Agency, LLC business practices are monitored to ensure compliance with Abundant Life Home Health Agency, LLC's policies and procedures and Compliance Program.

(b) Ensure consistency in the application of Abundant Life Home Health Agency, LLC policies and procedures with the requirements of the Compliance Program, and implement appropriate corrective action.

(c) Ensure that reasonable steps are taken to respond appropriately to ethics and/or legal compliance violations, to prevent further similar violations, and to recommend appropriate and consistent discipline for violators.

(d) Oversee, as appropriate, investigations of ethics and/or legal Compliance Policy violations to ensure consistency in the enforcement of Abundant Life Home Health Agency, LLC's policies.

#### 4. Effective Reporting and Investigative Processes

Under the general direction of the Corporate Compliance Officer, Abundant Life Home Health Agency, LLC shall implement processes to provide education and guidance on Abundant Life Home Health Agency, LLC's ethics and legal compliance policies and procedures and for the reporting and investigation of business issues.

(a) Each employee shall have responsibility to notify his or her supervisor in a timely manner, of any violations or suspected violations of the standards for ethics and legal conduct. In the alternative, an employee may follow the reporting procedure under section 5 (b) hereof. Employees will be informed that in some instances, the mere failure to report a suspected violation may itself be a basis for disciplinary action against an employee.

(b) Employees will not be subject to reprisal for reporting, in good faith, actions that they feel violate the law or established standards. Any employee engaging in any act of reprisal for any good faith reporting shall be subject to discipline and or discharge.

#### 5. Effective Communications and Training Programs to Alert Employees of Their Responsibilities

The Corporate Compliance Officer shall have general responsibility to oversee the development and implementation of employee communications and training

programs to ensure compliance with the Compliance Program. The communication and training programs shall include the following areas:

(a) New employee orientation (to include coverage of ethics and legal compliance issues);

(b) Annual review of ethics and legal compliance issues in departments at substantial risk and Specific business practices; and,

(c) The identification of resources to provide effective compliance educational programs.

(d) Employees shall be informed that strict compliance with both the Abundant Life Home Health Agency, LLC Code of Conduct and the requirements of the Compliance Plan is a condition of employment, and that:

(i) The promotion of and adherence to compliance with the Code of Conduct and the requirements of the Compliance Plan are elements of evaluating supervisors and managers; and,

(ii) Abundant Life Home Health Agency, LLC has a policy concerning the non-employment or retention of employees who are sanctioned for a violation of either the Code of Conduct, or the requirements of the Compliance Plan.

## 6. Monitoring Compliance with Compliance Policy

(a) The Compliance Program shall include monitoring and auditing systems designed to detect ethical or legal violations and a reporting system whereby employees may report suspected violations of standards for ethical and legal conduct.

(b) Internal Audit shall:

(1) Identify audits required to verify adherence to, and awareness of, ethics and compliance policies.

(2) Review the results of periodic surveys to test awareness of Abundant Life Home Health Agency, LLC 's ethics and legal compliance policies and procedures.

(3) Conduct Special audits as necessary to verify adherence to Abundant Life Home Health Agency, LLC 's ethics and compliance policies and procedures. These audits may include (a) on-site visits, (b) interviews with personnel, (c) reviews of written materials and documentation, and (d) trend analysis studies.

(4) Monitor compliance with the terms of settlement agreements having systemwide implications, including settlement of government investigations, or major litigation.

#### 8. Keeping the Abundant Life Home Health Agency, LLC Informed Concerning Compliance with Ethical and Legal Standards

The Corporate Compliance Officer shall:

(a) Report to the Administrator regarding the Compliance Program on an ongoing basis.

(b) Report the activities of the Compliance Program to the Abundant Life Home Health Agency, LLC Governing Board at least annually.

### **III. Code of Conduct**

#### PURPOSE

This policy shall set forth standards by which employees and affiliated professionals of Abundant Life Home Health Agency, LLC and its affiliates will conduct themselves in order to protect and promote organization wide integrity and to enhance the ability of Abundant Life Home Health Agency, LLC and its affiliates to achieve its business and strategic objectives in a manner consistent with the Mission and Values of Abundant Life Home Health Agency, LLC .

#### SCOPE

Abundant Life Home Health Agency, LLC

#### POLICY

This policy articulates for employees and affiliated professionals of Abundant Life Home Health Agency, LLC the ethical framework within which Abundant Life Home Health Agency, LLC operates and places employees on notice that they will be held accountable for abiding by the articulated standards set forth in the Code of Conduct concerning applicable laws and ethical standards of business behavior for Abundant Life Home Health Agency, LLC and its affiliates.

#### PROCEDURE

This policy specifically relates to the Corporate Compliance Code of Conduct and is maintained in addition to other standard Codes of Conduct already in effect. In keeping with the Mission and Values of Abundant Life Home Health Agency, LLC ,

directors/trustees, officers, managers, employees, professional affiliates, contractors, volunteers, students and others are expected to comply with the following guidelines. Instances of non-compliance shall be promptly reported, and appropriate corrective actions shall be immediately taken.

Abundant Life Home Health Agency, LLC employees and affiliated professionals shall:

- Deal openly and honestly with fellow employees, customers, contractors, government entities and others.
- Maintain high standards of business and ethical conduct in accordance with applicable federal, state, and local laws and regulations including fraud, waste and abuse.
- Adhere to both the spirit and letter of applicable federal, state and local laws and regulations.
- Practice good faith in transactions occurring during the course of business.
- Conduct business dealings in a manner such that the Organization shall be the beneficiary of such dealings.
- Preserve patient confidentiality unless there is written permission to divulge information, except as required by law.
- Refuse any illegal offers, solicitations, payments, or other remuneration to induce referrals of the people we serve for an item of service reimbursable by a third party.
- Disclose financial interests/affiliations with outside entities to the Board of Trustees as required by the Conflict of Interest Statement.
- Hold vendors to the same Code of Conduct as part of their dealings with Abundant Life Home Health Agency, LLC .
- Notify his or her supervisor or, in the alternative, the Compliance Officer of instances of non-compliance.
- Ensure compliance requirements regarding coding and billing are monitored and enforced.
- Use supplies and services in a manner that avoids waste.
- Protect and retain records and documents as required by professional standards, governmental regulations and organizational policies.
- Exercise discretion in the coding and billing of services, regardless of payor source.

All directors, officers, managers, employees, professional affiliates, contractors, volunteers, students and others are informed of this Code of Conduct and sign an Affirmation Statement indicating their adherence to the Code of Conduct. However, this Code of Conduct does not replace sound ethical and professional judgment.

#### **IV. Employee Affirmation**

Employee Affirmation of Compliance with the Abundant Life Home Health Agency, LLC Corporate Compliance Program Policy and Procedure, and Code of Conduct

I affirm that I have read and understand the Abundant Life Home Health Agency, LLC Corporate Compliance Program Policy and Procedure, the Business Code of Conduct, and have received educational training concerning the application of federal and state laws, as well as an explanation of the ethical standards of business practices pertaining to my activities in my capacity as an employee with Abundant Life Home Health Agency, LLC .

I certify my intention to act in complete compliance with the Compliance Policy and Business Code of Conduct. I understand that when necessary, I may seek advice from the appropriate supervisor, and/or the Corporate Compliance Officer concerning appropriate actions that I may need to take in order to comply with the Compliance Policy and Code of Conduct.

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Name (Printed)** \_\_\_\_\_

**Title** \_\_\_\_\_



## Abundant Life Home Health Agency, LLC

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Category: Administrative Number: 1.007.1

Subject: Professional Advisory Committee

Applies: Administrative Staff Page: 1 of 4

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**Purpose:** To define the composition and duties of the Agency's Professional Advisory Committee.

**Policy:** The Agency shall have a Professional Advisory Committee (PAC) appointed by the Governing Body, which is composed of professional people associated with the Agency for the purpose of helping it establish policies that direct its services and to evaluate its total programs at least annually and prior to initiating service to approve the organizations policies and procedures. PAC members must sign a conflict of interest statement.

**Procedure:** The PAC shall have among its members Administrator, DON, a representative from each professional discipline the Agency provides, and one member that is neither an Agency employee or owner, and acts as a consumer representative. The Governing Body reviews the membership of the PAC as part of the Agency's annual evaluation. Representatives appointed to the professional advisory committee shall be in active practice in their professions, or shall have been in active practice within the last five (5) years. The PAC meets at least annually to review the following:

Prior to beginning the PAC Meeting the Administrator will provide orientation on the following topics:

- (1) organizational structure;
- (2) confidentiality practices and signing of a confidentiality agreement;
- (3) a review agencies values, missions, and goals;
- (4) overview of program services and initiatives;
- (5) personnel and patient grievance policy and procedure, and;
- (6) responsibilities for quality improvement activities;

In evaluating each aspect of its total program, the agency shall consider four main criteria:

- Appropriateness - Assurance that the area being evaluated addresses existing or potential problem
- Adequacy - A determination as to whether the HHA has the capacity to overcome or minimize existing or potential problems
- Effectiveness - The services offered accomplish the objectives of the HHA and anticipated patient outcomes



## Abundant Life Home Health Agency, LLC

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Category: Administrative Number: 1.007.1

Subject: Professional Advisory Committee

Applies: Administrative Staff Page: 2 of 4

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- Efficiency - Whether there is a minimal expenditure of resources by the HHA to achieve desired goals and anticipated patient outcomes

A. All policies and procedures shall be reviewed at least annually, with recommended changes submitted to the governing body for approval, as necessary.

B. Administrative and operational policies and procedures review shall include, but are not limited to:

1. Administrative records;
2. Admission and discharge or termination from service criteria;
3. Informed consent;
4. Advance directives, including Durable Do Not Resuscitate Orders;
5. Client rights;
6. Contract services;
7. Medication management, if applicable;
8. Quality improvement;
9. Mandated reporting of abuse, neglect and exploitation;
10. Communicable and reportable diseases;
11. Client records, including confidentiality;
12. Record retention, including termination of services;
13. Supervision and delivery of services;
14. Emergency care and on-call services;
15. Infection control;
16. Medical supervision and Plans of Care;
17. Handling consumer complaints;
18. Telemonitoring; and
19. Approved variances.

C. Financial policies and procedures review shall include, but are not limited to:

1. Admission agreements;
2. Data collection and verification of services delivered;
3. Methods of billing for services by the organization and by contractors;
4. Client notification of changes in fees and charges;
5. Correction of billing errors and refund policy; and
6. Collection of delinquent client accounts.

D. Personnel policies and procedures shall review include, but are not limited to a:

## Abundant Life Home Health Agency, LLC

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Category: Administrative Number: 1.007.1

Subject: Professional Advisory Committee

Applies: Administrative Staff Page: 3 of 4

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1. Written job description that specifies authority, responsibility, and qualifications for each job classification;
2. Process for maintaining an accurate, complete and current personnel record for each employee;
3. Process for verifying current professional licensing or certification and training of employees or independent contractors;
4. Process for annually evaluating employee performance and competency;
5. Process for verifying that contractors and their employees meet the personnel qualifications of the organization;
6. Process for obtaining a criminal background check; and
7. Process for reporting licensed and certified medical personnel for violations of their licensing or certification to the appropriate board within the related Professions.

E. Admission and discharge or termination from service policies and procedures review shall include, but are not limited to:

1. Criteria for accepting clients for services offered;
2. The process for obtaining a plan of care or service;
3. Criteria for determining discharge or termination from each service and referral to other agencies or community services; and
4. Process for notifying clients of intent to discharge/terminate or refer, including:
  - a. Oral and written notice and explanation of the reason for discharge/termination or referral;
  - b. The name, address, telephone number and contact name at the referral organization; and
  - c. Documentation in the client record of the referral or notice.

F. The PAC will provide counsel on Professional issues and will maintain liaison with other healthcare providers in the community.

## Abundant Life Home Health Agency, LLC

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Category: Administrative Number: 1.007.1

Subject: Professional Advisory Committee

Applies: Administrative Staff Page: 4 of 4

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At a minimum, the annual review also assesses the following statistics for service:

- a. Diagnosis
- b. Age
- c. Sex
- d. Referral Source
- e. Length of Service
- f. Number of Visits
- g. Types of Services Provided
- h. Referrals not admitted
- i. Reasons for discharge
- j. Patient Disposition
- k. Staffing

Dated written minutes shall document dates of meetings, attendance, agenda and recommendations. The minutes shall be presented, read and accepted at the next regular meeting of the governing authority of the agency following the professional advisory committee meeting.

The staff will receive in service on all changes that are approved or processes that are modified.

The administrator and/or governing body may convene a PAC meeting more frequently than annually especially when concerns relating to patient safety and welfare arise. Safety is an agency wide priority.

Results of the PAC are maintained separately as administrative records.

Mechanisms used to collect pertinent data to assist in the evaluation may include but not be limited to computer generated reports, QA program summaries, patient satisfaction surveys, and financial statements.

### Attachment:

List of PAC Members and Titles

# Abundant Life Home Health Agency, LLC

## PAC Members and Titles

Date of PAC Meeting: \_\_\_\_\_

Name	Occupation	Title	Employer	Signature
Nely Villavicencio, RN	Nurse	Administrator	Abundant Life Home Health Agency	
Traci Brissett, RN	Nurse	Director of Nursing	Abundant Life Home Health Agency	
Don Howell, LPN	Nurse	Case Manager	Abundant Life Home Health Agency	
		Community Representative		

## Abundant Life Home Health Agency, LLC

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Category:	Administrative	Number:	1.008.1
Subject:	Annual Evaluation		
Applies:	All Staff	Page:	1 of 3

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**Purpose:** To provide a mechanism to assess the Agency Program to the extent to which the organization's program is appropriate, adequate, effective and efficient.

**Policy:** The Agency will perform an overall evaluation of the Agency's total program at least once a year by the Governing Body and committee chosen of members of the PAC, HHA staff, and consumers, or by professional people outside the Agency working in conjunction with consumers.

Prior to beginning the Annual Evaluation the Administrator will provide orientation on the following topics:

- (1) organizational structure;
- (2) employee and patient grievance policy and procedure;
- (3) responsibilities for quality improvement activities;
- (4) a review of the organization's values, missions and/or goals; and
- (5) a confidentiality agreement.

The evaluation will analyze, at a minimum, the:

1. Number of admissions
2. Number of visits by discipline
3. Number of visits per admission
4. Referral sources
5. Referrals not admitted
6. Reasons for discharge
7. Patient Infections
8. Job Descriptions
9. Staff Infections
10. Incident Reports
11. Medication Administration Management
12. Staffing needs and patterns
13. Annual budget
14. Policy and procedures
15. Bylaws or equivalent
16. Review PAC findings and Membership
17. Quality improvement activities/findings
18. Professional services
19. Agency and administration













## Abundant Life Home Health Agency, LLC

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Category:	Administrative	Number:	1.009.1
Subject:	Admission Criteria		
Applies:	Intake Staff	Page:	4 of 4

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- g) Name, address, and telephone number of the attending physician, dentist, podiatrist, or other licensed and legally authorized person whose orders or recommendations are being implemented by the home health agency.
- h) Admission diagnosis or pertinent health information
- i) Reason for admission
- j) Notation of the conditions and diagnoses which are relevant to the plan of treatment, plan of care, or plan for personal care services.
- k) Plan of treatment, plan of care, or plan for personal care services in its entirety.
- l) Allergies and known untoward reactions to drugs and food. This information shall be given such prominence in the record that it is obvious to any health practitioner or agency personnel who have reasons to provide food or medication to the patient.
- m) Clinical notes dictated or written at the time of service by personnel rendering the services. Clinical notes shall be signed and incorporated into the patient's health record at least every seven working days.
- n) Laboratory and X-ray reports, if applicable.
- o) Treatment consent or service authorization forms.
- p) Documentation that a list of patient rights has been made available to each patient, patient's representative, or next of kin.
- q) Clients who will receive PT, OT, and/or ST will receive a discipline specific evaluation by a therapist qualified to perform the evaluation.
- r) Discharge statement. The discharge statement shall include the date of discharge, reason for termination of services, and condition upon discharge.

At least one service will provided directly by an agency employee. (A direct agency employee has a W-2) When nursing services are ordered, the home health agency to which a patient has been admitted for care must provide the initial admission visit, all service evaluation visits, and the discharge visit by a direct employee

## Abundant Life Home Health Agency, LLC

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Category:	Administrative	Number:	1.009.2
Subject:	Face to Face Encounter		
Applies:	Intake Staff	Page:	1 of 1

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**Purpose:** To establish criteria for admission to the Agency in regards to the Face to Face Encounter requirement.

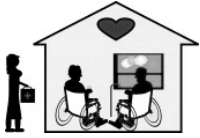
**Policy:** All patients needing Medicare reimbursed home health care services are required to have a documented face to face encounter with an eligible health care provider within the 90 day period before or 30 days after the initiation of needed home health care services. This encounter may be with a certifying physician or a nurse practitioner who is practicing in accordance with state law. In addition to allowing nurse practitioners to conduct the face to face encounter, Medicare allows a physician who attended to the patient but does not follow patient in the community, such as a hospitalist, to certify the need for home health care based on their face to face contact with the patient in the hospital and establish and sign the plan of care. Medicare will also allow such physicians to certify the need for home health care based on their face to face contact with the patient, initiate the orders for home health services, and “hand off” the patient to his or her community-based physician to review and sign off on the plan of care.

**Procedure:**

1. Upon referral request a completed face to face encounter form and offer to fax a blank face to face encounter form to the referring physician for completion.
2. If necessary educate the referral source on the face to face requirement.
3. If the physician/ nurse practitioner has not had a face to face encounter with the patient in the past 90 days, inform the physician/ nurse practitioner that the client must have a face to face encounter within 30 days after the initiation of home health services and a face to face verification form must be completed and provided to the agency.
4. The physician/ nurse practitioner must state the date of the face to face encounter, the medical condition for the encounter, clinical findings, services needed, and homebound status. This form must be signed and dated by the physician/ nurse practitioner.

Attachment:

Face-to-Face Encounter Verification



## Abundant Life Home Health Agency, LLC

Physician's Name:

Patient:

Birth date:

Home Health Face-to-Face Encounter Requirement

I certify that this patient, \_\_\_\_\_, DOB \_\_\_\_\_, is under my care, and that I, or a nurse practitioner or physician's assistant working with me, had a face-to-face encounter that meets CMS requirements for this encounter (90 days prior to the start of care date or within 30 days after the start of care date). This face-to-face encounter for this patient occurred on:

\_\_\_\_\_  
Month/Day/Year

I certify, based on my findings, that the following services are medically necessary for home health services (check all that apply):

Nursing  Physical Therapy  Occupational Therapy  Speech Language Pathology

My clinical findings support the need for the above services because:

My clinical findings support that this patient is homebound because:

\_\_\_\_\_  
Physician Signature,

\_\_\_\_\_  
Date

Please fax back to: 727-724-1201

## Abundant Life Home Health Agency, LLC

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Category: Administrative Number: 1.010.1

Subject: Discharge/Transfer from Service

Applies: Administrative Staff/Licensed Staff Page: 1 of 4

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**Purpose:** To ensure a coordinated discharge/transfer process using consistent criteria to determine a patient's need for discharge from the Agency's services.

**Policy:** A patient shall be subject to discharge for, but not limited to, any of the following:

1. Upon completion of the plan of care.
2. A licensed practitioner signs a discharge statement for termination of services
3. The physician fails to renew orders as required by the rules for skilled nursing or therapy services, or, the patient changes physician's and the agency cannot obtain orders for continuation of services from the new physician.
4. When a willing caregiver has been prepared and is capable of assuming care.
5. Upon determination that the plan of care is not attainable by the physician and/or patient (or responsible party). To include patient and/or caregiver refusal to cooperate in attaining the objective of home care.
6. The Agency identifies conditions in the home are no longer safe for the patient or Agency staff to meet the patient's needs and the patient is not willing or unable to provide a safe environment.
7. The agency discontinues a particular service or terminates all services.
8. The agency can no longer provide quality care in the place for residence.
9. The family situation changes and affects the delivery of services.
10. The patient or family is uncooperative in efforts to attain treatment objectives.
11. The patient's condition no longer requires a skilled service.
12. The patient expires.
13. The Agency is closing out a service area or any of its services.
14. Services are terminated by the patient/responsible party.
15. Institutionalization relevant to the plan of care.
16. The patient moves from the service area.
17. The patient no longer meets the payer's coverage criteria and chooses not to pay for services.
18. The agency may discharge a patient when all payment sources are exhausted and the agency is fiscally unable to provide free or part-cost care.
19. A patient may be transferred if their service/care needs cannot be met.

**Procedure:**

1. Discuss discharge planning with the patient/caregiver on the initial visit informs the patient about follow up care, treatment or services before discharging.

## Abundant Life Home Health Agency, LLC

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Category: Administrative Number: 1.010.1

Subject: Discharge/Transfer from Service

Applies: Administrative Staff/Licensed Staff Page: 2 of 4

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2. Notify appropriate Agency staff and attending physician of intent to discharge.
3. Discuss discharge and document progress toward discharge goals with patient/caregiver.
4. Except in emergency situations, an Agency intending to transfer or discharge a client shall notify the client or caregiver and physician no later than five (5) days before the date on which transfer or discharge will take place. Notice of discharge must be documented in the client's file.
5. Issue the Generic Notice for expedited review if the discharge means the termination of all Medicare-covered services. (See Policy 3.014.1)
6. At time of discharge the patient/provider will be provided with a complete and current medication profile. Upon transfer the receiving agency will receive a complete and current medication profile as well as other pertinent medical information.
7. Upon transfer the receiving agency will receive a transfer summary containing at least the following:
  - Date of transfer
  - Patient identifying information
  - Emergency contact
  - Destination of patient transferred
  - Date and name of person receiving report
  - Patient's physician and phone number
  - Diagnosis related to the transfer
  - Significant health history
  - Transfer orders and instructions
  - A brief description of services provided and ongoing needs that cannot be met
  - Status of patient at the time of transfer
  - Complete and current medication profile
  - The patient will be provided with the name, address, telephone number and contact name at the referral organization and documentation in the client record of the referral or notice as well as copy of the transfer summary.

## Abundant Life Home Health Agency, LLC

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Category: Administrative Number: 1.010.1

Subject: Discharge/Transfer from Service

Applies: Administrative Staff/Licensed Staff Page: 3 of 4

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8. An Agency may transfer or discharge a client without a five (5) day notice:
  - a. Upon the client's request.
  - b. If the client's medical needs require transfer.
  - c. In the event of a natural disaster where if not transferred, the client's health and safety is at risk.
  - d. For the protection of staff with reasonable documentation and notification.
  - e. According to physicians orders; or if the client breaks a signed contract for private pay services
  
9. At determination to discharge:
  - a. The Agency is to promptly alert the physician (42 CFR 484.18 (b) of the determination to discharge the patient and document notification in the clinical record.
  - b. Physician is to be notified that a copy of the written discharge summary is available upon request.
  - c. Discharge summary is written and in the chart. Include the patient's health status at discharge and a summary of activities for each discipline, which served the patient. Discharge summary is written and in the chart and includes at least the following:
    - Include the patient's health status at discharge
    - Summary of services
    - Date of discharge
    - Patient identifying information
    - Patient's physician phone number
    - Diagnosis
    - Reason for Discharge
    - Instructions given to patient/responsible party
  - d. Discharge orders are required upon discharge from services unless there is sufficient documentation in the client record verifying that the client has met all established goals per plan of care at the end of the 60 day episode.
  
10. After discharge, services may not be provided unless the patient is re-admitted with a new start of care date. A new intake, admission, and physician's order are required.
  
11. This agency will continue, in good faith, to attempt to provide services during the five (5) day period. If the agency cannot provide such services during that period, its















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Category:	Administrative	Number:	1.013.1A
Subject:	Business Associate Contract Amendment		
Applies:	All Staff	Page:	1 of 1

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Effective 04/04/2017

**Purpose:** To ensure that business associates are in compliance with safeguarding protected health information. The purpose of this policy is to add additional language to business associate contract.

**Policy:** As an amendment to policy 1.013.1, the Agency ensures business associates are in compliance with all related standards and requirements.

**Procedure:** Contracted staff will have all of the following included in an addendum to the original contract (1.013.1):

1. Patients are accepted for care only by the home health agency.
2. The services to be furnished by the hourly or per visit personnel.
3. The necessity for the hourly or per visit personnel to conform to all applicable home health agency policies, including personnel qualifications.
4. The hourly or per visit personnel responsibility to participate in the development of plans of care.
5. The manner in which the home health agency will control, coordinate, and evaluate services.
6. The procedures hourly or per visit personnel should use for submitting clinical and progress notes, scheduling visits, and periodic patient evaluation.

Attachment:

Business Associate Contract

# Abundant Life Home Health Agency, LLC

## HIPAA PRIVACY COMPLIANCE AGREEMENT FOR BUSINESS ASSOCIATES

THIS AGREEMENT is made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and among Abundant Life Home Health Agency, LLC (hereinafter known as "Covered Entity") and \_\_\_\_\_ (hereinafter known as "Business Associate"). Covered Entity and Business Associate shall collectively be known herein as "the Parties".

**WHEREAS**, Covered Entity is a health care provider whose activities are generally described as: Home Health;

**WHEREAS**, Business Associate is in the business of providing services to health care industry and its activities are generally described as: \_\_\_\_\_;

**WHEREAS**, Covered Entity wishes to commence a business relationship with Business Associate that shall be memorialized in a separate services agreement;

**WHEREAS**, the nature of the prospective contractual relationship between Covered Entity and Business Associate may involve the exchange of Protected Health Information ("PHI") as that term is defined under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") as amended by Health Information Technology for Economic and Clinical Health Act of 2009 ("HITECH Act"), including all pertinent regulations issued by the Department of Health and Human Services ("HHS");

The premises having been considered and with acknowledgment of the mutual promises and of other good and valuable consideration herein contained, the Parties, intending to be legally bound, hereby agree as follows:

### **A. Definitions.**

1. Breach. "Breach" has the same meaning as this term has in §13400 of Health Information Technology for Economic and Clinical Health Act of 2009 ("HITECH Act").
2. Designated Record Set. "Designated Record Set" has the same meaning as this term has in 45 CFR §164.501.
3. Individual. "Individual" has the same meaning as this term has in 45 CFR §164.501.
4. Privacy Rule. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E., as amended by the HITECH Act.
5. Protected Health Information. "Protected Health Information" (or "PHI") has the same meaning as this term has in 45 CFR §160.103 (as amended by the HITECH Act), limited to the information created or received by Business Associate from or on behalf of Covered Entity.

Required By Law "Required By Law" has the same meaning as this term has in 45 CFR§164.501.

## **Abundant Life Home Health Agency, LLC**

7. Secretary. "Secretary" shall mean the Secretary of the U.S. Department of Health and Human Services or his designate.
8. Security Standards. "Security Standards" means the security standards for protection of PHI promulgated by the Secretary in Title 45 C.F.R.
9. Unsecured Protected Health Information. "Unsecured Protected Health Information" shall mean Protected Health Information (PHI) that is not secured through the use of a technology or methodology specified by the Secretary in regulations or as otherwise defined in the §13402(h) of the HITECH Act.
10. Any prospective amendment to the laws referenced in this definitional section prospectively amends this agreement to incorporate said changes by Congressional act or by regulation of the Secretary of HHS.

### **B. Obligations and Activities of Business Associate.**

1. Business Associate agrees to not use or disclose Protected Health Information other than as permitted or required by the Agreement or as Required By Law.
2. Business Associate agrees to employ administrative, physical, and technical safeguards meeting required Security Standards for business associates as Required By Law to prevent disclosure or use of PHI other than as allow by this Agreement.
3. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of PHI held by Business Associate in violation of the requirements of this Agreement.
4. Business Associate agrees to report to Covered Entity any use or disclosure of the Protected Health Information not provided for by this Agreement of which it becomes aware.
5. If a breach of unsecured protected health information occurs at or by Business Associate, the Business Associate must notify Covered Entity following the discovery of the breach without unreasonable delay and, in all cases, no later than 5 days from the discovery of the breach. To the extent possible, the Business Associate should provide the Covered Entity with the identification of each individual affected by the breach as well as any information required to be provided by the Covered Entity in its notification to affected individuals. Business Associates shall comply with all regulations issued by HHS and applicable state agencies regarding breach notification to Covered Entity. Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of Covered Entity, agrees to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to PHI.



## **Abundant Life Home Health Agency, LLC**

6. Business Associate agrees, at the request of Covered Entity, to provide Covered Entity (or a designate of Covered Entity) access to Protected Health Information in a Designated Record Set in prompt commercially reasonable manner in order to meet the requirements under 45 CFR §164.524.
7. Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR §164.526 at the request of Covered Entity or an Individual, in a prompt and commercially reasonable manner.
8. Business Associate agrees to make internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of, Covered Entity available to the Covered Entity, or to the Secretary (including official representatives of the Secretary), in a prompt commercially reasonable manner for purposes of determining Covered Entity's compliance with the Privacy Rule.
9. Business Associate shall, upon request with reasonable notice, provide Covered Entity access to its premises for a review and demonstration of its internal practices and procedures for safeguarding PHI.
10. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR §164.528.
11. Business Associate agrees to provide to Covered Entity or an Individual, in a prompt commercially reasonable manner, information collected in accordance with this Agreement, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with 45 CFR §164.528.

### **C. Permitted Uses and Disclosures by Business Associate.**

Except as otherwise limited in this Agreement, Business Associate may use or disclose Protected Health Information, as follows:

1. On behalf of, Covered Entity provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity.
2. Except as otherwise limited in this Agreement, Business Associate may disclose Protected Health Information for the proper management and administration of the Business Associate, provided that disclosures are required by law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

## **Abundant Life Home Health Agency, LLC**

### **D. Obligations of Covered Entity**

1. Covered Entity shall notify Business Associate of any limitation(s) in its notice of privacy practices of Covered Entity in accordance with 45 CFR §164.520, to the extent that such limitation may affect Business Associate's use or disclosure of Protected Health Information. Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, to the extent that such changes may affect Business Associate's use or disclosure of Protected Health Information.
2. Covered Entity shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that Covered Entity has agreed to in accordance with 45 CFR §164.522, to the extent that such restriction may affect Business Associate's use or disclosure of Protected Health Information.
3. Covered Entity shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if done by Covered Entity. Nothing in this paragraph shall restrict the ability of Business Associate to use or disclose PHI as set forth in paragraph C.2. herein.

**E. Remedies in Event of Breach.** Business Associate hereby recognizes that irreparable harm will result to Covered Entity, and to the business of Covered Entity, in the event of breach by Business Associate of any of the covenants and assurances contained in Paragraphs B or C of this agreement. As such, in the event of breach of any of the covenants and assurances contained in paragraphs B or C above, Covered Entity shall be entitled to enjoin and restrain Business Associate from any continued violation of Paragraphs B or C. Furthermore, in the event of breach of Paragraphs B or C by Business Associate, Covered Entity shall be entitled to reimbursement and indemnification from Business Associate for the Covered Entity's reasonable attorney's fees and expenses and costs that were reasonably incurred as a proximate result of the Business Associate's breach. The remedies contained in this paragraph E shall be in addition to (and not supersede) any action for damages and/or any other remedy Principal may have for breach of any part of this Agreement.

### **F. Term and Termination.**

Term of Agreement The Term of this Agreement shall be effective as of the date given at the top of Page 1 herein, and shall terminate when all of the Protected Health Information provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy Protected Health Information, protections are extended to such information, in accordance with the termination provisions in this Section.

## **Abundant Life Home Health Agency, LLC**

1. Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:
  - a. Provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;
  - b. Immediately terminate this Agreement if Business Associate has breached a material term of this Agreement and cure is not possible; or
  - c. If neither termination nor cure are feasible, Covered Entity shall report the violation to the Secretary.
2. Effect of Termination.
  - a. Except as provided in paragraph E.3(b) of this section, upon termination of this Agreement, for any reason, Business Associate shall return or destroy all Protected Health Information received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.
  - b. In the event that Business Associate determines that returning or destroying the Protected Health Information is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon notification to Covered Entity that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of this Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protected Health Information.

### **G. Miscellaneous Terms.**

1. State Law. If state law applicable to the relationship between Business Associate and Covered Entity contains additional or more stringent requirements than federal law for Business Associates regarding any aspect of PHI privacy, then Business Associate agrees to comply with the higher standard contained in applicable state law.
2. Consideration. Business Associate recognizes that the promises it has made in this Agreement shall, henceforth, be detrimentally relied upon by Covered Entity in choosing to continue or commence a business relationship with Business Associate.

**Abundant Life Home Health Agency, LLC**

3. Modification. This Agreement may only be modified through a writing signed by the Parties and, thus, no oral modification hereof shall be permitted. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, as amended.

4. **Notice to Covered Entity.** Any notice required under this Agreement to be given Covered Entity shall be made in writing to:

Abundant Life Home Health Agency, LLC  
28050 US Hwy 19 N Ste 205  
Clearwater, Fl 33761

5. **Notice to Business Associate.** Any notice required under this Agreement to be given Business Associate shall be made in writing to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ammendment: Effective 04/04/2017

1. Patients are accepted for care only by the home health agency.
2. The services to be furnished by the hourly or per visit personnel.
3. The necessity for the hourly or per visit personnel to conform to all applicable home health agency policies, including personnel qualifications.
4. The hourly or per visit personnel responsibility to participate in the development of plans of care.
5. The manner in which the home health agency will control, coordinate, and evaluate services.
6. The procedures hourly or per visit personnel should use for submitting clinical and progress notes, scheduling visits, and periodic patient evaluation.

IN WITNESS WHEREOF and acknowledging acceptance and agreement of the foregoing, the Parties affix their signatures hereto.

**COVERED ENTITY**

**BUSINESS ASSOCIATE**

\_\_\_\_\_  
**Abundant Life Home Health Agency, LLC**

Dated: \_\_\_\_\_

\_\_\_\_\_

Dated: \_\_\_\_\_

**Service Agreement:**

Abundant Life Home Health Agency, LLC agrees to pay \_\_\_\_\_ a sum of \_\_\_\_\_ per \_\_\_\_\_. This contract shall remain in place for a period of 1 (one) year and renew annually. Either party may cancel this contract at any time with 7 (seven) day's written notice.

IN WITNESS WHEREOF and acknowledging acceptance and agreement of the foregoing, the Parties affix their signatures hereto.

**COVERED ENTITY**

**BUSINESS ASSOCIATE**

\_\_\_\_\_  
**Abundant Life Home Health Agency, LLC**  
Dated: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Dated: \_\_\_\_\_

## Abundant Life Home Health Agency, LLC

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Category:	Administrative	Number:	1.014.1
Subject:	Anti-Fraud Program		
Applies:	All Staff	Page:	1 of 3

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**Purpose:** This Anti-Fraud Policy and Response Program (“Anti-Fraud Program”) has been created to support the Abundant Life Home Health Agency, LLC ’s commitment to protecting its revenue, property, reputation and other assets; to emphasize clearly the need for accurate financial reporting; and to define guidelines for the investigation and handling of fraud, should it appear to have occurred.

**Policy:** Abundant Life Home Health Agency, LLC ’s Mission, Values and Business Principles set forth the Agency’s commitment to conduct business pursuant to the highest ethical standards. With the oversight of the Governing Board and its committees, our management practices, the organizational structure, our hiring and promotional practices, training and education, employee, client, vendor and community relationships, and our policies and procedures, we provide a work environment that is conducive to both individual and Company success. We are committed to preventing, detecting and deterring acts or attempted acts of fraud whether committed against or on behalf of the Company. This Policy applies to all employees of Abundant Life Home Health Agency, LLC , Business Associates, and Contractors. The Administrator acts the compliance officer unless another individual is clearly designated.

### **Definition of Fraud**

“Fraud” generally involves an act of intentional deception, bribery, forgery, extortion, theft, misappropriation, false representation, conspiracy, corruption, collusion, embezzlement, or concealment of material facts. Fraud may be committed by an individual, a group of individuals, or by one or more organizations. It may be committed to benefit an individual (such as theft of time or falsification of expense records) or to benefit the Agency (such as misstatement of revenue). Fraud is a violation of trust that, in general, refers to an intentional act committed to secure personal or business advantage. Examples of “financial fraud” generally fall into four broad categories and may include, but are not limited to:

#### Misappropriation of Assets

- Forgery, alteration or misappropriation of checks, drafts, promissory notes or securities;
- Unauthorized, non-business related acquisition, use, or disposition of funds, inventory, furniture, fixtures, equipment, records, or other assets;
- Embezzlement;
- Theft;

## Abundant Life Home Health Agency, LLC

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Category: Administrative Number: 1.014.1

Subject: Anti-Fraud Program

Applies: All Staff Page: 2 of 3

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- Falsifying time sheets or payroll records, including but not limited to reporting hours not worked under reporting the hours worked by hourly employees;
- Falsifying travel expenses and/or utilizing company funds to pay for personal expenses;
- Fictitious reporting of receipts from suppliers or shipments to customers;
- Misappropriation of Agency-owned computer hardware, software, data, or other records including company intangibles (e.g. proprietary information, trade secrets, patents, etc.)

### Fraudulent Financial Reporting

- Earnings management
- Improper revenue recognition
- Overstatement of assets
- Understatement of liabilities

### Expenditures and Liabilities for Improper Purposes

- Bribery
- Kickbacks

### Fraudulently Obtained Revenue and Assets

- Improper tax reporting
- Intentional inaccurate billing

### **Procedure:**

1. Fraudulent practices of any kind are prohibited. The Agency will implement appropriate procedures, controls and monitoring activities to protect against the commission of fraud. In the event of suspected or reported fraud, the Agency will promptly investigate such suspected or reported activity and take such action as is appropriate to remedy the situation and ensure that it does not reoccur. The Agency has numerous policies which provide resources for procedures deter fraud.
2. This agency regularly communicates its expectations to the workforce and maintains records of employee's commitment to comply. The Company will periodically communicate with the workforce about this Program to ensure employees are aware of the Program and understand their individual obligations.









## Abundant Life Home Health Agency, LLC

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Category: Administrative Number: 1.017.2

Subject: Financial Planning

Applies: Administrative Staff Page: 1 of 1

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**Purpose:** Establish guidelines that provide for overall plan and budget

**Policy:** The governing body oversees the fiscal affairs of the agency and directs the agency in the preparation, implementation and review of the overall plan and budget.

**Procedure:**

1. The governing body is responsible for approving capital expenditures and the annual operating budget.
2. The finance department is responsible for comparing actual financial figures with historical data, as well as against previously predicted figures.
3. This agency utilizes the Generally Accepted Accounting Principles (GAAP)
4. Payroll is handled in the finance department and payroll checks may be signed by the Administrator.
5. Prior to adding new full time employee positions the Administrator must receive approval from the governing body.
6. The Administrator is permitted to pay routine invoices and utilities expenses not exceeding \$5,000.00 without governing body prior approval.
7. Adequate insurance coverage is maintained. The organization shall purchase and maintain the following types and minimum amounts of indemnity coverage at all times:
  1. Malpractice insurance;
  2. General liability insurance covering personal property damages, bodily injuries, product liability, and libel and slander of at least \$1 million comprehensive general liability per occurrence; and
  3. Surety bond coverage of \$50,000 minimum.
  4. \$250,000 per claim
8. An annual external review is required and conducted by a CPA.
9. Retain the financial record for seven (7) years after the month of the cost report to which the records apply has been filed.
10. The governing body and administrator will perform a financial review of the budget at least annually.
11. The budget includes projected revenue and expenses for all programs and care/services this agency provides. The budget will be reflective of the agencies strategic plan and programs.
12. The administrator reviews financial information at least quarterly.

## Abundant Life Home Health Agency, LLC

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Category: Administrative Number: 1.017.3

Subject: Capital Expenditures

Applies: Administrative Staff Page: 1 of 1

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**Purpose:** Establish guidelines for a capital expenditure plan.

**Policy:** A capital expenditure plan covering at least a three (3) year period, including the current year's operating budget, identifies in detail anticipated sources of financing for, and objectives of, each anticipated expenditure in excess of \$600,000 or the purchase of capital items. The governing body is responsible for approving the capital expenditure plan. The agencies administrative staff is required to assist with creating, planning and implementing the capital expenditure plan as well as monitoring the outcomes.

**Definition:** The capital expenditure is an outlay of cash to acquire or upgrade a business asset. A capital expenditure is considered to be deductible, because it represents an improvement to the business, and it is deducted over the expected life of the item, rather than all at once as in the case of repair or maintenance expenditures.

**Procedure:**

1. The budget reflects Abundant Life Home Health Agency, LLC 's vision, mission, goals and objectives, and complies with applicable laws, regulations and standards of the home care industry, accounting principles, and reflects sound and ethical business practices. All capital expenditures objectives should be for improving patient care.
2. The Administrator is responsible for:
  - Monitoring budget expenses and revenue and, as appropriate, the long-term capital expenditures
  - Providing quarterly budget and capital expenditure reports to the Governing Body
  - Ensuring that appropriate financial audits are conducted by both internal and external entities
3. The Administrator solicits staff input in preparing the organization's annual budget and, as appropriate, the long-term capital expenditure plan.
4. An annual operating budget reflecting all anticipated income and expenses for the coming year is submitted to the Governing Body/legal authority for ratification and approval.
5. The budget consists of items that are considered income and expense items, under generally accepted accounting principles.



## Abundant Life Home Health Agency, LLC

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Category: Administrative Number: 1.018.1

Subject: Services Provided under Contract

Applies: Contract Providers Page: 2 of 5

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6. Agency will be responsible for notifying Provider of service requests and for securing physician orders for evaluations. Agency will also be responsible for notifying the patient about therapy arrangements. Providers will deliver care in accordance with the plan of care in a safe and effective manner by qualified personnel.
7. Provider will notify the Agency of the patient schedule, including frequency and dates of visits on a weekly basis. Frequency will be determined in coordination with the physician, Director of Nurses, and during the development of the plan of care. Agency will notify the Provider each Monday to obtain a schedule of the next week's planned visits. Services shall be rendered within the scope and limitations set forth in the physician's plan of treatment established by the physician in coordination with the Provider Therapist and Agency Director of Nurses. Services shall be rendered within the scope and limitations relevant to the Providers license or certification. The type, scope, or duration of said plan of treatment shall not be altered without coordination with the Agency Director of Nurses Services.
8. Client evaluation is done at least every 60 calendar days by an Agency Registered Nurse and more frequently as deemed necessary by the Agency.
9. All referrals will result in an evaluation visit by the appropriate therapist within forty-eight (48) hours, unless otherwise specified by the physician or patient. If an evaluation visit is not able to be scheduled within forty-eight (48) hours, the Provider will contact the home care agency for further instructions from the physician.
10. If a scheduled visit is not made, the Provider will be responsible for notifying the Agency and completing the appropriate Missed Visit form.
11. Provider shall conform to all applicable Agency policies, including personnel contracted services and attend agency orientation.

## Abundant Life Home Health Agency, LLC

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Category: Administrative Number: 1.018.1

Subject: Services Provided under Contract

Applies: Contract Providers Page: 3 of 5

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12. Provider shall attend at least one Performance Improvement Meeting annually. Provider is encouraged to attend all Performance Improvement Meetings. The Agency will provide at least 15 days advance notice of each scheduled Performance Improvement Meeting date.
13. Agency will retain professional and financial responsibility and control for all contracted services.
14. Agency will maintain the original clinical record and will be responsible for obtaining the physician orders for evaluation. Agency will be responsible for obtaining physician orders for follow-up care and re-certification. Provider will document the evaluation, subsequent visits, and discharge summary. Original documentation will be sent to the Agency within three (3) to seven (7) calendar days. Therapist will notify Case Manager prior to discharge of any patient.
15. At least every thirty (30) days, the therapist (not the therapy assistant) will make a home visit providing the needed therapy service and functionally reassess the patient. Where more than one discipline of therapy is being provided, a qualified therapist from each of the disciplines must provide the needed therapy service and functionally reassess the patient. If a patient is expected to require 13 therapy visits, a qualified therapist (instead of an assistant) must provide all of the therapy services on the 13th therapy visit and functionally reassess the patient. The qualified therapist's visit can occur after the 10th therapy visit but no later than the 13th therapy visit when the patient resides in a rural area or when documented circumstances outside the control of the therapist prevent the qualified therapist's visit at the 13th therapy visit. Where more than one discipline of therapy is being provided, a qualified therapist from each of the disciplines must provide the needed therapy service and functionally reassess the patient. If a patient is expected to require 19 therapy visits, a qualified therapist (instead of an assistant) must provide all of the therapy services on the 19th therapy visit and functionally reassess the patient. This required qualified therapist service can instead occur after the 16th therapy visit but no later than the 19th therapy visit when the patient resides in a rural area or documented circumstances outside the control of the therapist preclude the qualified therapist service at the 19th therapy visit.

## Abundant Life Home Health Agency, LLC

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Category: Administrative Number: 1.018.1

Subject: Services Provided under Contract

Applies: Contract Providers Page: 4 of 5

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- Where more than one discipline of therapy is being provided, a qualified therapist from each of the disciplines must provide the needed therapy service and functionally reassess the patient.
16. During each thirty (30) day therapy visit, the therapist must also perform a supervisory visit of the therapy assistant. The therapy assistant shall confer with the registered physical therapist or occupational therapist. The conference shall be documented in the patient's clinical record.
  17. Agency agrees to pay Provider for services provided. No payment shall be made for supervisory (administrative) visits made by the Provider which do not include and actual therapy visit. No payment of fees will be made until an appropriate documentation is received by the Agency.
  18. Billing Procedures: Provider will bill Agency semi-monthly, on the 16<sup>th</sup> for all visits made between the 1<sup>st</sup> and the 15<sup>th</sup> and on the 1<sup>st</sup> for all visits made from the 16<sup>th</sup> thru the end of the month. Agency will pay all such on the 1<sup>st</sup> and 15<sup>th</sup> of each month.
  19. Provider shall have the right to terminate this agreement at any time after any compensation due to Provider in accordance with the terms of this agreement is not paid when due to within ten (10) business days of the Agency's receipt of written notice from the Provider that said compensation is due. Agency agrees to waive its right to terminate this agreement, without the written consent of Provider, if the Agency fails to keep payments for services within the terms of this agreement. Agency regains these rights by paying all past due amounts.
  20. This agreement may be amended at any time by jointly signed written statement. It may be terminated by either party within thirty (30) calendar day's written notice.
  21. This policy prohibits discrimination against any person on the basis of race, color, national origin, disability, age, sex, religion or creed in admission, treatment, or participation in its programs, services, activities, and in employment.
  22. Employee Benefits are not available to contracted personnel.



## Abundant Life Home Health Agency, LLC

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Category: Administrative Number: 1.018.1

Subject: Services Provided under Contract

Applies: Contract Providers Page: 5 of 5

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23. Provider must submit a copy of liability coverage with the signed contract.
24. Provider agrees to comply and meet requirements related to Medicare Conditions of Participation as well as applicable laws and regulations. Provider agrees to follow agency policies and procedures, including personnel qualifications.
25. This contract will be reviewed annually during the Agency Annual Review.
26. The contract shall include:
  - (a) The effective and expiration dates;
  - (b) A description of goods or services to be provided;
  - (c) A copy of the professional license must be available, upon Department request.







## Abundant Life Home Health Agency, LLC

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Category:	Administrative	Number:	1.020.2
Subject:	Disclosure to Agency for Health Care Administration		
Applies:	All Staff	Page:	1 of 3

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**Purpose:** To clearly define the information that is available for Disclosure to the Agency for Health Care Administration.

**Policy:** The home health agency must disclose the following information to the Department at the time of the home health agency's initial request for licensure, at the time of each survey, and at the time of any change in ownership or management:

- (a) The name and address of each person with an ownership or control interest of five percent or greater in the home health agency.
- (b) The name and address of each person who is an officer, a director, an agent, or a managing employee of the home health agency.
- (c) The name and address of the person, corporation, association, or other company that is responsible for the management of the home health agency, and the name and address of the chief executive officer and the chairman of the board of directors of the corporation, association or other company responsible for the management of the home health agency.
- (d) If any person described in (a), (b), or (c) has served as or currently serves as an Administrator, general partner, trustee or trust applicant, sole proprietor or any applicant or licensee who is a sole proprietorship, executor, or corporate officer or director of, or has held a beneficial ownership interest of 5 percent or more in any other home health agency, health facility, clinic, hospice, Pediatric Day Health and Respite Care Facility, Adult Day Health Care Center, or any facility licensed by the Department of Social Services, the applicant shall disclose the relationship to the Department and Accreditation<sup>1</sup>, including the name and current or last address of the facility and the date such relationship commenced and, if applicable, the date it was terminated.
- (e) All information provided will be accurate and provided in a timely manner.
- (f) The agency permits the performance of a survey by Joint Commission and AHCA at their discretion. The agency does not exclude surveyors that have properly identified themselves as a member of the Department of Health and Welfare or Joint Commission as an observer or active participant.

## Abundant Life Home Health Agency, LLC

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Category:	Administrative	Number:	1.020.2
Subject:	Disclosure to Agency for Health Care Administration		
Applies:	All Staff	Page:	2 of 3

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(g) External evaluations of the agency are available for review by Joint Commission and the Department of Health and Welfare.

(h) Negative outcomes affecting accreditation, licensure, or Medicare/Medicaid certification will be reported to Accreditation immediately.

(i) A controlling interest shall notify the agency within 10 days after a court action to initiate bankruptcy, foreclosure, or eviction proceedings concerning the provider in which the controlling interest is a petitioner or defendant.

(j) Provide a certified report, if requested by a surveyor, to verify services by a specific staff person during a specified time period

(k) This agency will furnish updated information to CMS at intervals between recertification, or enrollment, or contract renewals, and within 30 days of a written request.

(l) This agency does not knowingly employ any person that has been convicted of a criminal offense against Medicare, Medicaid, or the title V (Maternal and Child Health Services) and title XX (Social Services) programs. However, if an employee either becomes convicted or is manages to hide past convictions during the hiring process this agency will disclose of any persons with controlling interest, or managing employees convicted of criminal offenses against Medicare, Medicaid, or the title V (Maternal and Child Health Services) and title XX (Social Services) programs.

(m) This agency shall explain clearly to the client, family or caretaker that the permission for the representative's home visit is voluntary and that consent to the home visit will not affect the client's care or other health benefits.

## Abundant Life Home Health Agency, LLC

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Category:	Administrative	Number:	1.020.2
Subject:	Disclosure to Agency for Health Care Administration		
Applies:	All Staff	Page:	3 of 3

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(n) Application for license renewal accompanied by the necessary fees shall be filed with the AHCA not less than 60 days prior to the expiration date.

(o) This agency must provide the surveyor access to all agency records required by AHCA to be maintained by or on behalf of the agency. If a surveyor requests an agency record that is stored at a location other than the survey site, the agency must provide the record to the surveyor within eight working hours after the request. The agency must provide the surveyor with copies of agency records upon request. The agency must provide an AHCA representative with a reasonable workspace and a safe workspace, free from hazards, at which to conduct a survey at a parent office, branch office, or alternate delivery site.

(p) Upon request, the Administrator will make available to the surveyor or his or her designated agent all:

- reports;
- records;
- minutes;
- contracts;
- documentation;
- information; and
- files.

When the administrator and the director of nursing are not on the premises during designated business hours, a staff person must be available to answer the phone and the door and must be able to contact the administrator and the director of nursing by telecommunications. This individual can be a clerical staff person.

If an AHCA surveyor arrives on the premises to conduct an unannounced survey and the administrator, the director of nursing, or a person authorized to give access to patient records, are not available on the premises they, or the designated alternate, must be available on the premises within an hour of the arrival of the surveyor. A list of current patients must be provided to the surveyor within two hours of arrival if requested.

## Abundant Life Home Health Agency, LLC

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Category: Administrative Number: 1.020.3

Subject: Change of Ownership or Administrative Control

Applies: Administration Page: 1 of 3

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**Purpose:** To notify the AHCA, Medicare, and ACHC of changes in ownership or administrative control.

**Policy:** Changes Requiring Notification: A notification shall be submitted to the AHCA, Medicare, and ACHC when a change occurs. The agency may not transfer or assign a license.

**Definition:** A change of ownership shall be deemed to have occurred where, among other things, when compared with the information contained in the last approved license application of the licensee, there has occurred a transfer of 50 percent or more of the issued stock of a corporate licensee, a transfer of 50 percent or more of the assets of the licensee, a change in partners or partnership interests of 50 percent or greater in terms of capital or share of profits, or a relinquishment by the licensee of the management of the agency.

**Procedure:** The licensee shall notify/submit appropriate applications to the AHCA, Medicare, and ACHC in writing of the following thirty (30) days prior to:

- (1) Change of name of home health agency.
- (2) Change of location and/or address of home health agency.
- (3) Change in the licensing information
- (4) Change of the mailing address of the licensee.
- (5) Change of Service Area
- (6) Change in the principal officer (chairman, president, general manager) of the governing board. Such written notice shall include the name and principal business address of each new principal officer.
- (7) Addition or deletion of services.
- (8) Phone # changes must be reported to the county emergency mgmt office & to the county health department.

A change in Administrator or Director of nurses requires a notification submitted to the AHCA, Medicare, and ACHC within 5 working days.

If there is a change in the position of the Director of Nurses (DON) the agency must notify AHCA Home Care Unit within 10 business days after termination of the services of the director of nursing and the personal assistance agency must notify AHCA Home Care Unit within 10 days after the new director of nursing is hired.





## Abundant Life Home Health Agency, LLC

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Category:	Administrative	Number:	1.020.3
Subject:	Change of Ownership or Administrative Control		
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An application package for a change of ownership shall be made on a form prescribed by AHCA, as referenced in subsection 59A-8.004(1), F.A.C.

(a) The buyer or lessee must make application to AHCA for a new license at least 60 days before the date of the transfer of ownership as required by Section 408.807(1) and (2), F.S.

(b) At the time of the transfer of ownership all patient records held by the current licensee shall be transferred to the applicant.

(c) Failure to apply for a change of ownership of a licensed home health agency as required by Section 408.806(2)(b) and 400.471, F.S., shall result in a fine set and levied by AHCA pursuant to Section 400.471(8), F.S. This is also applicable to owners who incorporate and do not report this change of ownership to the home health agency.

Prior to adding Branch Offices the agency must obtain Medicare Approval.

## Abundant Life Home Health Agency, LLC

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Category:	Administrative	Number:	1.020.4
Subject:	Plan of Correction		
Applies:	Administration	Page:	1 of 1

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**Purpose:** To notify the remedy any negative findings and submit a plan of correction.

**Policy:** An agency shall submit to the licensing authority a plan of correction addressing the areas of noncompliance with the licensure requirements regardless if survey or complaint based findings.

**Procedure:**

1. A plan of correction must include:
  - How the corrective action will be accomplished for those patients found to have been affected by the deficient practice;
  - How the agency will identify other patients or services in the agency having the potential to be affected by the same deficient practice;
  - The expected correction date;
  - List of personnel responsible for implementing the corrective action;
  - What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
  - How the agency will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur; and
  - Signature of the Administrator on the Plan of Correction.
2. A plan of correction is required within 15 business days of the receipt of the deficiency statement and is subject to acceptance, acceptance with revisions, or rejection by the department. Failure to submit an acceptable plan of correction may result in a directed plan of correction.
3. The Administrator is responsible for assuring the plan of correction is implemented and monitored.

Corrections must be completed within thirty days of the survey completion date, unless an alternative schedule of correction has been specified by the Department.

**Abundant Life Home Health Agency, LLC**

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Category: Administrative

Number: 1.020.5

Subject: Policy Format Guide

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## **SECTION 2 Policy Information**

### **Sec 2.I. Effective Date**

2.I.A. The effective date of this policy is 01/03/2020

### **Sec 2.II. Tags**

2.II.A. Tags: IC02.03.99.EP99 482.36 42CFR999.33

### **Sec 2.III. Purpose**

2.III.A. Purpose: To ensure that policy and procedure documents are formatted uniformly, and are easily cited. Policy changes are tracked via policy change forms.

### **Sec 2.IV. Policy**

2.IV.A. Policy: The agency formats policy and procedure documents in a specific format so that they are uniform and easily cited. All policy and procedure documents created after the effective date are formatted pursuant to the rules of this document; this includes revisions of existing policies.

2.IV.B. The agency's goal is to produce policy that is effective, detailed, grammatically correct, and easy for the reader to understand.

2.IV.C. This policy serves as a guide to formatting and procedures for adopting policy.

2.IV.D. Policy should be developed with the goal of having an organized structure with bookmarks that are easy to navigate.

2.IV.E. The agency uses outside sources—regulatory, academic, or other – to develop effective policy. The agency cites sources appropriately.

2.IV.F. Policy changes are reviewed and accepted by administrative staff.

2.IV.F.1. New policy or Policy changes are submitted to administrative staff, who will review the policy. Discussions, debate, and amendments can be made.

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2.IV.F.2. Policy is adopted when all administrative staff have signed the policy change form.

2.IV.G. A record of all Policy Change Forms is maintained, and serve as a chronological record.

### **SECTION 3 Definitions**

#### **Sec 3.I. General information**

3.I.A. The agency uses a definitions section to clarify terms used in a policy.

3.I.B. Definitions from other policies may be cited in the text.

#### **Sec 3.II. Example Definitions**

3.II.A. Format:

3.II.A.1. the shape, size, and general makeup (as of something printed); general plan of organization, arrangement, or choice of material; a method of organizing data

3.II.B. Citation:

3.II.B.1. An act of quoting. a quotation from or reference to a book, paper, or author, especially in a scholarly work.

### **SECTION 4 Hierarchal Outline (Section Header) 16p B/U** **Heading1 -Every Word Capitalized**

#### **Sec 4.I. All Policy font is Times New Roman**

#### **Sec 4.II. Subsection Headers 14p B Heading2 – Important Words Capitalized**

4.II.A. Item Header 12p Heading3

4.II.A.1. Sub-item 12p Heading4

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- i. List item 12p Heading5
  - a. *Sub-List 12p Italicized Heading6*

**Sec 4.III. Sample Outline. Text on the subsection line that spans multiple lines. Text on the subsection line that spans multiple lines.**

4.III.A. Text on the item line that spans multiple lines. Text on the item line that spans multiple lines. Text on the item line that spans multiple lines. Text on the item line that spans multiple lines. Text on the item line that spans multiple lines.

4.III.A.1. Text on the sub-item line that spans multiple lines. Text on the sub-item line that spans multiple lines. Text on the sub-item line that spans multiple lines. Text on the sub-item line that spans multiple lines. Text on the sub-item line that spans multiple lines.

- i. List Item that spans multiple lines. List Item that spans multiple lines. List Item that spans multiple lines. List Item that spans multiple lines.
  - a. *Sub-list Item that spans multiple lines. Sub-list Item that spans multiple lines.*
  - b. *Sub-list item*

4.III.B.

**SECTION 5 Other Formatting Rules**

**Sec 5.I. Citations from Regulatory Sources**

5.I.A. Policy and procedures should include citations from outside regulatory sources wherever possible.

5.I.B. The citations should be used wherever possible in policy and procedure documents. The purpose is to bookmark applicable policy to regulatory policy, standards, or law.

5.I.C. Citations of this type should use superscript at the end of a section.



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5.I.D. Citations should be independent of any punctuation to remain searchable.

Example: The agency verifies physician's licenses. <sup>IC.05.04.03.EP4</sup>

5.I.E. Citations should follow this standard format, with no spaces.

Examples include:

5.I.E.1. Joint Commission: LD.04.04.03EP5

5.I.E.2. Florida Statutes: 400.471

5.I.E.3. Federal tag: G303

5.I.E.4. CFR 42CFR482.1

5.I.E.5. Florida Administrative Code (AHCA) 59A-8.027

5.I.F. Citations can be used in the form of tags in that cover the entire policy. See 1.II.A

### **Sec 5.II. Citations within Agency Policy**

5.II.A. Wherever possible, citations should be used to cite other parts of the policy and procedures or other policies.

5.II.B. If citing a different policy, include the original policy number. Example:

7.031.1.S1.II.J.4

5.II.C. If citing a section within the same policy, the original policy number is not required. Example: S1.I.A

5.II.D. If citing an item within the level, the superior levels are not required. Example: See II.A

5.II.E. If citation is used at the end of a line, the citation should be in subscript. Example: S1.I.A

5.II.F. If the citation is used in the middle of a sentence, subscript is not required. Example: Per II.A, the rest of the policy number is not required.”

### **Sec 5.III. Citations from Academic or Other Sources**

## Abundant Life Home Health Agency, LLC

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5.III.A. Wherever possible, the agency should strive to use peer reviewed and evidence based practice in policy development.

5.III.B. For academic sources, policy should follow APA in text citation format.

5.III.C.

(Example Quote in policy)

APA Style uses the author–date citation system, in which a brief in-text citation directs readers to a full reference list entry. The in-text citation appears within the body of the paper (or in a table, figure, footnote, or appendix) and briefly identifies the cited work by its author and date of publication. This enables readers to locate the corresponding entry in the alphabetical reference list at the end of the paper.  
(American Psychological Association, 2020)

5.III.D. If academic sources are used, a reference section should be added, so the reader can view the source. See Section 4

5.III.E. If non-academic sources are used (i.e. publications, websites, etc) APA format should be used.

### **Sec 5.IV. Citations from Attachments**

5.IV.A. Citations from attachments should follow a standard format

5.IV.B. If a document or attachment is cited, it must be attached to the policy.

5.IV.C. A citation for an attachment should be on a new line, be in red italicized type, and include the name of the document after See attachment: “{Document Name}”

5.IV.D. Example:

*See attachment “Sample Document”*

5.IV.E. All attachments should be listed in a section of the policy. It may be listed in the references section if one exists.

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5.IV.E.1. Even if an attachment is not cited in the text of the policy, it must be included in the attachments list if it is attached to the policy.

5.IV.F. Attachments with multiple pages should have a footer or header with the document name.

### **Sec 5.V. Tables and Figures**

5.V.A. Tables and Figures are permitted in policy, and is the most effective method to present information.

5.V.B. Tables and figures can be included in attachments, or in the policy text if advantageous.

5.V.C. Tables and figures should be labeled in italicized type.

5.V.D. Example in policy Table:

Header 1	Header 2	Header 3	Header 4
Record1	Data	Data	Data
Record 2	Data	Data	Data
Record 3	Data	Data	Data
Record 4	Data	Data	Data
Record 5	Data	Data	Data0

*Example Table 1*

Category: Administrative

Number: 1.020.5

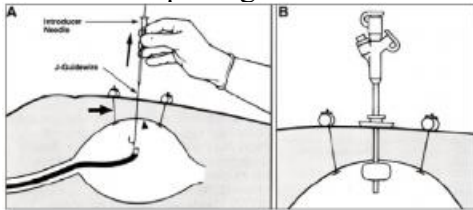
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5.V.E. Example Figure:



*Example Figure 1*

**Sec 5.VI. Table of Contents**

5.VI.A. For longer policies, a table of contents may be necessary to layout the policy for the reader.

5.VI.B. The Table of contents should be formatted per Section 1.

**Sec 5.VII. Miscellaneous**

5.VII.A. The names of specific agency forms are capitalized.

5.VII.A.1. Example: Policy Change Form, Wage Agreement

5.VII.B. Job titles/positions are not capitalized unless at the beginning of a sentence, heading, or a signature line.

5.VII.B.1. Examples: administrator, director of nursing, field nurse

5.VII.C. Policy may “skip” outline headers as needed. Example:

- i. List item (Skipped 4.VII.A.1)
- ii. List items do not have punctuation, unless they are a complete sentence.

**SECTION 6 References**

**Sec 6.I. Academic Sources**

6.I.A. Basic Principles of Citation. (n.d.). Retrieved January 2, 2020, from <https://apastyle.apa.org/style-grammar-guidelines/citations/basic-principles/>.

## **Abundant Life Home Health Agency, LLC**

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### **Sec 6.II. Attachments**

#### 6.II.A. Attachments

6.II.A.1. Policy Change Form

6.II.A.2. Sample Attachment 2

## Abundant Life Home Health Agency, LLC

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Category:	Administrative	Number:	1.021.1
Subject:	Information Management		
Applies:	All Staff	Page:	1 of 1

---

**Purpose:** All aspects of the agency success and patient's quality of care are based on information and the decisions that are based on the available information. Security of patient information is the top priority agency.

**Policy:** Information management drives agency decisions and quality of care. When processing information, the security of patient information will remain the top priority.

**Procedure:**

1. The agency will process information in a timely and efficient manner to provide access to the most current data for decision making.
2. To ensure the continued availability of information the agency routinely performs data backups. Electronic backups are rotated off site, so that in the event of a disaster the agency will be able to maintain continuity of care and information base. The backup location should be secure. Refer to the Disaster Plan for restoring services and ePHI during service interruptions.
3. Patient information will be limited to the person directly involved in the patients care.
4. Examples of possible data inputs:
  - Physician
  - Referrals Sources
  - Patients
  - Caregivers/Patient Family
  - Community Resources
  - Staff
5. Data flows within the organization with respect to privacy of patient information. With respect to patient confidentially information flow is open amongst staff and patient.
6. Information leaves the agency to promote the well fair of patients and the viability of the agency with respect to maintaining patient confidentiality.







## Abundant Life Home Health Agency, LLC

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Category:	Human Resources	Number:	2.002.1
Subject:	Personnel Records		
Applies:	All Staff	Page:	1 of 1

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**Purpose:** To ensure a standard method for maintaining employee records.

**Policy:** A separate file for each employee will be maintained. Personnel records are confidential. They are available for inspection by federal, state regulatory, and accreditation agencies.

Each file shall contain, at a minimum, copies of items listed on the following page, gathered upon hire.

Each item with expiration dates will be maintained on individual employee payroll record.

Items with expiration dates are reviewed periodically prior to assigning a patient to an employee. If an item is required, it must be received before patients are assigned to that employee.

A second personnel record with sensitive data shall include, but not be limited to:

- A. Statement of Employability and Criminal History Request for Review and related documents.
  
- B. Health status, including but not limited to:
  - 1. Medical History
  - 2. Vaccinations, Initial TB testing
  - 3. Benefit forms
  - 4. Drug and Alcohol Screening

Employee records will be kept not less than 10 years past the last date of employment.

Personnel Records are kept in a lockable either a lockable filing cabinet or in a storage space that is lockable. Regardless of lockable location of the personnel records, the Administrator, and Director of Nurses should be the only persons with the keys to lock and unlock the personnel records storage. Employees may view their personnel records upon written request during normal business hours. Personnel records will be accessible only to the Administrator and director of nurses or the surveyor. The records should be available to the surveyor within 3 hours of the request.

**Abundant Life Home Health Agency, LLC**  
**Personnel Records**

Personnel Records include at least the following:

- a. Employee application
- b. Resume
- c. Name
- d. Title
- e. Address
- f. Telephone Number
- g. Date of Birth
- h. Social Security Card
- i. Dated and Signed Withholding Statement
- j. Employment eligibility verification (I-9)
- k. Hire Date
- l. Wages
- m. Benefits
- n. Confidentiality Agreement
- o. References
- p. OIG Exclusion Results
- q. Job description
- r. Testing Results(if applicable)
- s. Field evaluations
- t. Policy and Procedures Agreement sign sheet
- u. Proof of Orientation
- v. Agreement to arbitrate employment claims
- w. Disciplinary actions if applicable
- x. Termination Date
- y. Conflict of Interest Statement

Copies of the following with clear expiration dates available:

- z. Driver's license.
- aa. Department of Motor Vehicles Results
- bb. CPR certification – complete within 30 days of hire date
- cc. Professional liability insurance
- dd. Auto insurance
- ee. TB skin test or x-ray
- ff. Hepatitis B vaccine or declination statement
- gg. Professional license (along with verification)
- hh. Skills Checklist/ Testing
- ii. Verification of Qualifications
- jj. Performance Evaluations
- kk. Criminal History Results
- ll. National Sex Offender Registry Check results
- mm. W-4
- nn. NAR (if applicable)

## Abundant Life Home Health Agency, LLC

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Category:	Human Resources	Number:	2.002.2
Subject:	Employment References		
Applies:	All Staff	Page:	1 of 1

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**Purpose:** To maintain privacy and confidentiality of information concerning employees of the Agency.

**Policy:** All information concerning the employees of the Agency is private and confidential and will only be released in accordance with Agency policy.

1. All inquiries for any information concerning an employee will be directed to the Human Resource Department of the administrative office, and this includes requests to verify employment.
2. If an employee or former employee requests a reference, such request must be in writing stating that an employment reference is requested and to whom the reference is to be addressed.
3. All letters of reference shall be limited to verifying dates of employment, position, and job description for that position, unless additional information is required by law.
4. If a governmental Agency requests information, the Agency will comply in accordance with applicable law, regardless of whether or not the employee or former employee consents to such release of information.
5. During the new hire process this agency will request references from past employers, professional associates and lastly personal references. At least two references are obtained prior to hiring.

## Abundant Life Home Health Agency, LLC

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Category: Human Resources

Number: 2.002.3

Subject: Time Records

Applies: All Staff

Page: 1 of 1

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**Purpose:** To keep accurate written records of time worked by all employees in order to assist the Agency in documenting costs for reimbursement purposes, and for the purposes of calculating payroll for employees.

**Policy:** Each employee, specifically including all field staff, shall keep a written record of the hours worked each day. The record shall be in the form of a time sheet for each patient visit or an office timesheet with hours entered per day.

Each employee shall be made aware of this policy during the initial orientation of that employee with the Agency.

The time sheets shall be maintained by the Agency and stored with payroll records. The time sheet shall contain the time in, time out, miles traveled (if applicable) and total minutes worked and the patient and staff's name.





## Abundant Life Home Health Agency, LLC

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Category:	Human Resources	Number:	2.003.2
Subject:	Classification of Personnel		
Applies:	All Staff	Page:	1 of 5

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**Purpose:** To provide guidelines as to hiring, classifying of employees, through the Orientation process.

**Classification of Employees:** All employees of the Agency must be classified at all times with a written and signed job description for each position.

All employment positions in the Agency must be listed, classified, approved for filling and have a written job description for the position before any person may be hired for that position.

**Classes of Employees:** All employees shall be classified in the following manners:

1. Regular Full Time: Employees who are assigned a regular work week for an indefinite period of time and who average at least 25 hours of work in a week for at least three consecutive such periods, but who are expected to work 40 hours or more per week.
2. Regular Part Time: Employees who are scheduled to work consistently but who do not work at least 25 hours per week for at least three consecutive weeks.
3. Salaried: Employees whose pay is based on an annual rate and expected to work the hours required to fulfill the job duties.
4. PRN/Contract: Persons who are under contractual agreement with the Agency to provide services to the Agency on an as needed basis without any guarantee.
5. Observational: an employee with fewer than three months of service with the company, or an employee or any other class who has been placed in an observational status for disciplinary reasons. The observational period of three months is subject to change if management deems more time necessary to continue to observe the performance of the individual.
  - a) Administrative: Employees of any other category who may or may not be responsible for providing any care to patients and have the authority to make decisions for the Agency.

## Abundant Life Home Health Agency, LLC

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Category:	Human Resources	Number:	2.003.2
Subject:	Classification of Personnel		
Applies:	All Staff	Page:	2 of 5

---

b) Clerical: Employees of any other category who do not have administrative or supervisory responsibilities and who do not provide care to patients.

c) Direct Care Staff: Employees that will have direct/hands on contact with patients.

### **Equal Opportunity Employer:**

The Agency is an Equal Opportunity Employment employer.

The Agency is committed to providing a work environment free from all forms of discrimination and harassment.

The Agency hires employees without regard to age, race, color, national origin, religion, sex, disability, or being a qualified disabled veteran or qualified veteran of the Vietnam era or any other category protected by law.

The Agency will make accommodations for otherwise qualified individuals with disabilities to perform the essential functions of their position provided the accommodation is reasonable, does not create an undue hardship on the Agency and carries no undue risk of harm to the individual, other employees and/or clients/patients.

### **Advertising of Available Employment Positions:**

Available employment positions with the Agency will be posted with an approved job description at the discretion of the Administrator.

Once an individual has been selected for employment, a verbal offer of employment will be made to the individual with a conditional Job Offer to follow.

Every employee will have a signed job description for the position in which they will function.



## Abundant Life Home Health Agency, LLC

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Category:	Human Resources	Number:	2.003.2
Subject:	Classification of Personnel		
Applies:	All Staff	Page:	3 of 5

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Advertisements for available positions may be advertised at the discretion of the Administrator, subject to the requirements that all such advertisements must clearly state that the Agency is an EOE, and only give the general nature of the position.

### **At Will Status:**

All employees of the Agency are employees at will and not for any definite period of time.

No employee of the Agency has the authority to vary the terms of this policy or to make an employment contract on behalf of the company with any person.

### **Competency Testing:**

Any staff member giving care to a client must complete an appropriate skills checklist prior to be allowed to perform direct care.

### **Licensed Employees:**

All employees in positions that require a license, registration or Certification will duly and properly possess them and provide copies of them to the Agency. Employees who allow their license to lapse or whose licenses are suspended for any reason, will not be assigned to patient care pending reinstatement of license, and must bring the fact that their license has lapsed or is suspended to the immediate attention of the Administrator or designee. During the time that an employee's license has lapsed or is suspended, the employee may be suspended without pay or terminated.

Employees who are licensed must notify the Administrator immediately of any change in their licensure status. Failure to do so will result in disciplinary action up to and including termination.

Licensure/Certification will be checked prior to hiring and annually thereafter. Results of the licensure/certification check will be kept in the employee personnel record.

## **Abundant Life Home Health Agency, LLC**

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Category:	Human Resources	Number:	2.003.2
Subject:	Classification of Personnel		
Applies:	All Staff	Page:	4 of 5

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### **References:**

All applicants are required to provide at least two professional job related references at least one of which must be from a recent employer.

Both references must be contacted prior to any conditional offer of employment.

The Agency may contact schools, current and previous employers, and check organizations named in the application. Criminal background check will be required prior to employment.

From time to time, at the discretion of the Administrator, the Agency may be required to conduct additional checks into the background of its employees, and all employees are expected to cooperate with such investigations.

### **Health Clearance:**

As per personnel requirements for this Agency, all employees classified as Clinical must have current documentation of "Non-communicable disease statement" signed by physician or ARNP within the previous 6 months.

Excluded Persons: Prior to making a conditional offer of employment to any person, the Agency may conduct a review of the Sanction Reports with the Office of the Inspector General and Exception Reports with the General Services Administration on all persons.

The Agency shall not hire any person who is excluded from the Medicare or Medicaid programs.

### **Attendance at Orientation and Training:**

At or near the time of hire, all employees including contractors are required to be presented with the Agency's general orientation program and Employee Handbook, and are required to attend all Agency orientation and training programs.

## Abundant Life Home Health Agency, LLC

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Category: Human Resources

Number: 2.003.2

Subject: Classification of Personnel

Applies: All Staff

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Employees may also be required to attend further training programs, meetings, conferences, or other similar matters, and sign documents proving the attendance at them.

The refusal or failure of an employee to attend such programs or meetings or to sign documentation proving attendance, are grounds for disciplinary action up to and including termination.

### Attachments:

Job Descriptions

## Abundant Life Home Health Agency, LLC

**Position:** Registered Nurse Case Manager

**Reports to:** Director of Nurses

**Revised:** 01/12/2012

**Job Summary:** Demonstrate good leadership, communication, and writing skills. Demonstrate proficiency in the use of Oasis to develop optimal level of patient care under physician orders. Enforce the policies and procedures of the agency. Follows Medicare and Medicaid regulations set forth by the federal government. Follow state and federal laws as applicable and mandated.

### Qualifications/Educational Requirements:

1. Be a registered nurse (R.N.).
2. Minimum of two years experience in direct patient care.
3. Ability to relate positively and favorably with patients and staff.
4. Demonstrate good oral and written communication along with good documentation skills.

**Responsibilities/essential job functions:** Incumbent must be able to perform the following essential job functions - with or without reasonable accommodations.

1. Demonstrate efficient teamwork with the staff.
2. Demonstrate competence in documenting with Oasis. \*
3. Coordinate care for the patient. \*
4. Understand and perform the admission process plan of care. \*
5. Coordinates services and schedules patient visits.
6. Supervise LPN and HHA field staff as indicated. \*
7. Provide in-service education per DON direction.
8. Attend seminars, conferences, workshops, and self-studies in areas that will enhance position (e.g. leadership, communication, geriatric care, and pediatric care).
9. Follow Medicare and Medicaid regulations. \*
10. Observe, assess, and document patient symptom and progress. \*
11. Perform the initial home care visit and re-evaluate patient needs and progress when needed. \*
12. Notify physician of change in the patient's condition. \*
13. Coordinate and monitor all patient care and services. \*
14. Complete paperwork timely and efficiently. \*
15. Maintain patient records according to policy and procedure. \*
16. Educate patients and caregivers on disease process, medications, plan of care, and treatment plans according to the policy and procedure manual. \*
17. Follow infection control policy in and out of the office. \*
18. Provide quality of care to patients in their homes according to policy and procedures. \*
19. Participate in the on-call schedule. \*
20. Participate in and support quality improvement programs.

### **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

**The work environment and physical demands described here are representative of those required by an employee to perform to the essential functions of this job with or without reasonable accommodations.**

#### **Physical Elements**

- Sufficient clarity of speech and hearing or other communication capabilities, with or without reasonable accommodation, to enable the employee to communicate effectively;
- Sufficient vision or other powers of observation, with or without reasonable accommodation, to enable the employee to review a wide variety of materials in electronic or hard copy form;
- Sufficient manual dexterity, with or without reasonable accommodation, to enable the employee to operate a personal computer, telephone, and other related equipment;

\* Essential Job Function

- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to safely lift, move, or maneuver whatever may be necessary to successfully perform the duties of their position;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

**Environmental Elements**

Incumbent works in an office environment sometimes with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

Incumbent will have to travel to a variety of patient homes and perform in conditions that vary greatly depending upon the client’s home environment. Some homes will be clean, neat, and maintained at a comfortable temperature. Other homes may be cluttered, dirty, with an uncomfortable temperature.

The above list reflects the essential functions and other job functions considered necessary of the job identified, and shall not be construed as a detailed description of all work requirements that may be inherent in the job, or assigned by supervisory personnel. This job description is used as a guide only and not inclusive of responsibilities and job duties.

By my signature, I acknowledge that I have read and understand this job description and its requirement and that I am expected to complete all duties as assigned. I understand the job functions may be altered from time to time.

Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Abundant Life Home Health Agency, LLC

**Position:** Medical Social Work Assistant (Bachelor Level) (MSW)

**Reports to:** Medical Social Worker (Masters Level) / DON

**Revised:** 01/12/2012

**Job Summary:** The Bachelor's level MSW is responsible for the provision, direction, supervision and evaluation of medical social services to clients in the home environment in accordance with agency policies and procedures, applicable health standards, governmental laws and regulations. The MSW will strive to proactively meet the needs of the client in the achievement of individualized and measurable outcomes.

### **Qualifications/Educational Requirements:**

1. Graduate from accredited school with Bachelor's degree accredited by the council on Social Work Education with current license.
2. Excellent organizational, communication, and time management skills.
3. Minimum of one year's social work experience in a healthcare setting.
4. Excellent interpersonal and analytical skills.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Instruct, treat, observe and evaluate clients with significant social and emotional situations affecting their health status. \*
2. Utilize special skills and judgment to resolve adverse social and emotional responses connected with the illness. \*
3. Report any changes in client's condition and response to treatment to supervisor and the physician. \*
4. Participate in development and re-evaluation of POC for clients needing MSW.
5. Instruct and counsel the client and family in treating and coping with the social and emotional responses to illness.
6. Provide ongoing assessment of needs.
7. Participate in discharge planning. \*
8. Participate in care coordination activities and act as resource to other team members in identification and resolution of client needs.\*
9. Utilize appropriate community resources.
10. Attends, participates in and/or conducts internal staff development programs and obtains CEU's as required by regulations.
11. Collaborate with Social Work Supervisor in promoting optimal level of services for patient / family. \*
12. Participate in staff meetings, in-service programs and Utilization reviews.
13. Review LSW documentation for accuracy with plan of care and cosigns. \*

### **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

**The work environment and physical demands described here are representative of those required by an employee to perform to the essential functions of this job with or without reasonable accommodations.**

#### **Physical Elements**

- Sufficient clarity of speech and hearing or other communication capabilities, with or without reasonable accommodation, to enable the employee to communicate effectively;
- Sufficient vision or other powers of observation, with or without reasonable accommodation, to enable the employee to review a wide variety of materials in electronic or hard copy form;
- Sufficient manual dexterity, with or without reasonable accommodation, to enable the employee to operate a personal computer, telephone, and other related equipment;

\* Essential Job Function

- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to safely lift, move, or maneuver whatever may be necessary to successfully perform the duties of their position;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

**Environmental Elements**

Incumbent works in an office environment sometimes with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

Incumbent will have to travel to a variety of patient homes and perform in conditions that vary greatly depending upon the client’s home environment. Some homes will be clean, neat, and maintained at a comfortable temperature. Other homes may be cluttered, dirty, with an uncomfortable temperature.

The above list reflects the essential functions and other job functions considered necessary of the job identified, and shall not be construed as a detailed description of all work requirements that may be inherent in the job, or assigned by supervisory personnel. This job description is used as a guide only and not inclusive of responsibilities and job duties.

By my signature, I acknowledge that I have read and understand this job description and its requirement and that I am expected to complete all duties as assigned. I understand the job functions may be altered from time to time.

Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Masters MSW Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Abundant Life Home Health Agency, LLC

**Position:** Administrator / Alternate Administrator

**Reports to:** Board of Directors / Owners / Officers

**Revised:** 01/12/2012

**Job Summary:** Act as liaison between the Owners/Officers, the staff and the community. Responsible for the daily operations and quality of the home health agency. Maintain a leadership role for the planning and achievement of objectives that are consistent with the company, business and financial goals.

### **Qualifications/Educational Requirements:**

1. Is a licensed Physician; or
2. Is a Registered Nurse; or
3. Has training and experience in health service administration and at least 1 year of supervisory or administrative experience in home health care or related health programs. Other related health programs may include a hospital, nursing facility or hospice.
4. Excellent oral and written communication and presentation skills.
5. Professional demeanor and appearance.
6. Proficient skills to promote excellent client relations and customer skills.
7. People management skills and the ability to network and manage a team.
8. Excellent organizational and time management skills.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Develop company and organizational goals.
2. Remain informed and educated about home health regulations and standards as well as management issues. \*
3. Promote interdepartmental cooperation and communication, which may result in mediation of faculty/staff disputes.
4. Develop employee excellence through recruitment, retention, training, motivation and reward.
5. Establish performance goals with supervisors and evaluate their performance.
6. Participate in strategic, short-range, and long-range planning for educational, patient care, research, revenue, and public relations programs. \*
7. Manage, control, coordinate, and supervise the fiscal activities of the agency, including funding development, budget negotiations, generation of patient care revenue, and contract preparation, negotiation, and approval. \*
8. Coordinates special department activities, including conferences, workshops, and other functions.
9. Monitor the record system and statistical reporting system for proper documentation, planning and evaluation.
10. Develop policies focused on patient care in collaboration with the staff and the owners/officers
11. Develop employee excellence through recruitment, retention, training, motivation and reward. \*
12. Oversee care delivery and patient outcomes to ensure that care meets the patients' needs. \*
13. Monitor and take reasonable steps to ensure:
  - a. Patient rights are exercised. \*
  - b. Compliance with applicable Federal, State and Local laws and professional standards are maintained.\*
  - c. Compliance with established policies and procedures.\*
  - d. Compliance with the patient's plan of care.\*
14. Ensure that the numbers and qualifications of personnel available to provide and supervise services are sufficient to implement the plans of care and treatment to meet the medical, nursing and rehabilitative needs of the patients.\*
15. Assure accuracy of public information material and activities. \*
16. Implement performance improvement priorities.
17. Complete a minimum of six (12) clock hours per year of continuing education in subjects related to the duties of the administrator. \*



## **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

**The work environment and physical demands described here are representative of those required by an employee to perform to the essential functions of this job with or without reasonable accommodations.**

### **Physical Elements**

- Sufficient clarity of speech and hearing or other communication capabilities, with or without reasonable accommodation, to enable the employee to communicate effectively;
- Sufficient vision or other powers of observation, with or without reasonable accommodation, to enable the employee to review a wide variety of materials in electronic or hard copy form;
- Sufficient manual dexterity, with or without reasonable accommodation, to enable the employee to operate a personal computer, telephone, and other related equipment;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to safely lift, move, or maneuver whatever may be necessary to successfully perform the duties of their position;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

### **Environmental Elements**

Incumbent works in an office environment with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

Incumbent frequently travels to a variety of field sites and performs code compliance work in outside weather conditions.

The above list reflects the essential functions and other job functions considered necessary of the job identified, and shall not be construed as a detailed description of all work requirements that may be inherent in the job, or assigned by supervisory personnel. This job description is used as a guide only and not inclusive of responsibilities and job duties.

By my signature, I acknowledge that I have read and understand this job description and its requirement and that I am expected to complete all duties as assigned. I understand the job functions may be altered from time to time.

Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Abundant Life Home Health Agency, LLC

**Position:** Registered Dietitian

**Reports to:** RN Admission Nurse

**Revised:** 01/12/2012

**Job Summary:** Responsible for optimizing the patient's nutritional status by providing medical nutrition therapy. The therapy may include identifying patients at nutritional risk, determining nutritional status through nutritional assessment, individualizing and recommending nutrition therapies (including diet modification and nutrition support). In addition, responsible for educating and counseling to promote nutritional health, and evaluating outcomes of medical nutrition therapy interventions.

### **Qualifications/Educational Requirements:**

1. Graduate from accredited school with Bachelor's Degree in Dietetics of Food and Nutrition. Registered by the American Dietetic Association and Licensed Registered.
2. Two years of experience as a Clinical Dietitian is preferred.
3. Excellent interpersonal and analytical skill.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Obtain history and analyze assessment data of patients determined to be at moderate to high risk for malnutrition. Assess complex therapeutic nutrition/learning/ lifestyle change needs with consideration to religious, ethnic, and cultural practices. \*
2. Plan, develop, and implement comprehensive nutrition therapy to include scope, frequency, duration, and outcome goals in accordance with standards of practice and the needs of the patient. Develop Plan of care in collaboration with patient/family and other team members. \*
3. Make therapeutic alimentation (oral and enteral) recommendations to physicians and physician extenders.
4. Educate and counsel patient/care givers. \*
5. Evaluate and document the intervention plan, progress towards goals, and modify goals and intervention methods as needed in accordance with the standards of practice and regulatory agency standards. \*
6. Actively and constructively participate in service and interdisciplinary care conferences to support and contribute to the goals and vision.\*
7. Collaborate with, and act as an essential resource to other health care professionals, service areas, and community agencies.
8. Remain current regarding reimbursement issues, corporate compliance and regulatory agency standards, and legislation regarding nutrition policy. \*

### **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

**The work environment and physical demands described here are representative of those required by an employee to perform to the essential functions of this job with or without reasonable accommodations.**

#### **Physical Elements**

- Sufficient clarity of speech and hearing or other communication capabilities, with or without reasonable accommodation, to enable the employee to communicate effectively;
- Sufficient vision or other powers of observation, with or without reasonable accommodation, to enable the employee to review a wide variety of materials in electronic or hard copy form;
- Sufficient manual dexterity, with or without reasonable accommodation, to enable the employee to operate a personal computer, telephone, and other related equipment;

\* Essential Job Function

- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to safely lift, move, or maneuver whatever may be necessary to successfully perform the duties of their position;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

**Environmental Elements**

Incumbent works in an office environment sometimes with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

Incumbent will have to travel to a variety of patient homes and perform in conditions that vary greatly depending upon the client’s home environment. Some homes will be clean, neat, and maintained at a comfortable temperature. Other homes may be cluttered, dirty, with an uncomfortable temperature.

The above list reflects the essential functions and other job functions considered necessary of the job identified, and shall not be construed as a detailed description of all work requirements that may be inherent in the job, or assigned by supervisory personnel. This job description is used as a guide only and not inclusive of responsibilities and job duties.

By my signature, I acknowledge that I have read and understand this job description and its requirement and that I am expected to complete all duties as assigned. I understand the job functions may be altered from time to time.

Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Nursing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Abundant Life Home Health Agency, LLC

**Position:** Director of Nursing/Alternate Director of Nursing

**Reports to:** Administrator

**Revised:** 01/12/2012

**Job Summary:** Assume primary responsibility for clinical services provided by the Agency. Direct, coordinate and supervise all clinical functions. Maintains compliance with federal and state regulations as they apply to the provision of home visits to patients. Assure compliance with Agency Policy and Procedure. Monitor job performance and completion of evaluations and counseling of clinical staff.

### Qualifications/Educational Requirements:

1. Be a registered nurse (R.N.) for at least two years.
2. Minimum of two years of management/supervisory experience.
3. Demonstrate knowledge and skills necessary to provide care primarily to the geriatric population, and to a lesser degree, the pediatric and adult population.
4. Professional demeanor and appearance.
5. Excellent oral and written skills.
6. Demonstrate organizational and leadership skills.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Assure compliance with company policy and all federal, state, and local regulatory bodies. \*
2. Supervise all clinical activities and staff related to nursing. Communicates and interacts with the Director of Rehab. \*
3. Assist with recruiting, hiring, orienting and ongoing in-service education of all nursing staff.
4. Remain informed of home health regulations and standards as well as management issues.
5. Accountable for all clinical issues. \*
6. Provide guidance and support for supervisory, field and office staff.
7. Conduct employee performance evaluations. Assists with development of new job standards as needed.
8. Counsel staff appropriately and in a timely manner concerning areas of deficiency as well as areas of excellence and quality improvement.
9. Ensure coordination of care by all disciplines. \*
10. Assure that a reassessment of a client's needs is performed by the appropriate health care professional (i.e. when there is a significant health status change in the client's condition at the physician's request or after hospital discharge.)
11. Ensure compliance with The Conditions of Participation. \*
12. Participate in review, analysis and appraisal of the effectiveness of the total agency program. \*
13. Participate in short and long range planning for the agency and implement specific measures for agency growth. Increase market share through education of physicians and other community and referral sources.
14. Participate in the evaluation of agency programs.
15. Participate in state, local and national organizations, meetings, seminars, workshops and activities relating to the home health profession and health care services.
16. Work with other agencies and promote good community relations through involvement in community events.
17. Assure service satisfaction through client visits and other measures, as appropriate. Investigate and resolve agency complaints related to nursing or other department if required.
18. Ensure care delivery meets the needs of the patients and follows professional practice standards.
19. Develop, implement, review and revise policies and procedures to guide care delivery. \*
20. Monitor compliance with applicable Federal, State and Local laws, Professional Standards and principals, established policies and procedures and the plan of care. \*

### **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

**The work environment and physical demands described here are representative of those required by an employee to perform to the essential functions of this job with or without reasonable accommodations.**

**Physical Elements**

- Sufficient clarity of speech and hearing or other communication capabilities, with or without reasonable accommodation, to enable the employee to communicate effectively;
- Sufficient vision or other powers of observation, with or without reasonable accommodation, to enable the employee to review a wide variety of materials in electronic or hard copy form;
- Sufficient manual dexterity, with or without reasonable accommodation, to enable the employee to operate a personal computer, telephone, and other related equipment;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to safely lift, move, or maneuver whatever may be necessary to successfully perform the duties of their position;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

**Environmental Elements**

Incumbent works in an office environment sometimes with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

Incumbent will have to travel to a variety of patient homes and perform in conditions that vary greatly depending upon the client’s home environment. Some homes will be clean, neat, and maintained at a comfortable temperature. Other homes may be cluttered, dirty, with an uncomfortable temperature.

The above list reflects the essential functions and other job functions considered necessary of the job identified, and shall not be construed as a detailed description of all work requirements that may be inherent in the job, or assigned by supervisory personnel. This job description is used as a guide only and not inclusive of responsibilities and job duties.

By my signature, I acknowledge that I have read and understand this job description and its requirement and that I am expected to complete all duties as assigned. I understand the job functions may be altered from time to time.

Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Abundant Life Home Health Agency, LLC

**Position:** Certified Occupational Therapy Assistant (OTA)

**Reports to:** DON and Occupational Therapist (OT)

**Revised:** 01/12/2012

**Job Summary:** Provide skilled therapy intervention and treatments to patients in the home setting supervised by the Registered Occupational Therapist. Care includes providing direct patient care according to the treatment plan established by the registered OT. Careful monitoring of patient status, progress toward goals and compliance with physicians orders. Responsible for teaching patients and their caregivers while preparing the patient and family for discharge as appropriate.

### **Qualifications/Educational Requirements:**

1. A person who—
  - (a) Meets all of the following:
    - (1) Is licensed, unless licensure does not apply, or otherwise regulated, if applicable, as an Occupational Therapy Assistant by the State in which practicing.
    - (2) Graduated after successful completion of an Occupational Therapy Assistant education program accredited by the Accreditation Council for Occupational Therapy Education, (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA) or its successor organizations.
    - (3) Is eligible to take or successfully completed the entry-level certification examination for Occupational Therapy Assistants developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).
  - (b) On or before December 31, 2009—
    - (1) Is licensed or otherwise regulated as an Occupational Therapy Assistant, if applicable, by the State in which practicing; or any qualifications defined by the State in which practicing, unless licensure does not apply; or
    - (2) Must meet both of the following:
      - (i) Completed certification requirements to practice as an Occupational Therapy Assistant established by a credentialing organization approved by the American Occupational Therapy Association.
      - (ii) After January 1, 2010, meets the requirements in paragraph (a) of this section.
  - (c) After December 31, 1977 and on or before December 31, 2007—
    - (1) Completed certification requirements to practice as an Occupational Therapy Assistant established by a credentialing organization approved by the American Occupational Therapy Association; or
    - (2) Completed the requirements to practice as an Occupational Therapy Assistant applicable in the State in which practicing.
  - (d) On or before December 31, 1977—
    - (1) Had 2 years of appropriate experience as an Occupational Therapy Assistant; and
    - (2) Had achieved a satisfactory grade on an Occupational Therapy Assistant proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.
  - (e) If educated outside the United States, on or after January 1, 2008—
    - (1) Graduated after successful completion of an Occupational Therapy Assistant education program that is accredited as substantially equivalent to Occupational Therapist assistant entry level education in the United States by—
      - (i) The Accreditation Council for Occupational Therapy Education (ACOTE).
      - (ii) Its successor organizations.
      - (iii) The World Federation of Occupational Therapists.
      - (iv) By a credentialing body approved by the American Occupational Therapy Association; and
    - (2) Successfully completed the entry-level certification examination for Occupational Therapy Assistants developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

A person who—

- (f) Meets all of the following:
  - (1) Is licensed, unless licensure does not apply, or otherwise regulated, if applicable, as an

Occupational Therapy Assistant by the State in which practicing.

(2) Graduated after successful completion of an Occupational Therapy Assistant education program accredited by the Accreditation Council for Occupational Therapy Education, (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA) or its successor organizations.

(3) Is eligible to take or successfully completed the entry-level certification examination for Occupational Therapy Assistants developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

(g) On or before December 31, 2009—

(1) Is licensed or otherwise regulated as an Occupational Therapy Assistant, if applicable, by the State in which practicing; or any qualifications defined by the State in which practicing, unless licensure does not apply; or

(2) Must meet both of the following:

(i) Completed certification requirements to practice as an Occupational Therapy Assistant established by a credentialing organization approved by the American Occupational Therapy Association.

(ii) After January 1, 2010, meets the requirements in paragraph (a) of this section.

(h) After December 31, 1977 and on or before December 31, 2007—

(1) Completed certification requirements to practice as an Occupational Therapy Assistant established by a credentialing organization approved by the American Occupational Therapy Association; or

(2) Completed the requirements to practice as an Occupational Therapy Assistant applicable in the State in which practicing.

(i) On or before December 31, 1977—

(1) Had 2 years of appropriate experience as an Occupational Therapy Assistant; and

(2) Had achieved a satisfactory grade on an Occupational Therapy Assistant proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.

(j) If educated outside the United States, on or after January 1, 2008—

(1) Graduated after successful completion of an Occupational Therapy Assistant education program that is accredited as substantially equivalent to Occupational Therapist assistant entry level education in the United States by—

(i) The Accreditation Council for Occupational Therapy Education (ACOTE).

(ii) Its successor organizations.

(iii) The World Federation of Occupational Therapists.

(iv) By a credentialing body approved by the American Occupational Therapy Association; and

(2) Successfully completed the entry-level certification examination for Occupational Therapy Assistants developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

2. Minimum of two years' experience as an occupational therapy assistant.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Implement occupational therapy services in accordance with physician's plan of treatment. Treatment is developed by the OT, signed by the physician, and planned, delegated and supervised by the OT. \*
2. Implement use of orthotics designed by the OT as indicated by the client's condition and needs. \*
3. Treat the client through use of therapeutic activities designed to restore function and self care activities for improving function under the direction of the OT. \*
4. Observe, record and report the client's reaction to treatment and any changes in the client's condition to the OT and/or DON. \*
5. Participate in instructing the client, family and other health team personnel in the exercise program developed by the OT for strengthening and controlling the client's upper extremities. \*
6. Cooperate with OT and appropriate staff to provide staff education when requested and arranged by the DON. \*
7. Demonstrate and teach alternate techniques developed by the OT to complete activities of daily living, proper transfer and positioning. \*
8. Assist the OT in ordering and/or fabricating adaptive/assistive devices and equipment. \*
9. Attend client care conferences. Initiate client care conferences for complex and/or multidisciplinary clients when needed or helpful to ensure good coordination of care. \*

\* Essential Job Function

10. Develop, prepare and maintain individualized client care progress records with accuracy, timeliness and according to policies. Submit accurate documentation in accordance with agency policies.\*
11. Keep abreast of occupational therapy trends and knowledge.
12. Participate in in-service programs. \*

**WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

**The work environment and physical demands described here are representative of those required by an employee to perform to the essential functions of this job with or without reasonable accommodations.**

**Physical Elements**

- Sufficient clarity of speech and hearing or other communication capabilities, with or without reasonable accommodation, to enable the employee to communicate effectively;
- Sufficient vision or other powers of observation, with or without reasonable accommodation, to enable the employee to review a wide variety of materials in electronic or hard copy form;
- Sufficient manual dexterity, with or without reasonable accommodation, to enable the employee to operate a personal computer, telephone, and other related equipment;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to safely lift, move, or maneuver whatever may be necessary to successfully perform the duties of their position;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

**Environmental Elements**

Incumbent works in an office environment sometimes with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

Incumbent will have to travel to a variety of patient homes and perform in conditions that vary greatly depending upon the client’s home environment. Some homes will be clean, neat, and maintained at a comfortable temperature. Other homes may be cluttered, dirty, with an uncomfortable temperature.

The above list reflects the essential functions and other job functions considered necessary of the job identified, and shall not be construed as a detailed description of all work requirements that may be inherent in the job, or assigned by supervisory personnel. This job description is used as a guide only and not inclusive of responsibilities and job duties.

By my signature, I acknowledge that I have read and understand this job description and its requirement and that I am expected to complete all duties as assigned. I understand the job functions may be altered from time to time.

Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Nursing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Essential Job Function



## Abundant Life Home Health Agency, LLC

**Position:** Registered Nurse

**Reports to:** Case Manager/DON

**Revised:** 01/12/2012

**Job Summary:** Demonstrate proficient skills using Oasis to admit, transfer, re-certify, and discharge home health patients in regards to physician orders. Coordinate and supervise LPN's and HHA's in the delivery of patient care. Maintain compliance with agency policy and procedures. Follow Medicare and Medicaid regulations.

### **Qualifications/Educational Requirements:**

1. Be a registered nurse (R.N.) with a current license.
2. Minimum of one year of nursing experience as a R.N. preferred.
3. Work positively and favorably with patients, families, and staff.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Perform the initial home care patient visit and re-evaluate the patient's needs and progress on a regular basis. \*
2. Initiate the plan of care under doctor's orders. \*
3. Perform admission, transfer, re-certification, resumption of care, and discharge Oasis for the home care patient. \*
4. Observe, assess, and document symptoms. \*
5. Monitor reactions and patient progress. \*
6. Educate patients and caregivers on disease process, medications, plan of care, and individualized treatment plans. \*
7. Educate patients and caregiver on techniques for in home health care. \*
8. Coordinate patient services. \*
9. Supervise LVNs and HHA's. \*
10. Notify the physician and other personnel (DON, PT, Case Manager) of change in the patient's condition. \*
11. Perform skill outline in the agency's approved policy and procedure manual. \*
12. Discharge the patient from skilled nursing services when the discharge criteria have been met. \*
13. Case conference clinicians providing care to ensure coordination of care. \*
14. Update clinical records according to policy and procedures. \*
15. Update knowledge and skills by attending in-service programs, continuing education programs, seminars, and self-study programs annually. \*
16. Provide onsite supervision of LPN/HHA. \*
17. Adhere to Medicaid and Medicare regulations. \*

### **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

**The work environment and physical demands described here are representative of those required by an employee to perform to the essential functions of this job with or without reasonable accommodations.**

#### **Physical Elements**

- Sufficient clarity of speech and hearing or other communication capabilities, with or without reasonable accommodation, to enable the employee to communicate effectively;
- Sufficient vision or other powers of observation, with or without reasonable accommodation, to enable the employee to review a wide variety of materials in electronic or hard copy form;
- Sufficient manual dexterity, with or without reasonable accommodation, to enable the employee to operate a personal computer, telephone, and other related equipment;

- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to safely lift, move, or maneuver whatever may be necessary to successfully perform the duties of their position;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

**Environmental Elements**

Incumbent works in an office environment sometimes with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

Incumbent will have to travel to a variety of patient homes and perform in conditions that vary greatly depending upon the client’s home environment. Some homes will be clean, neat, and maintained at a comfortable temperature. Other homes may be cluttered, dirty, with an uncomfortable temperature.

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By my signature, I acknowledge that I have read and understand this job description and its requirement and that I am expected to complete all duties as assigned. I understand the job functions may be altered from time to time.

Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Abundant Life Home Health Agency, LLC

**Position:** Occupational Therapist (OT)

**Reports to:** DON

**Revised:** 01/12/2012

**Job Summary:** Provide skilled therapy intervention and treatment to patients in the home setting. This care includes appropriate utilization of treatment plans and assessment skills. Careful monitoring of the patient's status and progress toward goals as well as compliance with physician's orders. Responsible for educating patients and caregivers while preparing the patient/caregiver for discharge as appropriate.

### Qualifications/Educational Requirements:

⌚ A person who

- (a)
  - (1) Is licensed or otherwise regulated, if applicable, as an Occupational Therapist by the State in which practicing, unless licensure does not apply;
  - (2) Graduated after successful completion of an Occupational Therapist education program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA), or successor organizations of ACOTE; and
  - (3) Is eligible to take, or has successfully completed the entry-level certification examination for Occupational Therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).
- (b) On or before December 31, 2009—
  - (1) Is licensed or otherwise regulated, if applicable, as an Occupational Therapist by the State in which practicing; or
  - (2) When licensure or other regulation does not apply—
    - (i) Graduated after successful completion of an Occupational Therapist education program accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) of the American Occupational Therapy Association, Inc. (AOTA) or successor organizations of ACOTE; and
    - (ii) Is eligible to take, or has successfully completed the entry-level certification examination for Occupational Therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc., (NBCOT).
- (c) On or before January 1, 2008—
  - (1) Graduated after successful completion of an occupational therapy program accredited jointly by the committee on Allied Health Education and Accreditation of the American Medical Association and the American Occupational Therapy Association; or
  - (2) Is eligible for the National Registration Examination of the American Occupational Therapy Association or the National Board for Certification in Occupational Therapy.
- (d) On or before December 31, 1977—
  - (1) Had 2 years of appropriate experience as an Occupational Therapist; and
  - (2) Had achieved a satisfactory grade on an Occupational Therapist proficiency examination conducted, approved, or sponsored by the U.S. Public Health Service.
- (e) If educated outside the United States, on or after January 1, 2008 must meet all of the following:
  - (1) Graduated after successful completion of an Occupational Therapist education program accredited as substantially equivalent to Occupational Therapist entry level education in the United States by one of the following:
    - (i) The Accreditation Council for Occupational Therapy Education (ACOTE).
    - (ii) Successor organizations.
    - (iii) The World Federation of Occupational Therapists.
    - (iv) A credentialing body approved by the American Occupational Therapy Association.
  - (2) Successfully completed the entry-level certification examination for Occupational Therapists developed and administered by the National Board for Certification in Occupational Therapy, Inc. (NBCOT).

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Implement occupational therapy services in accordance with physician's plan of treatment. \*
2. Assist the physician in the evaluation and assessment of the client's level of functioning by applying appropriate tests and assist in the development and revision of the plan of care. \*
3. Treat the client through use of therapeutic activities designed to restore function and self care activities for improving function. \*
4. Observe record and report the clients' reaction to treatment and any changes in the clients' condition to the physician, Director of Nurses and Case Manager. \*
5. Educate client/caregiver and health care team in the phases of occupational therapy in which they may assist the client, in the use of adaptive devices, and durable medical equipment, as appropriate. \*
6. Provides staff in-service education as directed by DON.
7. Assess and regularly re-evaluate the needs of the client, develop, implement and revise the client's plan of care. \*
8. Initiate diagnostic, preventive and rehabilitative procedures as appropriate to the client's care safety. \*
9. Assist with plan of care and maintain continuity of multidisciplinary clients whenever needed to ensure good coordination of care.
10. Promote coordination of care through interdisciplinary case conferences and communication with physician and field staff. \*
11. Develop, prepare and maintain individualized client care progress records with accuracy, timeliness and according to policies. Submit accurate documentation in accordance with agency policies. \*
12. Keep abreast of occupational trends and knowledge for service provision, documentation and care coordination.
13. Participate in staff meetings, in-service programs and Utilization reviews.
14. Participate in the agency's quality improvement program. \*
15. Supervise the Occupational Therapy Aide at least every 30 days.

## **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

**The work environment and physical demands described here are representative of those required by an employee to perform to the essential functions of this job with or without reasonable accommodations.**

### **Physical Elements**

- Sufficient clarity of speech and hearing or other communication capabilities, with or without reasonable accommodation, to enable the employee to communicate effectively;
- Sufficient vision or other powers of observation, with or without reasonable accommodation, to enable the employee to review a wide variety of materials in electronic or hard copy form;
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- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to safely lift, move, or maneuver whatever may be necessary to successfully perform the duties of their position;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

### **Environmental Elements**

Incumbent works in an office environment sometimes with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

\* Essential Job Function

Incumbent will have to travel to a variety of patient homes and perform in conditions that vary greatly depending upon the client's home environment. Some homes will be clean, neat, and maintained at a comfortable temperature. Other homes may be cluttered, dirty, with an uncomfortable temperature.

The above list reflects the essential functions and other job functions considered necessary of the job identified, and shall not be construed as a detailed description of all work requirements that may be inherent in the job, or assigned by supervisory personnel. This job description is used as a guide only and not inclusive of responsibilities and job duties.

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Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Nursing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Abundant Life Home Health Agency, LLC

**Position:** Medical Social Worker (Masters Level) (MSW)

**Reports to:** Director of Nursing

**Revised:** 01/12/2012

**Job Summary:** Responsible for the provision, direction, supervision and evaluation of medical social services to clients in the home environment, in accordance with agency policies and procedures, applicable health standards, governmental laws and regulations. Proactively meet the needs of and assist the client in the achievement of individualized and measurable outcomes.

### **Qualifications/Educational Requirements:**

1. Masters Degree from a school accredited by the Council on Social Work Education of Social Work with a current license.
2. Excellent organization and communication skills.
3. Minimum of one year social work experience in a healthcare setting.
4. Excellent interpersonal and analytical skill.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Instruct, treat, observe and evaluate clients with significant social and emotional situations affecting their health status. \*
2. Use special skills and judgment to resolve adverse social and emotional responses connected with the illness. \*
3. Report any changes in client's condition and response to treatment to supervisor and the physician. \*
4. Participate in development and re-evaluation of POC for clients needing MSW. \*
5. Instruct and counsel the client and family in treating and coping with the social and emotional responses to illness. \*
6. Provide ongoing assessment of needs. \*
7. Participate in discharge planning. \*
8. Participate in care coordination activities and act as resource to other team members in identification and resolution of client needs. \*
9. Use appropriate community resources.
10. Attend, participate in and/or conduct internal staff development programs, obtain CEU's as required by regulations. \*
11. Participate in staff meetings, in-service programs and Utilization reviews. \*
12. Review LSW documentation for accuracy with plan of care and cosigns. \*
13. Supervise Bachelor's level social workers.

### **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

**The work environment and physical demands described here are representative of those required by an employee to perform to the essential functions of this job with or without reasonable accommodations.**

#### **Physical Elements**

- Sufficient clarity of speech and hearing or other communication capabilities, with or without reasonable accommodation, to enable the employee to communicate effectively;
- Sufficient vision or other powers of observation, with or without reasonable accommodation, to enable the employee to review a wide variety of materials in electronic or hard copy form;
- Sufficient manual dexterity, with or without reasonable accommodation, to enable the employee to operate a personal computer, telephone, and other related equipment;

\* Essential Job Function

- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to safely lift, move, or maneuver whatever may be necessary to successfully perform the duties of their position;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

**Environmental Elements**

Incumbent works in an office environment sometimes with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

Incumbent will have to travel to a variety of patient homes and perform in conditions that vary greatly depending upon the client’s home environment. Some homes will be clean, neat, and maintained at a comfortable temperature. Other homes may be cluttered, dirty, with an uncomfortable temperature.

The above list reflects the essential functions and other job functions considered necessary of the job identified, and shall not be construed as a detailed description of all work requirements that may be inherent in the job, or assigned by supervisory personnel. This job description is used as a guide only and not inclusive of responsibilities and job duties.

By my signature, I acknowledge that I have read and understand this job description and its requirement and that I am expected to complete all duties as assigned. I understand the job functions may be altered from time to time.

Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Nursing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Abundant Life Home Health Agency, LLC

**Position:** Security Officer/Privacy Officer

**Reports to:** Administrator

**Revised:** 01/12/2012

**Job Summary:** Responsible for agency's on-going information security program. This includes all activities related to developing, implementing and maintaining security-related policies and procedures and monitoring performance to ensure that the confidentiality, integrity and availability of ePHI is adequately protected. Responsible for assisting management in creating an environment in the agency that reinforces the importance of securing ePHI.

### **Qualifications/Educational Requirements:**

1. Licensed health professional.
2. At least one year of supervisory or administrative experience in home health or related health programs (hospital, nursing facility or hospice).
3. Excellent oral and written communication and presentation skills.
4. Professional demeanor and appearance.
5. Proficient skills to promote excellent client relations and customer skills.
6. People management skills and the ability to network and manage a team.
7. Excellent organizational and time management skills.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Serve as the agency's internal resource for all security-related matters, coordinating activities between departments and offices as needed. \*
2. Support agency's workforce and management in implementing sound security practices and preventing security incidents. \*
3. Prepare security policies and procedures, and supporting material in accordance with applicable regulations and commonly accepted security and risk management practices, and updates these as required by operational, environmental, technological or regulatory changes. \*
4. Perform initial and periodic assessments of the agency's information security risks and propose a cost-effective security measure to ensure that ePHI is adequately protected, and that the agency remains in compliance with Security Rule requirements. \*
5. Promptly investigate security incidents brought to her/his attention and pursue resolution in conjunction with agency management as needed. \*
6. Regularly review system activity data and report to management on the status and effectiveness of the agency's information security efforts. \*
7. Ensure proper contracts and agreements are in place with Business Associates and other entities as required by law or regulation. \*
8. Cooperate with federal and state officials and other legal entities and organizations in conducting compliance reviews or investigations.
9. Facilitate agency's security awareness and training efforts, conducting workforce training as required, and making others, such as business associates, aware of the agency's security practices. \*
10. Maintain required security documentation, including security incident logs, risk assessment and risk management documents, policies and procedures and records of any sanction actions. \*
11. Work with the agency's privacy official to ensure successful implementation of the agency's HIPAA compliance programs. \*
12. Knowledge of current Federal and State information security laws and regulations as they pertain to safeguarding ePHI. \*



13. Familiarity with the agency's operations and information systems and other computer applications used to support those operations. \*
14. Familiarity with commonly accepted security and risk management practices. \*
15. Familiarity with technical tools utilized to secure ePHI and monitor information system performance. \*
16. Ability to propose and implement cost-effective security measures appropriate to the agency's operations. \*

## **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

**The work environment and physical demands described here are representative of those required by an employee to perform to the essential functions of this job with or without reasonable accommodations.**

### **Physical Elements**

- Sufficient clarity of speech and hearing or other communication capabilities, with or without reasonable accommodation, to enable the employee to communicate effectively;
- Sufficient vision or other powers of observation, with or without reasonable accommodation, to enable the employee to review a wide variety of materials in electronic or hard copy form;
- Sufficient manual dexterity, with or without reasonable accommodation, to enable the employee to operate a personal computer, telephone, and other related equipment;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to safely lift, move, or maneuver whatever may be necessary to successfully perform the duties of their position;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

### **Environmental Elements**

Incumbent works in an office environment with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

Incumbent frequently travels to a variety of field sites and performs code compliance work in outside weather conditions.

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Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

\* Essential Function

\* Essential Function

# Abundant Life Home Health Agency, LLC

**Position:** Administrative Assistant

**Reports to:** Administrator

**Revised:** 01/12/2012

**Job Summary:** Under general supervision, coordinates and performs the preparation, data entry, verification, and editing of complex, typically confidential data.

## **Qualifications/Educational Requirements:**

1. High school diploma or GED with 2 years experience directly related to the duties and responsibilities specified.
2. Competent in computer programs, such as, home health software, MS Word and Excel as well the ability to use standard office equipment.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Check, verify, and edit data coding to ensure compatibility with data entry system and procedural requirements. Interact with department representatives to resolve routine data coding problems. \*
2. Receive and route associated source paperwork to and from staff members. Work with department representatives as necessary to facilitate and expedite the efficient flow of documentation, and to resolve routine administrative problems.
3. Input and retrieve alphabetical and numerical information in prescribed format, using knowledge of computer software packages. \*
4. Create, maintain, and purge specified data files and logs as required. Make individual and/or mass corrections, modifications, and/or updates to data in files, as appropriate. \*
5. Extract and release information according to specified criteria and in strict compliance with established policies, procedures and/or regulations. Answer questions from client departments and others on specific data as requested, and prepare reports. \*
6. Ensure strict confidentiality of client records according to Policy and Procedures. \*
7. May lead, guide, and allocate work to employees on a task-by-task basis.
8. Maintain tracking of clinical and field staff notes.
9. Communicate effectively, both orally and in writing.
10. Make administrative and procedural decisions and judgments on sensitive, confidential issues. \*
11. Knowledge of computer data entry systems, protocols and procedures. \*
12. Knowledge of relevant policies, procedures, and regulations pertaining to the release of confidential information. \*
13. Resolve data input, storage and/or retrieval problems and to design solutions and modifications. \*
14. Interact with other staff members to resolve problems and inquiries.
15. Establish and maintain efficient data and information flow. \*
16. Operate as a primary source of information on specialized data files and records for both internal and external clientele. \*
17. Resolve problems and inconsistencies with data. Perform limited data analysis, and prepare and generate various reports.
18. Transmit data, perform RAPS and submit billing.

## **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

**The work environment and physical demands described here are representative of those required by an employee to perform to the essential functions of this job with or without reasonable accommodations.**

### **Physical Elements**

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- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to safely lift, move, or maneuver whatever may be necessary to successfully perform the duties of their position;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

**Environmental Elements**

Incumbent works in an office environment with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

Incumbent frequently travels to a variety of field sites and performs code compliance work in outside weather conditions.

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Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Nursing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Abundant Life Home Health Agency, LLC

**Position:** Office Manager

**Reports to:** Administrator/DON

**Revised:** 01/12/2012

**Job Summary:** Provides clerical support including typing correspondence, reports, and documents; maintaining filing systems; and coordinating daily interoffice activities.

### **Qualifications/Educational Requirements:**

1. High School Education, college preferred
2. Business office management and supervisory experience preferred.
3. Health care experience preferred.
4. Excellent written and verbal communication skills. Speak, read, write and comprehend English.
5. Ability to handle multiple tasks simultaneously and meet deadlines.
6. Excellent organizational and time management skills.
7. Self-starter

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Plan, direct and control the billing and office support functions.\*
2. Direct administrative services and operations for the agency including: billing, purchasing, communications systems, space utilization, clerical support and mail services.\*
3. Coordinate systems and procedures with medical records, data entry, claims review and personnel functions to ensure efficiency and accuracy in operations.\*
4. Assists with hiring process for direct care staff.
5. Promote compliance with all fiscal intermediary and/or third party payors through education and coaching.
6. Monitor systems, identify problem areas and develop and implement action plans.
7. Control, monitor and order office and medical supplies.\*
8. Prepare/conduct inventory control reports.\*
9. Demonstrate a desire to set and meet objectives and to find increasingly efficient ways to perform tasks.
10. Performs job in compliance with agency policies and procedures as well as community and professional standards.\*
11. Communicates necessary information to Supervisor and management team to ensure coordination of services and activities.

By my signature, I acknowledge that I have read and understand this job description and its requirement and that I am expected to complete all duties as assigned. I understand the job functions may be altered from time to time.

Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Abundant Life Home Health Agency, LLC

**Position:** Medical Director

**Reports to:** Administrator

**Revised:** 01/12/2012

**Job Summary:** The Medical Director is essential for the success of the home health agency and is responsible for ensuring that high quality, service-oriented patient care is delivered on a consistent basis in accordance with “best practice” models. The Medical Director must have strong leadership skills and develop a close, collaborative working relationship with the DON.

### **Qualifications/Educational Requirements:**

1. Be a licensed physician in good standing with the State Board of Medicine.
2. Professional demeanor and appearance.
3. Excellent oral and written skills.
4. Demonstrate organizational and leadership skills.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Assure compliance with company policy and all federal, state, and local regulatory bodies. \*
2. Supervise all clinical activities and staff related to nursing. Communicates and interacts with the Director of Nursing. \*
3. Assist with recruiting, hiring, orienting and ongoing in-service education of all nursing staff.
4. Remain informed of home health regulations and standards as well as management issues.
5. Accountable for all clinical issues. \*
6. Provide guidance and support for supervisory, field and office staff.
7. Participate in review, analysis and appraisal of the effectiveness of the total agency program. \*
8. Participate in short and long range planning for the agency and implement specific measures for agency growth. Increase market share through education of physicians and other community and referral sources.
9. Participate in the evaluation of agency programs.
10. Work with other agencies and promote good community relations through involvement in community events.
11. Develop, implement, review and revise policies and procedures to guide care delivery. \*
12. Monitor compliance with applicable Federal, State and Local laws, Professional Standards and principals, established policies and procedures and the plan of care. \*
13. Has a close working relationship with the DON to ensure excellent quality of patient care and service.
14. Collaborates with the Division/ Department chair to select clinical faculty and staff.
15. Provides recommendations on individual faculty incentives related to clinical performance.

### **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

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#### **Physical Elements**

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- Sufficient manual dexterity, with or without reasonable accommodation, to enable the employee to operate a personal computer, telephone, and other related equipment;

- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to safely lift, move, or maneuver whatever may be necessary to successfully perform the duties of their position;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

**Environmental Elements**

Incumbent works in an office environment sometimes with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

Incumbent will have to travel to a variety of patient homes and perform in conditions that vary greatly depending upon the client’s home environment. Some homes will be clean, neat, and maintained at a comfortable temperature. Other homes may be cluttered, dirty, with an uncomfortable temperature.

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Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Abundant Life Home Health Agency, LLC

**Position:** Physical Therapist Assistant (PTA)  
**Reports to:** Director of Nursing / Physical Therapist (PT)  
**Revised:** 01/12/2012

**Job Summary:** The Licensed Physical Therapy Assistant provides skilled therapy intervention and treatments to patients in a home setting while acting under the supervision of the Registered Physical Therapist. This care includes providing direct patient care according to the treatment plan established by the Registered Physical Therapist. Monitor carefully the patient's status and progress toward goals as well as compliance with physician's orders. PTA's are responsible for educating patients and caregivers while preparing the patient/caregiver for discharge as appropriate.

### **Qualifications/Educational Requirements:**

1. A person who is licensed, unless licensure does not apply, registered, or certified as a Physical Therapist Assistant, if applicable, by the State in which practicing, and meets one of the following requirements:
  - (a) (1) Graduated from a Physical Therapist Assistant curriculum approved by the Commission on Accreditation in Physical Therapy Education of the American Physical Therapy Association; or if educated outside the United States or trained in the United States military, graduated from an education program determined to be substantially equivalent to Physical Therapist Assistant entry level education in the United States by a credentials evaluation organization approved by the American Physical Therapy Association or identified at 8 CFR 212.15(e); and  
(2) Passed a national examination for Physical Therapist Assistants.
  - (b) On or before December 31, 2009, meets one of the following:
    - (1) Is licensed, or otherwise regulated in the State in which practicing.
    - (2) In States where licensure or other regulations do not apply, graduated on or before December 31, 2009, from a 2-year college-level program approved by the American Physical Therapy Association and, effective January 1, 2010 meets the requirements of paragraph (a) of this definition.
  - (c) Before January 1, 2008, where licensure or other regulation does not apply, graduated from a 2-year college-level program approved by the American Physical Therapy Association.
  - (d) On or before December 31, 1977, was licensed or qualified as a Physical Therapist Assistant and has achieved a satisfactory grade on a proficiency examination conducted, approved, or sponsored by the U.S

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Implement physical therapy services in accordance with the plan of treatment developed by the physical therapist, signed by the physician and planned, delegated and supervised by the PT.\*
2. Treat clients to relieve pain, develop and restore function and maintain maximum performance using appropriate physical therapy treatments, modalities and procedures as stated in the physical therapy plan of care.\*
3. Observe, record, and report the client's reactions to treatment and any changes in the client's condition to the PT and/or Director of Nurses.\*
4. Collaborate with the PT in assisting the physician in assessing the client's functional level by applying appropriate tests. Assist in the development and revision of the plan of care.\*
5. Complete clinical notes and progress reports according to agency policy and time frames.\*
6. Attend and participate with care conferences to ensure coordination of care.\*
7. Participate in the agency's quality improvement program.\*
8. Keep abreast of physical therapy trends and knowledge.\*
9. Participate with in-service programs.\*



## WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS

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### Physical Elements

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- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

### Environmental Elements

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Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Nursing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Abundant Life Home Health Agency, LLC

**Position:** Speech Language Pathologist (SLP) / Speech Therapist (ST)

**Reports to:** DON

**Revised:** 01/12/2012

**Job Summary:** Provide skilled therapy intervention and treatment to patients in the home setting. This care includes appropriate utilization of treatment plans and assessment skills. Careful monitoring of the patient's status, progress toward goals, and compliance with physicians orders are essential components of this position. Speech language pathologists are responsible for teaching patients and their caregivers while preparing the patient and/or family for discharge as appropriate.

### **Qualifications/Educational Requirements:**

1. Graduate of an accredited college with a Master's degree majoring in speech pathology with a current license.
2. Holds a certificate of clinical competence and licensure granted by the American Speech and Hearing Association.
3. Minimum of two years speech pathology experience.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Provide services in speech pathology or audiology in accordance with the physician's plan of care. \*
2. Assist the physician in assessing the client's level of functioning and the development (and revise as necessary) of the plan of care by applying appropriate tests for speech, hearing and language disorders. \*
3. Record and report the client's reaction to treatment and any changes in the client's condition to the physician and/or the Director of Nurses. \*
4. Instruct and advise the client, family, and other health team personnel in the phases of speech pathology in which they may assist the client. \*
5. Recommend hearing tests by audiologist when necessary. Checks hearing aids.\*
6. Assess the client's communication, oral-motor integrity, cognitive status, memory, problem solving activities, hearing, speech fluency, and quality. \*
7. Cooperate and consult with appropriate staff to provide education when requested and arranged by the Director of Nursing. \*
8. Evaluate and regularly re-evaluate the speech pathology needs of the client; initiate, develop, implement and make necessary revisions to the client's plan of care. \*
9. Initiate diagnostic, preventive, and rehabilitative procedures as appropriate to the client's care and safety. Make referrals to other disciplines as indicated by the needs of the client or document rationale for not doing so. \*
10. Observe signs and symptoms and report changes in the client's condition to the physician and/or Director of Nursing. \*
11. Teach, supervise, and counsel the client and family regarding home procedures and other care needs as appropriate to the client's condition. Use agency educational material as appropriate.\*
12. Coordinate the total plan of care and maintain continuity of care by communicating with other health professionals. Attend client care conferences. Initiate client care conferences for complex and/or multidisciplinary clients when needed or helpful to ensure good coordination of care. \*
13. Keep abreast of speech therapy trends and knowledge through seminars, CEU's, self-study and workshops.
14. Participate in in-service programs.

15. Prepare the patient and/or family for discharge as appropriate.

## **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

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### **Physical Elements**

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Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Essential Function

\* Essential Function

## Abundant Life Home Health Agency, LLC

**Position:** Marketing

**Reports to:** Administrator

**Revised:** 01/12/2012

**Job Summary:** Implement sales/marketing plan that will meet or exceed the company's overall business plan, census goals and financial objectives.

### **Qualifications/Educational Requirements:**

1. High School Education
2. Two years of college preferred.
3. Two years of experience in healthcare marketing preferred.
4. Excellent written and verbal communication skills.
5. Ability to handle multiple tasks simultaneously and meet deadlines.
6. Excellent organizational and time management skills.
7. Self-starter

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Develop and implement sales/marketing plan for all company product/service offerings, consistent with market analysis, reflecting referral source targets. \*
2. Responsible for census development through the implementation of external and internal sales & marketing programs with both existing and new accounts. \*
3. Ability to effectively utilize both local and corporate resources in the execution of job responsibilities.
4. Identify and recommend development of new product/service/niche markets & offerings as well as current product/service enhancements. \*
5. Ensure that administration maintain up-to-date key account records including background, contact history, objectives, referral trends, etc.
6. Review records to ensure that Account Executives are properly managing resources, including their time. \*
7. Ability to develop an adequate knowledge of State, Federal and other regulatory requirements related to the facility.
8. Maintain up-to-date information, as needed, on specifically assigned competitors including pricing, census, product information, and marketing strategies. \*
9. Report progress versus goals and census development barriers to the Administrator. \*
10. Perform sales calls with Administrator on a monthly PRN basis.
11. Contact key physicians and other health care representatives on a regular basis. \*
12. Perform sales call with Account Executives on a routine basis. \*
13. Participate in short and long range planning for the agency and implements specific measures for agency growth. Increase market share through education of physicians and other community and referral sources.
14. Work with other agencies and promotes good community relations through involvement in community events.

### **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

**The work environment and physical demands described here are representative of those required by an employee to perform to the essential functions of this job with or without reasonable accommodations.**

#### **Physical Elements**

- Sufficient clarity of speech and hearing or other communication capabilities, with or without reasonable accommodation, to enable the employee to communicate effectively;
- Sufficient vision or other powers of observation, with or without reasonable accommodation, to enable the employee to review a wide variety of materials in electronic or hard copy form;

\* Essential Job Function

- Sufficient manual dexterity, with or without reasonable accommodation, to enable the employee to operate a personal computer, telephone, and other related equipment;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to safely lift, move, or maneuver whatever may be necessary to successfully perform the duties of their position;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

**Environmental Elements**

Incumbent works in an office environment with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

Incumbent frequently travels to a variety of field sites and performs code compliance work in outside weather conditions.

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Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Abundant Life Home Health Agency, LLC

**Position:** Certified Home Health Aide

**Reports to:** Case Manager/ RN

**Revised:** 01/12/2012

**Job Summary:** Provide supportive and personal services for the patients with consideration of dignity and privacy. Provide personal care and hygiene to home health patients.

### **Qualifications/Educational Requirements:**

1. Graduate of an accredited High School or equivalent preferred.
2. Ability read, write and follow directions.
3. A preferred minimum of one year full-time experience in direct patient in an institutional setting (hospital or nursing facility) or one year full-time experience within the last five years in direct client care in an agency setting preferred.
4. Work positively and favorably with patients, families, and staff.
5. Demonstrate compassion, responsibility, and cheerful attitude.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Follow the instructions of the professional nurse/therapist in providing care.\*
2. Provide assistance with hygiene such as bathing, oral care, and dressing.\*
3. Perform and record accurate measurements (i.e. vital signs, or intake/output as instructed in the care plans). \*
4. Observe and report any safety hazards found in the client's home or any significant observations regarding the client.\*
5. Attend staff meetings, attend/complete 12 hours of annual in-services, and participates in orientation of new employees. \*
6. Report patient complaints to the RN. \*
7. Maintain patient confidentiality/adheres to HIPPA requirements and agency policy and procedures manual. \*
8. Possess the ability to follow written and oral instructions. \*
9. Report abnormal findings in patient's conditions as observed and per care plan to RN. \*
10. Perform the following task when delegated by the RN
  - Non-invasive and non-sterile treatments
  - Collection and documentation of vital signs, height, weight, I/O, environmental situations, client behaviors,
  - Ambulation, positioning, and turning
  - Transportation
  - Personal hygiene and elimination (irritations, enemas)
  - Feeding
  - Socialization
  - ADLS
  - Health teaching reinforcement that has been planned and reinforced by the RN

### **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

**The work environment and physical demands described here are representative of those required by an employee to perform to the essential functions of this job with or without reasonable accommodations.**

#### **Physical Elements**

- Sufficient clarity of speech and hearing or other communication capabilities, with or without reasonable accommodation, to enable the employee to communicate effectively;

- Sufficient vision or other powers of observation, with or without reasonable accommodation, to enable the employee to review a wide variety of materials in electronic or hard copy form;
- Sufficient manual dexterity, with or without reasonable accommodation, to enable the employee to operate a personal computer, telephone, and other related equipment;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to safely lift, move, or maneuver whatever may be necessary to successfully perform the duties of their position;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

**Environmental Elements**

Incumbent works in an office environment sometimes with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

Incumbent will have to travel to a variety of patient homes and perform in conditions that vary greatly depending upon the client’s home environment. Some homes will be clean, neat, and maintained at a comfortable temperature. Other homes may be cluttered, dirty, with an uncomfortable temperature.

The above list reflects the essential functions and other job functions considered necessary of the job identified, and shall not be construed as a detailed description of all work requirements that may be inherent in the job, or assigned by supervisory personnel. This job description is used as a guide only and not inclusive of responsibilities and job duties.

By my signature, I acknowledge that I have read and understand this job description and its requirement and that I am expected to complete all duties as assigned. I understand the job functions may be altered from time to time.

Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Abundant Life Home Health Agency, LLC

**Position:** Licensed Practical Nurse

**Reports to:** RN/Case Manager

**Revised:** 01/12/2012

**Job Summary:** Provide nursing care to patient in the home setting. Observe and assess the client and/or caregiver to enhance the quality of life. Demonstrate individualized creativity in educating the patient and/or caregiver. Follow nursing policy and procedure per agency standards. Follow the plan of care according to physician orders. Contribute to the plan of care. Demonstrate understanding of Medicare and Medicaid regulations.

### **Qualifications/Educational Requirements:**

1. Licensed Practical Nurse.
2. Minimum of 1 year experience in a healthcare setting preferred.
3. Excellent oral and communication skills.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Demonstrate efficient teamwork with the staff.
2. Demonstrate organizational and time management skills.
3. Support quality improvement practices. \*
4. Perform nursing procedures according to agency policy and procedures. \*
5. Work under the direction of a RN.
6. Monitor reactions and patient progress using observation, assessment, and evaluation skills.
7. Educate patients and family members according to disease process, medications, POC, treatment options, and home care procedures according to the plan of care.\*
8. Report to physician and RN of adverse findings. \*
9. Follow Medicare and Medicaid regulations. \*
10. Coordinate and monitor patient care and services. \*
11. Comply with HIPPA regulations in and out of the office.\*
12. Follow infection control policy in and out of the office.\*
13. Document skilled visit according to Medicare guidelines.\*
14. Maintain patient records according to policy and procedures. \*
15. Participate in in-services, workshops, seminars, and self-study courses annually. \*

### **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

**The work environment and physical demands described here are representative of those required by an employee to perform to the essential functions of this job with or without reasonable accommodations.**

#### **Physical Elements**

- Sufficient clarity of speech and hearing or other communication capabilities, with or without reasonable accommodation, to enable the employee to communicate effectively;
- Sufficient vision or other powers of observation, with or without reasonable accommodation, to enable the employee to review a wide variety of materials in electronic or hard copy form;
- Sufficient manual dexterity, with or without reasonable accommodation, to enable the employee to operate a personal computer, telephone, and other related equipment;

- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to safely lift, move, or maneuver whatever may be necessary to successfully perform the duties of their position;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

**Environmental Elements**

Incumbent works in an office environment sometimes with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

Incumbent will have to travel to a variety of patient homes and perform in conditions that vary greatly depending upon the client’s home environment. Some homes will be clean, neat, and maintained at a comfortable temperature. Other homes may be cluttered, dirty, with an uncomfortable temperature.

The above list reflects the essential functions and other job functions considered necessary of the job identified, and shall not be construed as a detailed description of all work requirements that may be inherent in the job, or assigned by supervisory personnel. This job description is used as a guide only and not inclusive of responsibilities and job duties.

By my signature, I acknowledge that I have read and understand this job description and its requirement and that I am expected to complete all duties as assigned. I understand the job functions may be altered from time to time.

Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Abundant Life Home Health Agency, LLC

**Position:** Private Duty Registered Nurse

**Reports to:** RN/Case Manager

**Revised:** 07/20/2017

**Job Summary:** Provide nursing care to patient in the home setting. Observe and assess the client and/or caregiver to enhance the quality of life. Demonstrate individualized creativity in educating the patient and/or caregiver. Follow nursing policy and procedure per agency standards. Follow the plan of care according to physician orders. Demonstrate understanding of Medicare and Medicaid regulations.

### **Qualifications/Educational Requirements:**

1. Be a registered nurse (R.N.) with a current license.
2. Minimum of 1 year experience in a healthcare setting preferred.
3. Excellent oral and communication skills.
4. Work positively and favorably with patients, families, and staff.

**Responsibilities/essential functions:** The person in this position must be able to perform the following essential job functions with or without reasonable accommodations.

1. Demonstrate efficient teamwork with the staff.
2. Demonstrate organizational and time management skills.
3. Support quality improvement practices. \*
4. Perform nursing procedures according to agency policy and procedures. \*
5. Work under the direction of a RN supervisor.
6. Monitor reactions and patient progress using observation, assessment, and evaluation skills.
7. Educate patients and family members according to disease process, medications, POC, treatment options, and home care procedures according to the plan of care.\*
8. Report to physician and Supervisory RN of adverse findings. \*
9. Follow Medicare and Medicaid regulations. \*
10. Coordinate and monitor patient care and services. \*
11. Comply with HIPPA regulations in and out of the office.\*
12. Follow infection control policy in and out of the office.\*
13. Document skilled visit according to Medicare/Medicaid guidelines.\*
14. Maintain patient records according to policy and procedures. \*
15. Participate in in-services, workshops, seminars, and self-study courses annually. \*

### **WORK ENVIRONMENT AND PHYSICAL REQUIREMENTS**

**The work environment and physical demands described here are representative of those required by an employee to perform to the essential functions of this job with or without reasonable accommodations.**

#### **Physical Elements**

- Sufficient clarity of speech and hearing or other communication capabilities, with or without reasonable accommodation, to enable the employee to communicate effectively;
- Sufficient vision or other powers of observation, with or without reasonable accommodation, to enable the employee to review a wide variety of materials in electronic or hard copy form;
- Sufficient manual dexterity, with or without reasonable accommodation, to enable the employee to operate a personal computer, telephone, and other related equipment;

- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to safely lift, move, or maneuver whatever may be necessary to successfully perform the duties of their position;
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment; and
- Sufficient personal mobility and physical reflexes, with or without reasonable accommodation, to enable the employee to efficiently function in a general office environment, with frequent travel to a variety of field sites.

**Environmental Elements**

Incumbent works in an office environment sometimes with moderate noise levels, controlled temperature conditions and no direct exposure to hazardous physical substances. Employees may interact with upset staff and/or public and private representatives in interpreting and enforcing departmental policies and procedures.

Incumbent will have to travel to a variety of patient homes and perform in conditions that vary greatly depending upon the client’s home environment. Some homes will be clean, neat, and maintained at a comfortable temperature. Other homes may be cluttered, dirty, with an uncomfortable temperature.

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By my signature, I acknowledge that I have read and understand this job description and its requirement and that I am expected to complete all duties as assigned. I understand the job functions may be altered from time to time.

Employee Print: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Abundant Life Home Health Agency, LLC**

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Category: Human Resources

Number: 2.003.3

Subject: Volunteers

Applies: All Staff

Page: 1 of 1

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**Policy:** Abundant Life Home Health Agency, LLC does not utilize volunteers.

## Abundant Life Home Health Agency, LLC

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Category: Human Resources

Number: 2.003.4

Subject: Ethics

Applies: All Staff

Page: 1 of 2

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**Purpose:** To ensure that the staff is given guidance and direction pertaining to expected high ethical standards.

**Policy:** The Agency will only provide services and operate in accordance with the highest ethical standards, and as such does not tolerate, in any manner, any fraudulent, criminal, illegal, or dishonest activity.

1. Each employee is expected to conduct him/herself in a polite and friendly manner at all times.
2. Each employee is expected to conduct him/herself in an honest, ethical and legal manner at all times.
3. Employees shall address patients and other employees respectfully.
4. Employees shall not slander or libel, the Agency, employees or patients.
5. Employees must respect the rights of patients.
6. Employees will not provide home care services to anyone without proper informed consent of the patient.
7. Employees must report any potentially criminal, fraudulent, or other illegal activity to the Administrator or designee. Such reports shall be kept confidential and anonymous.
8. An employee who knowingly fails to report illegal or fraudulent conduct may be subject to disciplinary action including termination.
9. All employees are expected to follow all provisions of the Agency's Compliance Program of which the primary purposes and elements are set forth below.
10. All employees are expected to focus on the goal of improving safety and quality of care.

The Agency is committed to complying with all applicable legal requirements in the course of conducting its operations and expects each of its employees and agents to do the same. The purpose of the program is to prevent and detect any criminal, fraudulent or other unethical and improper conduct, and to take appropriate corrective actions upon any detection of any such conduct.

## Abundant Life Home Health Agency, LLC

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Category:	Human Resources	Number:	2.003.4
Subject:	Ethics		
Applies:	All Staff	Page:	2 of 2

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Some of the activities the Program is intended to prevent are:

- a. Billing for excessive services (not medically necessary).
- b. Falsified Plans of Care.
- c. Billing for services not rendered.
- d. Failing to comply with government and other payer requirements.
- e. The use of unlicensed, untrained or unqualified staff.
- f. Forged physician signatures.
- g. Kickbacks and improper relationships with referral sources.
- h. Routine waivers of co-payments.
- i. Failing to meet other legal requirements.
- j. Inaccurate Marketing Materials

The program seeks to prevent potential false or fraudulent claims, kickbacks and remuneration for referrals.

Employees will not give or receive anything of value, including meals, entertainment, use of Agency property, etc. to any patient, referral source, or other person engaged in business transactions with the Agency, except with the prior express approval of the Administrator.

Patients are to be admitted and provided services in accordance with their plan of care and physician orders regardless of age, socio-economic class, marital status, race, color, nationality, religion, sex, disability, decisions regarding advanced directives, or any other legally protected status.

Employees classified as regular full time employees are prohibited from working for or assisting the operations of any competitor of the Agency in any manner.

Employees shall not sell or advertise other services and products to patients, including those of other home care agencies, while working for the Agency. Exceptions to this policy are instances where the patient needs or wants to be discharged to the services of another home care provider.









ABUNDANT LIFE HOME HEALTH AGENCY, LLC  
28870 US HWY 19 N, STE 325, CLEARWATER, FL, 33761  
OFFICE: 727-286-8916 FAX: 727-286-8917

EMPLOYEE MEDICAL INFORMATION -- CONFIDENTIAL

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Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby authorize the requested information below to be released to Abundant Life Home Health Agency, LLC .

\_\_\_\_\_  
(Signature) (Print Name)

---

DATE OF EXAM: Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_  
Annual PPD: Date of implant: \_\_\_\_\_ Date of PPD/ results: \_\_\_\_\_  
If PPD positive, date of chest x-ray: \_\_\_\_\_ Results: \_\_\_\_\_

---

Based on health history, physical examination, assessment, and on laboratory tests performed, this person is free from communicable disease and any health impairment that is a potential risk to the patient, or may Interfere with the performance of his/her duties.

I have examined the above named Individual and determined that he/she Is health to be adequate for work In the healthcare field.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_  
(Print Name)

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

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# Tuberculosis Skin Testing Client Questionnaire

Abundant Life Home Health Agency

Florida guidelines for tuberculosis skin testing have changed. Skin testing is now recommended only for groups at high risk to progress from infection to disease. Routine TB skin testing is no longer recommended for students in Florida schools or universities, pregnant women, teachers, school bus drivers, workers at the daycare centers, food handlers, and certain others. Please complete this form to help us determine if you fall into a high-risk group that requires a tuberculin skin test under the new guidelines.

Please check YES or NO in response to the following questions:

**1. Have you had recent contact to an individual with a case of active tuberculosis? \***

Yes

No

**2. Have you ever had an organ transplant? \***

Yes

No

**3. Are you a recent (within the last 5 years) immigrant from a country with a high rate of TB? \***

Yes

No

**If you answered yes on question 3, what country?**

**4. Have you ever injected drugs? \***

Yes

No

**5. Have you been in jail, prison, or a nursing home? \***

Yes

No

**6. Have you ever worked in a lab that processed TB specimens? \***

Yes

No

**7. Do you have any of the following medical conditions?**

Yes No

- a. Diabetes
- b. Chronic kidney failure with dialysis
- c. Leukemia
- d. Lymphoma
- e. Cancer of the head, neck, or lung
- f. Stomach surgery
- g. Immune problems (Diagnosed with HIV disease or taken Prednisone longer than one month)

**8. Have you ever been told you have an abnormal chest x-ray? \***

Yes

No

**9. Have you had any of the following symptoms recently? (within the last 6 months)**

Yes      No

- a. Cough and/or hoarseness lasting more than 3 weeks
- b. Recent unexplained weight loss
- c. Fever or night sweats for more than a week
- d. A productive cough or coughing up blood

If you answered NO to all of these questions, you do not fall into one of the groups that should receive a skin test. This determination is based on current standards provided to the Florida Department of Health and this county from the Centers for Disease Control and Prevention, an agency of the U.S. Government, and endorsed by the American Lung Association of Florida. If you answered YES to any of these questions, you will be required to be tested for TB. Our D.O.N will contact you with further information.

**Name of Employee \***

First Name      Last Name

**Date of Birth \***

Month    Day    Year

**Date Today \***



## Abundant Life Home Health Agency, LLC

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Category:	Human Resources	Number:	2.003.7
Subject:	Alzheimer's disease or dementia-related disorders Training		
Applies:	All Staff	Page:	2 of 2

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the employees who are subject to this training, for the trainers, and for the training required in this section.

(g) Upon completing the training listed in this section, the employee shall be issued a certificate that states that the training mandated under this section has been received. The certificate shall be dated and signed by the training provider. The certificate is evidence of completion of this training, and the employee is not required to repeat this training if the employee changes employment to a different home health agency.

(h) An employee who is hired on or after July 1, 2005, must complete the training required by this section.

(i) A licensed home health agency whose unduplicated census during the most recent calendar year was comprised of at least 90 percent of individuals aged 21 years or younger at the date of admission is exempt from the training requirements in this section.

(2) An agency licensed under this part which claims that it provides special care for persons who have Alzheimer's disease or other related disorders must disclose in its advertisements or in a separate document those services that distinguish the care as being especially applicable to, or suitable for, such persons. The agency must give a copy of all such advertisements or a copy of the document to each person who requests information about the agency and must maintain a copy of all such advertisements and documents in its records. The Agency for Health Care Administration shall examine all such advertisements and documents in the agency's records as part of the license renewal procedure.





## Abundant Life Home Health Agency, LLC

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Category:	Human Resources	Number:	2.003.9
Subject:	Artificial Nails		
Applies:	All Staff	Page:	1 of 2

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**Policy:** Employees will follow the guidance outlined below regarding artificial nails as there has been evidence implicating artificial fingernails in the transmission of infections by healthcare workers. Several of these incidents that have been reported have resulted in the deaths of patients. These incidents were epidemiologically and microbiologically linked to health care workers who had persistent colonization of their artificial fingernails with the same strain of microorganisms that infected the patients. Long nails may also cause unintended injury to patients.

### I. Policy Definitions (Definitions apply for this policy only)

#### A. Artificial fingernails

Artificial fingernails are defined as any material applied to the nail for the purposes of strengthening or lengthening nails, including, but not limited to:

- Wraps
- Acrylics
- Tips
- Tapes
- Gels overlays
- Fiberglass
- Any appliques other than those made of nail polish
- Nail-piercing jewelry of any kind.

#### B. Natural nails:

- A. Natural fingernails are defined as natural nails without an artificial covering other than nail polish.
- B. UV cured gel polish is acceptable.

### II. Procedure

1. Staff who have direct patient contact will not be allowed to wear artificial fingernails.

## Abundant Life Home Health Agency, LLC

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Category:	Human Resources	Number:	2.003.9
Subject:	Artificial Nails		
Applies:	All Staff	Page:	2 of 2

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2. Other employees who do not have direct patient contact may wear artificial fingernails within the guidelines of the agency policy:
  - A. This policy does not allow for **either** natural or artificial fingernail nail piercings with or without jewelry inserted in them.
  - B. This policy does not allow for either natural or artificial fingernails that are so long that they interfere with performance of one's job duties, as determined by the administration. Agency expectation is that fingernails will not extend more than 1/4 inch past the tip of the finger.

### **III. Maintenance of natural fingernails on employees who may not wear artificial nails:**

- A. Nails should be trimmed so they are no more than 1/4 inch past the tip of the finger to avoid puncturing gloves or injuring patients.
- B. Polish, if worn, must be in good repair without cracks or chips.
- C. Cleaning of fingernails:
  - Attention must be given to cleaning around the base of the nails and cuticles, as well as the undersides of nail tips when washing hands.
  - Tips of fingernails are a frequent site of bacterial and fungal colonization.

### **IV. Compliance:**

The agency will ensure compliance with this policy pursuant to policy 2.014.1.

### **REFERENCES:**

World Health Organization [WHO]. (2009). WHO Guidelines on hand hygiene in healthcare. Retrieved from:  
[http://apps.who.int/iris/bitstream/10665/44102/1/9789241597906\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/44102/1/9789241597906_eng.pdf) Perioperative Standards and Recommended Practices 2017 Edition AORN.



## Abundant Life Home Health Agency, LLC

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Category: Human Resources

Number: 2.005.1

Subject: Benefits & Wages

Applies: All Staff

Page: 1 of 1

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**Purpose:** To define benefits available for employees as well as wages.

**Policy:** Abundant Life Home Health Agency, LLC offers Medical, Dental and Vision insurance for any full time employee (scheduled for 25 hours or more per work week).



Category: Human Resources

Number: 2.005.2

Subject: Nursing Shift Differentials

Applies: All Nursing Staff

Page: 1 of 1

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**Policy Date: 10/17/2016 Updated 03/17/17**

**Purpose:** To define overnight & weekend day shift differentials, amounts, qualifying Nurse employees, and qualifying shifts.

**Policy:** Abundant Life Home Health Agency, LLC offers an overnight & weekend day shift differential for qualifying Nurse employees on qualifying Nursing shifts starting 10/24/2016.

Updated 03/17/17: Rate changes effective 03/13/17

- 1. Shift Differential:** A shift differential is a discretionary addition to a qualified employee's rate pursuant to the Shift Differential Rate Scale. Shift differential does not affect/change employee's base/regular rate. Shift Differential is not guaranteed. Only 1 differential is available to each qualifying shift where applicable, per section 3. Shift differential will be paid at the same time as shift work, pursuant to current payroll policies.
- 2. Qualifying Nurse Employee:** Any LPN or RN employee in good standing with the agency per other policies.
- 3. Qualifying Shifts:** Shift differential can only be applied to PDN Nursing cases. Qualifying overnight & weekend day shifts will be determined on a case by case (per patient) basis in order to account for differences in scheduling hours. Each respective case shall have clear standards outlined per the scheduling. Qualifying shifts will be labeled either "overnight" or "Weekend day"; therefore, only 1 differential can be applied to each shift.
- 4. Shift Differential Rate Scale:** Shift differential will be applied at the following rates:

Shift	Rate
Qualifying Overnights	\$0.50 per hour in addition per sect 1
Qualifying Weekend Days	\$0.50 per hour in addition per sect 1 (updated 03/17/17)

## Abundant Life Home Health Agency, LLC

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Category:	Human Resources	Number:	2.006.1
Subject:	Confidentiality		
Applies:	All Staff	Page:	1 of 2

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**Purpose:** To preserve and protect confidential patient, employee, and business information.

**Policy:** All employees are required to safeguard confidential information. All staff is required to sign a confidentiality agreement. The Federal Health Insurance Portability Accountability Act (the “Privacy Rule”); govern the release of patient identifiable information by home health agencies and other health care providers. These laws establish protections to preserve the confidentiality of various medical and personal information and specify that such information may not be disclosed except as authorized by law or the patient or individual.

**Confidential Patient Care Information includes:** Any individually identifiable information in possession or derived from a provider of health care regarding a patient's medical history, mental, or physical condition or treatment, as well as the patients and/or their family members records, test results, conversations, research records and financial information.

(Note: this information is defined in the Privacy Rule as “protected health information.”)

**Examples include, but are not limited to:**

- Physical medical and psychiatric records including paper, photo, video, diagnostic and therapeutic reports, laboratory and pathology samples;
- Patient insurance and billing records;
- Computer and department based computerized patient data; and
- Visual observation of patients receiving medical care or accessing services; and
- Verbal information provided by or about a patient

**Confidential Employee and Business Information include, but are not limited to, the following:**

- Employee home telephone number and address;
- Spouse or other relative names;
- Social Security number or income tax withholding records;
- Information related to evaluation of performance;
- Other such information obtained from the Agency records which if disclosed, would constitute unwarranted invasion of privacy; or



# Abundant Life Home Health Agency, LLC

## CONFIDENTIALITY AGREEMENT

It is the responsibility of all Healthcare workforce members, including employees, medical staff, and office staff to preserve and protect confidential patient, employee and business information.

The Federal Health Insurance Portability Accountability Act (the "Privacy Rule"), govern the release of patient identifiable information by home health agencies and other health care providers. These laws establish protections to preserve the confidentiality of various medical and personal information and specify that such information may not be disclosed except as authorized by law or the patient or individual.

***Confidential Patient Care Information includes:*** Any individually identifiable information in possession or derived from a provider of health care regarding a patient's medical history, mental, or physical condition or treatment, as well as the patients and/or their family members records, test results, conversations, research records and financial information. (Note: this information is defined in the Privacy Rule as "protected health information.") Examples include, but are not limited to:

- Physical medical and psychiatric records including paper, photo, video, diagnostic and therapeutic reports, laboratory and pathology samples;
- Patient insurance and billing records;
- Computer and department based computerized patient data; and
- Visual observation of patients receiving medical care or accessing services; and
- Verbal information provided by or about a patient

***Confidential Employee and Business Information includes, but is not limited to, the following:***

- Employee home telephone number and address;
- Spouse or other relative names;
- Social Security number or income tax withholding records;
- Information related to evaluation of performance;
- Other such information obtained from the Agency records which if disclosed, would constitute unwarranted invasion of privacy; or
- Disclosure of Confidential business information that would cause harm to Abundant Life Home Health Agency, LLC .

I understand and acknowledge that:

1. I shall respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information generated in connection with individual patient care, risk management and/or peer review activities.
2. It is my legal and ethical responsibility to protect the privacy, confidentiality and security of all medical records, proprietary information and other confidential information relating to Abundant Life Home Health Agency, LLC and its affiliates, including business, employment and medical information relating to our patients, members, employees and health care providers.



# Abundant Life Home Health Agency, LLC

## CONFIDENTIALITY AGREEMENT

3. I shall only access or disseminate patient care information in the performance of my assigned duties and where required by or permitted by law, and in a manner which is consistent with officially adopted policies of Abundant Life Home Health Agency, LLC , or where no officially adopted policy exists, only with the express approval of my supervisor or designee. I shall make no voluntary disclosure of any discussion, deliberations, patient care records or any other patient care, peer review or risk management information, except to persons authorized to receive it in the conduct of Abundant Life Home Health Agency, LLC affairs.
4. Abundant Life Home Health Agency, LLC Administration performs audits and reviews patient records in order to identify inappropriate access.
5. My user ID is recorded when I access electronic records and that I am the only one authorized to use my user ID. I will only access the minimum necessary information to satisfy my job role or the need of the request.
6. I agree to discuss confidential information only in the work place and only for job related purposes and to not discuss such information outside of the work place or within hearing of other people who do not have a need to know about the information.
7. I understand that any and all references to HIV testing, such as any clinical test or laboratory test used to identify HIV, a component of HIV, or antibodies or antigens to HIV, are specifically protected under law and unauthorized release of confidential information may make me subject to legal and/or disciplinary action.
8. My obligation to safeguard patient confidentiality continues after my termination of employment with the Abundant Life Home Health Agency, LLC .

I hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms. In the event of a breach or threatened breach of the Confidentiality Agreement, I acknowledge that the Abundant Life Home Health Agency, LLC may, as applicable and as it deems appropriate, pursue disciplinary action up to and including my termination from the Abundant Life Home Health Agency, LLC .

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Department/Role: \_\_\_\_\_

## Abundant Life Home Health Agency, LLC

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Category:	Human Resources	Number:	2.007.1
Subject:	Orientation and Staff Development		
Applies:	All Staff	Page:	1 of 2

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**Purpose:** To provide employees with knowledge of the organization and an opportunity for ongoing development.

**Policy:** At or near the time of hire, all employees, including contracted personnel are required to be presented with the Agency's general orientation program and Employee Handbook, and are required to attend all of the Agency's orientation and training programs which are scheduled for them. Through an orientation period, each new employee/contracted personnel shall become acquainted with the purpose and program of the organization. Orientation must be completed prior to assuming patient assignments. Through an orientation period, each new employee/contracted personnel shall become acquainted with the purpose and program of the organization. Orientation must be completed prior to assuming patient assignments.

**Procedure:**

The orientation process is instructed by either the Administrator or the Director of Nurses or by appointed personnel that is duly qualified to perform the orientation process.

During the orientation period, the employee will learn, at a minimum:

- a. The broad goals and scope of the Agency's services.
- b. The Agency Policy and Procedure Manual.
- c. The duties and responsibilities of the job.
- d. Methods in preventing the spread of infectious diseases.
- e. Exposure Control Plan.
- f. Disaster Plan
- g. Patient Rights
- h. Emergency Preparedness'
- i. Infection Control
- j. Cultural Awareness
- k. Confidentiality and PHI
- l. Education about Personal Protective Equipment
- m. Education about eliminating and minimizing physical risk to staff and patients
- n. Employee regulations, applicable laws.
- o. Skills competency (verbal and/or direct, including testing) will be performed during orientation by a RN and at repeated at least annually.
- p. How to report emergencies, abuse, neglect, accidents, incidents, or adverse effects.
- q. Advance Directives and End of Life Training



**Abundant Life Home Health Agency, LLC**

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Category: All Number: 2.008.1

Subject: Policy and Procedure Agreement

Applies: All Staff Page: 1 of 1

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**ALL STAFF:**

I, \_\_\_\_\_ have read, understand and agree to abide by the  
(please print)

policies and procedures set forth by Abundant Life Home Health Agency, LLC .

I also understand that I may view or copy any or all of Abundant Life Home Health Agency, LLC policy and procedure manual for review or retention.

I also agree to adhere to all local, state and federal procedures regulated as precedent for the home health care industry for compliance in providing care to Agency clients as designated.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Category: Human Resources

Number: 2.009.1

Subject: Competency Evaluation

Applies: All Field Staff

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## **SECTION 1 Policy Information**

### **Sec 1.I. Effective Date**

1.I.A. The effective date of this policy is 03/05/2020

### **Sec 1.II. Tags**

1.II.A. Tags: HR.01.06.01

### **Sec 1.III. Purpose**

1.III.A. Purpose: To assess competency of all field staff.

### **Sec 1.IV. Policy**

1.IV.A. Policy: Field staff must demonstrate competency within their respective job description or skill. <sup>HR.01.06.01EP7</sup>

1.IV.B. The director of nursing is responsible for evaluating competency, tracking staff compliance, and enforcing policy. <sup>HR.01.06.01EP3</sup>

1.IV.C. The director of nursing reports on competency evaluations as least quarterly at meetings.

1.IV.D. The agency evaluates staff competency:

1.IV.D.1. Upon hire

1.IV.D.2. At least every 3 years

1.IV.D.3. More often as needed, per DON discretion

1.IV.D.4. Before performing skills/tasks requiring agency certification. See attachments.

### **Sec 1.V. Skills that Require Certification (Training and Competency Evaluation)**

1.V.A. The agency requires staff to obtain a “certification” for some skills/tasks before staff can perform them in the field.

## Abundant Life Home Health Agency, LLC

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Category: Human Resources

Number: 2.009.1

Subject: Competency Evaluation

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1.V.A.1. The “certification” includes a prescribed training and subsequent competency evaluation.

1.V.A.2. The director of nursing designates these skills and defines the training, competency criteria, and duration of the certification before renewal is required.

1.V.A.3. These skills may be associated high-risk, high-volume, problem-prone, and/or low-volume processes.

1.V.A.4. The agency may perform a competency evaluation for both the certification skill and the general competency at the same time if the staff has successfully completed the assigned training.

1.V.A.5. Summaries of these skills may be attached to this policy; the agency may add, remove, or edit/update these summaries as needed.

### **Sec 1.VI. Competency Criteria**

1.VI.A. The agency determines competency in the following order via the following methods:

1.VI.A.1. Examination (in writing or other method)

1.VI.A.2. Self-competency skills assessment

1.VI.A.3. Staff in-person demonstration of skills (competency skills checklist)

1.VI.B. The agency defines criteria for examinations, self-competency skills assessments, and competency skills checklists for each skill level/job description to be applied to all field staff. See attachments. <sup>HR.01.06.01EP1</sup>

1.VI.B.1. The content is reviewed and updated as needed.

1.VI.C. Competency must be evaluated by a staff-member with at least equal credentials, preferably by the director of nursing.

1.VI.C.1. For example, a RN cannot assess the skills of a PT, but the RN can assess another RN or an LPN.

1.VI.C.2. A registered nurse performs the competency evaluation for home health aides. The RN must have at least 2 years of nursing experience and at least one year of which must be in the provision of home health care. <sup>HR.01.06.01EP4</sup>

Category: Human Resources

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Subject: Competency Evaluation

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### **Sec 1.VII. Examination**

1.VII.A. Staff must take an examination relevant to their skill/position as part of demonstrating competency.

1.VII.A.1. The examination may be administered via distance-learning platform or in writing.

1.VII.B. The examination and self-competency skills assessment are administered together, before the in-person competency skills checklist.

1.VII.C. Staff must score 80% or higher on the exam before proceeding. Staff may re-take the exam 3 times.

1.VII.C.1. If a staff member takes the exam three times without obtaining a passing score, the director of nursing may assign related training or to separate from the staff member.

1.VII.D. The agency updates the content of the examination as needed.

### **Sec 1.VIII. Self-Competency Skills Assessment**

1.VIII.A. Following passage of the written examination, staff must complete a self-competency skills assessment for their respective job title.

1.VIII.B. For each skill on the list, staff will report either: “never done”, “need review”, or “competent”.

1.VIII.B.1. The same list will be used in the competency skills checklist.

1.VIII.C. The self-competency skills assessment is not graded—it will provide the evaluator with information about which skills to review during the in-person demonstration.

### **Sec 1.IX. Competency Skills Checklist**

1.IX.A. After passing the examination and completing self-competency skills assessment, staff will make an appointment to meet with a qualified evaluator to perform an in-person demonstration of all the skills.

## Abundant Life Home Health Agency, LLC

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Category: Human Resources

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1.IX.B. Staff will have an opportunity to ask questions before the demonstration, and the evaluator may review skills.

1.IX.C. Skills will be assessed by the following method:

1.IX.C.1. Direct observation and/or demonstration “D”

1.IX.C.2. Oral question and answer “O”

1.IX.C.3. Note: Other skills already demonstrated via written exam. “W”

1.IX.D. For each skill, staff will receive a “Satisfactory” or “Unsatisfactory” for each skill evaluated.

1.IX.E. For any skill that staff receive an “Unsatisfactory”, staff must demonstrate the skill successfully at a subsequent evaluation before performing the skill. <sup>HR.01.06.01EP12</sup>

1.IX.E.1. The skill may be performed only in the direct supervision of a competent registered nurse.

1.IX.E.2. The evaluator may assign training in between evaluations.

1.IX.F. The agency will not deem staff competent if the evaluation has more than one “unsatisfactory”. <sup>HR.01.06.01EP12</sup>

### **Sec 1.X. Competency Records & Tracking**

1.X.A. Records of staff competency may be stored in the staff’s record in the EMR, and/or on the distance learning platform.

1.X.B. The agency tracks competency as a “required credential”. Staff may be removed from schedule for an expired competency per director of nursing discretion.

## **SECTION 2 References & Attachments**

### **Sec 2.I. Attachments**

2.I.A. Examinations (home health aide, LPN/RN)



**Abundant Life Home Health Agency, LLC**

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2.I.B. Self-competency skills assessments (home health aide, LPN/RN)

2.I.C. Competency skills checklists (home health aide, LPN/RN)

Category: Human Resources

Number: 2.013.1

Subject: Performance Evaluation

Applies: All Staff

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## **SECTION 1 Policy Information**

### **Sec 1.I. Effective Date**

1.I.A. The effective date of this policy is 03/03/2020

### **Sec 1.II. Tags**

1.II.A. Tags: HR.01.07.01

### **Sec 1.III. Purpose**

1.III.A. Purpose: To provide for evaluation of staff's performance. To provide staff with feedback to improve performance.

### **Sec 1.IV. Policy**

1.IV.A. Policy: The written performance of each employee shall be performed at least annually by a qualified staff member.

1.IV.A.1. Staff's performance is evaluated 90 days after hire, and then every 1 years after.

1.IV.A.2. The evaluation is completed at the end of the observation period, or within 30 days after.

1.IV.B. The person performing the performance evaluation must have has at least equal credentials.

1.IV.B.1. For example, a RN cannot assess skills of a PT, but the RN can assess another RN, LPN or HHA.

1.IV.C. The director of nursing is responsible for ensuring the completion of performance evaluations.

1.IV.D. The director of nursing reports on performance evaluations at least quarterly at meetings.

## Abundant Life Home Health Agency, LLC

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### **Sec 1.V. Procedure**

1.V.A. Evaluations are written and contain statements regarding the employee's progress, areas needing improvement, and future goals using a standardized form.

1.V.A.1. The agency may update the form as needed to improve the process.

1.V.B. Evaluations are performed by the person(s) who supervise the employee and should be signed by the person completing the evaluation; this may be an electronic signature.

1.V.C. Supervisors may collect data or information from various sources. This may include data derived from the EMR, feedback from patients/patient caregivers or other employees.

1.V.C.1. Such data may be attached to the evaluation or stored in the employee's attachments.

1.V.D. During the first 90 days of employment, the employee will be subject to more frequent supervision than an established employee. The employee may contact a supervisor at the office, in person, or by phone. After hours, they should call the on-call supervisor as described in Policy 3.013.1.

1.V.E. Performance evaluation criterion is based upon job descriptions.

1.V.F. The employee may be notified in advance of the time of the evaluation, although it is not necessary. Joint participation by the employee and supervisor is encouraged, but the supervisor ultimately performs the evaluation.

1.V.G. Individual staff development needs and plans shall be part of the evaluation.

1.V.H. Negative patient outcomes that are directly related staff performance will require at least remedial training and possibly reassignment or discipline per policy # 2.014.1.

1.V.I. The employee will be provided with a copy of the evaluation form and must sign the document indicating that the employee has received a copy within 5 days.

**Abundant Life Home Health Agency, LLC**

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1.V.I.1. By signing the evaluation, the employee acknowledges receipt of the document; the employee signature does not constitute agreement with the contents or results of the evaluation.

1.V.J. The employee may write a rebuttal to any portion of the evaluation.

**SECTION 2 References & Attachments**

**Sec 2.I. Attachments**

2.I.A. Employee Performance Appraisal



## Abundant Life Home Health Agency, LLC

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Category:	Human Resources	Number:	2.014.1
Subject:	Employee Discipline		
Applies:	All Staff	Page:	2 of 5

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### **Formal Reprimand/Written Warning:**

A written warning may be issued to notify employees that their continued employment is in jeopardy unless improvement is made.

1. The supervisor must advise the employee of the unacceptable action and corrective action necessary to remedy the situation, any time frames for improvement, as well as the consequences of continued unacceptable action or violations.
2. The discussion will be documented, signed by both the employee and the supervisor and placed in the employee's file along with any employee comments.
3. The employee will be given a copy of the notice.
4. If the employee fails to correct the problem behavior, the supervisor should determine the next step of the disciplinary process, which can be the issuance of a final warning or immediate termination.
5. In making this judgment, the supervisor should consider the nature and severity of the offense or problem behavior, the employee's past record of performance, the time that has elapsed since the written warning and any other extenuating circumstances.
6. The supervisor must discuss the situation with DON and HR prior to meeting with the employee.

### **Suspension:**

When the misconduct is serious and the investigation and/or determination of disciplinary action may require time to complete, the supervisor may suspend the employee for a limited time period to complete an investigation.

1. The reasons for suspension must be discussed with the employee and the suspension should be immediate.
2. The Administrator must be notified immediately of any suspension before the suspension becomes effective.
3. If no offense is found to have occurred, the suspended employee will be returned to work.

## Abundant Life Home Health Agency, LLC

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Category:	Human Resources	Number:	2.014.1
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4. If the employee was found by the Agency to have committed an offense that warrants some disciplinary action and a return to work, the employee will be returned to work, issued the appropriate disciplinary action and corrective counseling.
5. If the employee is found to have committed a serious offense warranting dismissal, then the employee will be terminated.
6. The employee's termination date will be the date when the decision to terminate the employee was made.
7. All suspensions must be documented and placed in the employee's personnel file along with an explanation of the final determination of action.

### **Definitions:**

#### **Gross Misconduct:**

Acts of gross misconduct may result in immediate termination. Some examples of unacceptable action that may be considered gross misconduct include, but are not limited to, the following:

1. Repeat absences from work without notices;
2. Consumption of alcoholic beverages on Agency property or while on assignment;
3. Reporting to work under the influence of drugs or alcohol;
4. Use, sale or possession of a controlled substance, except for those prescribed by a physician for that employee while on Agency premises or otherwise engaged in Agency business;
5. Falsification of Agency records or documents, or other work related documents;
6. Slander, libel, physical or verbal abuse or threat of assault of Agency employees, visitors, customers, patients; solicitation of patients;
7. Encouraging or advising or soliciting patients or employees of the Agency to transfer services or employment to another home health services provider;
8. Advertising or marketing the services of another home health services provider;
9. Gambling during work hours or on Agency property;
10. Theft, destruction, unauthorized or negligent use of the equipment/property of the Agency or others;

## Abundant Life Home Health Agency, LLC

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Category:	Human Resources	Number:	2.014.1
Subject:	Employee Discipline		
Applies:	All Staff	Page:	4 of 5

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11. Behavior or comments that are discriminatory or biased in nature based on gender, age, race, religion, ethnic origin, disability or other means of discrimination prohibited by law;
12. Unauthorized disclosure and/or use of confidential or proprietary Agency or patient information; unauthorized or inappropriate use of Agency funds, credit or property;
13. Possession of a weapon, with or without legal permit, on the property of the Agency or in a patient's home;
14. Commission of a crime while performing employment duties for the Agency;
15. Commission of any crime if such crime renders an employee ineligible to have patient contact under applicable law;
16. Failure to follow standard precautions/infection control practices;
17. Negligent practice in the provision of care;
18. Failure to make patient visits without notifying the supervisor.

### **Misconduct:**

A violation of any policy of the Agency may result in disciplinary action being taken. Some examples of misconduct include, without limitation, the following:

1. Tardiness; more than three unscheduled absences from work in a rolling twelve month period;
2. Insubordination;
3. Soliciting or distributing literature or seeking support or contributions during working hours or in working areas for any cause or organization without management approval;
4. Violation of safety rules and common safety practices;
5. Failure to promptly report any accident related to Agency business or occurring on Agency/patient property;
6. Failure to observe department working hours and schedules, including scheduled/required overtime.
7. Unsatisfactory work performance or inattention to job responsibilities.
8. Excessive personal telephone calls or attending to personal business on Agency time;
9. Failure to work cooperatively with others;
10. Delaying or restricting productivity or inciting others to do so;



## Abundant Life Home Health Agency, LLC

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Category:	Human Resources	Number:	2.014.1
Subject:	Employee Discipline		
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11. Failure to adhere to Agency policies, practices and procedures;
12. Suspension or revocation of a license;
13. Failure to carry out assigned duties.
14. Abuse of computer/internet.

If any employee cannot report for a scheduled work assignment, then the employee must contact the supervisor at least four hours prior to the start of the scheduled work assignment and inform the supervisor that the employee will not be able to report for the scheduled work assignment.

1. This contact is considered proper notice for the purposes of this policy.
2. If the employee fails to make contact with the supervisor at least four hours in advance, then the employee will be deemed to have an unscheduled absence from work.
3. If the employee has more than two unscheduled absences from work in a rolling 12-month period, then commencing on the third such absence, the supervisor may do a verbal/written warning.
4. The fourth such absence in a 12-month period subjects the employee to termination.



# Abundant Life Home Health Agency, LLC

## EMPLOYEE TERMINATION EXIT INTERVIEW

Name: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Last Day \_\_\_/\_\_\_/\_\_\_

Termination was  Voluntary (Date notice was received) \_\_\_/\_\_\_/\_\_\_  Involuntary

**Leave of Absence:**  Employee Request  Company Suggest  Leave granted until \_\_\_/\_\_\_/\_\_\_

**Retirement:**  Personal Reasons

**Lay Off:**  Lack of Work  Project Ended

**Quit:**

- |   |   |                                     |   |
|---|---|-------------------------------------|---|
| <input type="checkbox"/> In Lieu of Discharge | <input type="checkbox"/> Refused Transfer | <input type="checkbox"/> Military   | <input type="checkbox"/> Other Opportunity      |
| <input type="checkbox"/> Reduction in Hours   | <input type="checkbox"/> Dissatisfied     | <input type="checkbox"/> Moved      | <input type="checkbox"/> New Job                |
| <input type="checkbox"/> Reduction in Pay     | <input type="checkbox"/> Personal         | <input type="checkbox"/> School     | <input type="checkbox"/> Never Returned to Work |
| <input type="checkbox"/> Change in Work       | <input type="checkbox"/> Transportation   | <input type="checkbox"/> None Given |   |

**Discharge:** Was employee warned before discharge?  Yes  No By Whom? \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Tardiness                           | <input type="checkbox"/> Fighting  |
| <input type="checkbox"/> Personal Business                   | <input type="checkbox"/> Creating a safety hazard  |
| <input type="checkbox"/> Failure to Use Protective Equipment | <input type="checkbox"/> Possession of weapons, alcohol, drugs                               |
| <input type="checkbox"/> False claims of injury              | <input type="checkbox"/> Inhalants   |
| <input type="checkbox"/> Shoddy or Defective Work            | <input type="checkbox"/> Personal business at work   |
| <input type="checkbox"/> Neglect duties or responsibilities  | <input type="checkbox"/> Unauthorized use or possession of keys                              |
| <input type="checkbox"/> Loitering or Sleeping               | <input type="checkbox"/> Working under the influence of alcohol, drugs, inhalants            |
| <input type="checkbox"/> Insubordination                     | <input type="checkbox"/> Destroying or wasting property or material                          |
| <input type="checkbox"/> Productivity not up to standards    | <input type="checkbox"/> Violating safety and health rules                                   |
| <input type="checkbox"/> Absences – unreported               | <input type="checkbox"/> Falsifying information on any forms, reports, time cards or records |
| <input type="checkbox"/> Absences – reported                 |  |
| <input type="checkbox"/> Negligence with assigned property   |  |

**Reason in Full:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Final Appraisal:** Rate as follows: E = Excellent G = Good F = Fair P = Poor  
\_\_\_\_ Work Quality \_\_\_\_ Attendance \_\_\_\_ Effort \_\_\_\_ Productivity \_\_\_\_ Teamwork \_\_\_\_ Versatility

Recommended for rehire? Y  N  Explain if No: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_





## Abundant Life Home Health Agency, LLC

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Category: Human Resources

Number: 2.017.1

Subject: Smoking

Applies: All Staff

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**Policy:** Smoking is prohibited at work except at designated smoking areas outside the building. Do not smoke in any “No Smoking” areas. You should exercise extreme care regarding the fire hazards associated with smoking at all times. Under no circumstances should you smoke in a patient’s home.



## Abundant Life Home Health Agency, LLC

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Category:	Human Resources	Number:	2.022.1
Subject:	Professional Reporting		
Applies:	Physical, Occupational/Assistants, Speech Therapists, Registered Nurse, Licensed Vocational Nurses, Certified Nurse's Aides, Medical Social Worker	Page:	1 of 2

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**Purpose:** To ensure that all professional disciplines comply with their respective professional practice or title acts relating to reporting and peer review to ensure safe practice.

**Policy:** It is the policy of this company to ensure that all professional staff is given due process, including notice and opportunity for a fair hearing either through the Agency policy's 3.003.1, Patient Complaint and Grievances, 7.024.1 Incidents, Accident Reporting or through their respective regulatory board.

**Procedure:** Upon receipt of any complaint, the Agency management should utilize the current Agency methods for complaint procedure outlined in Policy 3.003.1 or 7.024.1. At any time during the investigation, it may be determined that the respective regulatory board should be utilized to ensure a fair hearing and due process related to discipline specific standards and practices.

To file discipline specific complaints, contact the appropriate Board listed below:

Speech-Language Pathology & Audiology Board of Florida

Complaints should be mailed to:

AHCA

Consumer Services Unit

4052 Bald Cypress Way, Bin C75

Tallahassee, Florida 32399-3275

(888) 419-3456 or (850) 245-4339

Nursing Board of Florida

Complaints should be mailed to:

AHCA

Consumer Services Unit

4052 Bald Cypress Way, Bin C75

Tallahassee, Florida 32399-3275

(888) 419-3456 or (850) 245-4339



**Abundant Life Home Health Agency, LLC**

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Category:	Human Resources	Number:	2.022.1
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Occupational Therapy Board of Florida  
Complaints should be mailed to:  
AHCA  
Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275  
(888) 419-3456 or (850) 245-4339

Social Worker Board of Florida  
Complaints should be mailed to:  
AHCA  
Consumer Services Unit  
4052 Bald Cypress Way, Bin C75  
Tallahassee, Florida 32399-3275  
(888) 419-3456 or (850) 245-4339

An agency that has cause to believe that an employee has abused, exploited, or neglected a client of the agency must report the information immediately to local authorities and:

ELDER HELP LINE 1-800-96-ELDER	Abuse, Neglect or Exploitation 1-800-962-2873
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COMPLAINT LINE (888) 419-3456 is the number to call to report complaints about any agency or facility licensed regulated by AHCA.

## Abundant Life Home Health Agency, LLC

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Category: Human Resources

Number: 2.023.1

Subject: Pre-Employment Drug Screen, MRO, & Employee Assistance Program

Applies: All Staff

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**Purpose:** The agency provides a controlled substance, drug and alcohol free workplace for the safety of all employees and patients.

**Policy:** All candidates who have received a conditional offer of employment will be required to undergo testing for commonly-abused controlled substances. This policy is intended to supplement policy 2.023.3 to include more specific language on pre-employment testing, testing procedures, medical review officer, and employment assistance program.

### **I. Substances Covered By Drug/Alcohol Testing**

Candidates will be tested for their use of commonly-abused controlled substances, including, but not limited to: Amphetamines, Barbiturates, Benzodiazepines, Opiates, Cannabinoids, Cocaine, Methadone, Methaqualone, Phencyclidine (PCP), Propoxyphene, and chemical derivatives of these substances

Candidates must advise the Agency of all prescription drugs taken in the past 30 days before the test, and to be prepared to show proof of such prescription to testing agency personnel, or report to MRO per section II. A.

### **II. Testing Methods and Procedure**

On site testing will be conducted by trained agency staff, which will follow established testing standards. Testing will be conducted on a urine sample provided by the candidate to the agency staff person under procedures established by the laboratory to insure privacy of the employee, while protecting against tampering/alteration of the test results. The agency may elect to send a candidate/employee to a lab for testing.

#### **A. Medication Reporting Procedure**

Employees or job applicants may confidentially report to the company's medical review officer (MRO) the use of prescription or nonprescription medications both before

## Abundant Life Home Health Agency, LLC

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Category: Human Resources

Number: 2.023.1

Subject: Pre-Employment Drug Screen, MRO, & Employee Assistance Program

Applies: All Staff

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and after being tested. Additionally, employees and job applicants shall receive notice of the most common drugs or medications - by brand name or common name, as applicable, as well as by chemical name - which may alter or affect a drug test. (A listing of these is attached.)

### **B. Reporting of Test Results**

Employees or job applicants who receive a positive confirmed test result may contest or explain the result to the medical review officer within 5 working days after receiving written notification of the test result. If the employee's or job applicant's explanation or challenge is unsatisfactory to the medical review officer, the medical review officer shall report a positive test result back to the employer. Employees and job applicants also may contest the drug test result pursuant to law or to rules adopted by the Agency for Health Care Administration (AHCA), as outlined below.

### **C. Challenges to Test Results**

1. A requirement of a drug-free workplace program is that within five working days after receiving the notice of a positive confirmed test result, an employee or job applicant may submit information to the employer explaining or contesting the test result, and why the result does not constitute a violation of the employer's policy. If the employee's or job applicant's explanation or challenge of the positive test result is unsatisfactory to the employer, a written response as to why the employee's or job applicant's explanation is unsatisfactory, along with the report of positive result, shall be provided by the employer to the employee or job applicant; and all such documentation shall be kept confidential by the employer pursuant to confidentiality provisions outlined above, and shall be retained by the employer for at least 1 year.

An employee or job applicant may undertake an administrative challenge by filing a claim for benefits with a Judge of Compensation Claims pursuant to Chapter 440, Florida Statutes, or, if no workplace injury has occurred, the person must challenge the test result in a court of competent jurisdiction. When an employee undertakes a challenge to the result of a test, it shall be the employee's responsibility to notify the laboratory, and the sample shall be retained by the laboratory until the case is settled.

## **Abundant Life Home Health Agency, LLC**

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Category: Human Resources

Number: 2.023.1

Subject: Pre-Employment Drug Screen, MRO, & Employee Assistance Program

Applies: All Staff

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### **D. Consultation Rights**

Employees and applicants have the right to consult the company's Medical Review Officer (MRO) for technical information regarding prescription and nonprescription medications.

### **E. Medical Review Officer**

The company's Medical Review Officer is David Nahin, MD 877-585-4366.

### **F. Refusal to Undergo Testing**

Candidates who refuse to submit to a drug test or who fail to show up for a drug test will no longer be considered for employment. Also, a dilute negative specimen result shall result in a violation of this policy and the individual will be denied employment.

### **G. Positive Test**

If a candidate tests positive on an initial screening test, the employment offer will be formally withdrawn and the candidate will be provided with a copy of the test results and the reason why he/she is no longer being considered for employment. For any medical professional, positive test results will be immediately reported to the applicant's licensing board, per applicable law.

### **H. Right to Explain Test Results**

All Candidates have the right to meet with the agency Administrator and/or Director of Nursing to explain their test results. These discussions shall be considered confidential.

### **I. Right to Review Records**

## **Abundant Life Home Health Agency, LLC**

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Category: Human Resources

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Applies: All Staff

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Abundant Life Home Health Agency, LLC will only provide a copy of test results to candidates who test positive.

### **J. Confidentiality Requirements**

All records concerning test results will be kept in medical files which are maintained separately from Abundant Life Home Health Agency, LLC personnel files.

### **K. Retesting**

Candidates may request a retest of their positive test results, within 24 hours after notification by Abundant Life Home Health Agency, LLC of such positive test result. This retest is at the expense of the individual. The agency will arrange the drop off of the specimen to the closest testing lab to the agency office. The individual will be required to meet the agency staff person at the lab and immediately pay the lab for the testing fee of the original sample.

### **L. Re-Application and Rehire**

Abundant Life Home Health Agency, LLC understands that individuals who are rehabilitated drug users or engaged in a supervised drug rehabilitation program and are no longer using drugs are protected under the Americans with Disabilities Act. Therefore, Abundant Life Home Health Agency, LLC will consider the applications of candidates who formerly tested positive for drugs if candidates can subsequently show evidence of rehabilitation, or after 6 months.

### **III. Employee Assistance Program**

This company does not maintain an Employee Assistance Program (EAP). The purpose of an EAP is to provide help to employees and their families who suffer from alcohol, drug abuse or other problems. We do, however, maintain a list of local providers of employee assistance, drug and alcohol treatment and family services that employees may access without company involvement.

It is the responsibility of an employee to seek assistance from an EAP before alcohol and drug problems lead to disciplinary actions. Once a violation of this policy

**Abundant Life Home Health Agency, LLC**

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occurs, subsequently using an EAP on a voluntary basis will not necessarily lessen disciplinary action and may, in fact, have no bearing on the determination of appropriate disciplinary action.

An EAP will provide appropriate assessment, evaluation and counseling and/or referral for treatment of drug and alcohol abuse. Such employees may be granted leave with a conditional return to work, depending on successful completion of the agreed-upon appropriate treatment regimen, which may include follow-up testing.

The cost of seeking assistance from an EAP or other provider will be the responsibility of the employee and is subject to provisions of the company's health insurance plan, if any. Please consult the provider for specifics concerning this issue.



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Category: Human Resources

Number: 2.023.3

Subject: Drug and Alcohol Policy & Random Screening

Applies: All Staff

Page: 1 of 3

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**Effective Date:** 06/12/19.

**A. Purpose** To provide a controlled substance, drug and alcohol free workplace for the safety of all employees (leased, hired, or otherwise). In order to further this objective the following rules governing alcohol and illegal drugs and inhalants in the workplace have been established.

**B. Policy** **The illegal manufacture, distribution, dispensing, possession, sale, purchase, receipt or transmittal of controlled substances, or an attempt to any of the foregoing, while on Abundant Life Home Health Agency, LLC or Client Company's ("Company") property or on company related business is prohibited.**

1. The unauthorized possession of alcohol or any alcoholic beverage on Company property or on Company related business is prohibited.
2. Being under the influence of alcohol or other illegal or intoxicating drugs or inhalants while on Company property or on Company related business is prohibited.
3. The unauthorized use or possession of prescription drugs or nonprescription over-the-counter drugs on Company property or Company related business is prohibited.
4. Employees who violate this policy will be subject to appropriate disciplinary actions, including termination.
5. This policy applies to all employees of the Company regardless of rank or position, and includes temporary and part-time employees.

**C. Testing** **Testing of employees. All present employees (leased, hired or otherwise) will be requested to sign an Informed Consent and Release of Liability form. Employees may be tested for the presence of alcohol, drugs including inhalants and/or controlled substances in the event any of the following situations occur:**

- a. There exists a reasonable suspicion or belief that an employee is at work under the influence of drugs, alcohol, inhalant, or a controlled substance;
- b. There exists a reasonable suspicion or belief that drugs, alcohol, inhalants or a controlled substance are affecting an employee's job performance, attendance patterns, conduct, or safety of workplace actions;
- c. The employee is suspected of having caused or contributed to an on-the-job accident;



Category: Human Resources

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Subject: Drug and Alcohol Policy & Random Screening

Applies: All Staff

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d. When required by a customer or Company pursuant to the customer's drug testing policy. Such testing is not considered a Company drug test and may be subject to the customer's rules regarding drug tests.

1. Voluntary. In all instances, testing will be performed only with the applicant or employee's knowledge and consent. Refusal to submit to requested testing, however, may result in disciplinary action including termination of employment.
2. Company Testing. Urine specimens will be obtained at the Company's office, lab, testing facility; however, in the event of an accident or injury, samples may be obtained at an appropriate hospital, clinic, emergency room or doctor's office.
3. Test Results. A positive test shall mean the presence of alcohol, an inhalant or other drug or controlled substance has been found. An attempt by an employee to switch, adulterate, or tamper with any test result or sample submitted for medical testing, or otherwise interfere or attempt to interfere with the testing processes, shall result in immediate termination.

**D. Confidentiality** The Company shall make all reasonable attempts to keep the results of a positive drug test confidential. Such results shall be released to Company personnel only on a need-to-know basis. All positive written test results will be stored in a confidential file and be filed only by authorized Company personnel and kept only at the company.

**E. Disciplinary Action** Employees suspected of violating any of the policies contained herein may be suspended or removed from the workplace pending a complete investigation. Employees testing positive for drugs, alcohol, inhalants or other controlled substances will be subject to immediate discharge. Any employee who is otherwise found to have violated the policies herein will be subject to disciplinary action, including termination of employment. Should the determination be made that no violation of the policies contained herein have occurred, the employee will be reinstated without penalty.

**F. Exception** An employee who possesses or uses a drug authorized by a licensed physician or medical practitioner through a prescription, specifically for the employee's use while on the job, and whose faculties are not noticeably impaired by the use of such drug, will not be considered to have violated this policy. Employees shall be responsible for discussing with the prescribing medical practitioner whether any prescribed drug will or may affect the employee's performance on the job. In the event an employee is advised





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that medication may affect performance, it is the employee's responsibility to notify his or her supervisor of the circumstances prior to reporting to work.

**G. Conviction Under Criminal Drug Status** Every employee, as a condition of continued employment, is required to immediately notify the company if they are convicted under a federal or state criminal drug statute, whether the act giving rise to such conviction occurred on or off Company time or within or without the State of Florida.

**H. Coordination with Law Enforcement Agencies.** The sale, use, purchase, transfer or possession of an illegal drug or drug paraphernalia is a violation of the law. The Company will report information concerning possession, distribution, or use of any illegal drugs to law enforcement officials and will turn over to the custody of law enforcement officials any such substances found during a search of an individual or property. The Company will cooperate fully in the prosecution and or conviction of any violation of the law.

**I. Informed Consent and Release of Liability**

Each employee shall receive this policy and have on file a document with the policy and the following signed/Dated statement:

I authorize Abundant Life Home Health Agency, LLC or Client Company ("Company") to obtain a specimen of my urine for chemical analysis. I understand that this analysis is to determine or exclude the presence of alcohol, drugs or other substances, in accordance with the Substance Abuse and drug Testing Policy of Company. I understand that decisions regarding my continued employment may be made as a result of this analysis. I understand that test results will be divulged only to authorized personnel. I hereby consent to this test and release Company from any liability for decisions resulting from this test.



# Abundant Life Home Health Agency LLC

*"Raising the standards in home health"*

28050 US Hwy 19 N, Ste 205, Clearwater. FL, 33761  
Office: 727-286-8916 • Email: [Abundantlifehha@gmail.com](mailto:Abundantlifehha@gmail.com)

## Internal Memorandum

Tuesday, November 26, 2019

Re: Drug Free Workplace Forms/Attachments/Tags & Instructions

Team,

Due to the implementation of our Drug Free Workplace Program, there are new forms with attachment criteria; there will be new language added to the Part 2 application agreement; and new instructions going into our (upcoming) How-to Guide. It will be very important, as with all HR documents, to maintain a consistent schema for attachments, that they may all be easily gathered in the case of an audit. Additionally, the forms can be found in Dropbox/Forms.

Here are the list of the new forms:

1. Urine Preliminary Drug Screen Result Form

This is a carbon Copy form in the book to be used when an donor provides a sample.

Attachment: E\_{LastName}{FirstInitial}\_UrineScreen\_{TestDate}\_0

Tag: DFWP Comments: {Type} Drug screen (Found on form "Reason for test" i.e. pre-employment, Random, etc).

**Do not post results in the comments section**

2. Staffing Resources Suspicion Observation Form (RSOF)

This fillable PDF form is used when a reasonable suspicion test is ordered.

\*We may need to adjust policy to allow others to contribute (i.e. Pts, Families)

Attachment: E\_{LastName}{FirstInitial}\_RSOF\_{OrderDate}\_0

Tag: DFWP Comments: Reasonable Suspicion Observation Form



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### 3. Notification of Positive Drug On-Site Drug Test

This is the form we will use to notify a donor that their on-site drug test has returned a positive result from the on-site test. The employee/candidate will indicate whether they want to contest the results & sent to lab, or refuse to send sample to lab and will count as a positive. Additionally, if the donor refuses to sign, it will count as a positive. This form will need to be completed in addition to the Chain of Custody Form.

Attachment: E\_{LastName}{FirstInitial}\_PosNotificationOnsite\_{OrderDate}\_0

Tag: DFWP Comments: Chain of Custody Form

### 4. Chain of Custody Form

As of the date of this memo, the forms have not yet arrived. The forms will be carbon copy forms with applicable information. Call Scott with safety first to ensure this is filled out correctly.

Attachment: E\_{LastName}{FirstInitial}\_ChainofCustody\_{OrderDate}\_0

Tag: DFWP Comments: Chain of Custody Form

### 5. Notification of Positive Drug Test From MRO

This is the form we will use to notify an employee/candidate that their test has returned a positive result from the lab.

Attachment: E\_{LastName}{FirstInitial}\_PosNotificationMRO\_{OrderDate}\_0

Tag: DFWP Comments: Reasonable Suspicion Observation Form

**See sample forms attached**

Thanks,

Don

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

COLLECTION SITE / COMPANY NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUITE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DONOR SSN, DRIVER'S LICENSE or EMPLOYEE I.D. NO.: \_\_\_\_\_ ID VERIFIED BY: PHOTO ID  EMPLOYER REP.

DONOR NAME: Last: \_\_\_\_\_ First: \_\_\_\_\_

REASON FOR TEST: Pre Employment  Random  Reasonable Suspicion / Cause  Post Accident  Return to Duty  Follow Up  Other

COLLECTOR NAME (PRINT) \_\_\_\_\_ Collector Phone No. (\_\_\_\_\_) \_\_\_\_\_ Collector Fax No. (\_\_\_\_\_) \_\_\_\_\_

Read specimen temperature within (4) minutes. Specimen within range:  Yes, 90° - 100°F (32° - 38°C)  No, record specimen temperature here \_\_\_\_\_

TO BE COMPLETED BY COLLECTOR

**STEP 2: COMPLETED BY DONOR**

**DONOR CONSENT:** I certify that I provided my specimen to the collector, that the specimen container was sealed with a tamper proof seal in my presence and that the information provided on this form and on the label affixed to the specimen container is correct. I hereby give permission for the release of the results of these tests to the health care provider. In the case of screening for employment or pre-employment, I also authorize release of the results of these tests to my employer or prospective employer and / or their authorized health care provider.

**X** \_\_\_\_\_ (Print) Donor's Name (First, MI, Last) \_\_\_\_\_ Date (Mo/Day/Yr) \_\_\_\_\_

Signature of Donor \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

TO BE COMPLETED BY DONOR

**STEP 3: COMPLETED BY COLLECTOR—PRELIMINARY TEST RESULTS**

ON-SITE SCREENING DEVICE preliminary results	SPECIMEN VALIDITY TEST RESULTS (See color chart and package insert for interpretation)	DRUG NAME	NEG	PRESUMPTIVE POSITIVE	NOT TESTED
Catalog #: _____	<input type="checkbox"/> Oxidant Normal [ ]	Amphetamine (AMP)	[ ]	[ ]	[ ]
Lot #: _____	<input type="checkbox"/> Oxidant Abnormal [ ]	Barbiturates (BAR)	[ ]	[ ]	[ ]
Exp. Date: _____	<input type="checkbox"/> Oxidant Not Tested [ ]	Benzodiazepines (BZO)	[ ]	[ ]	[ ]
Screen performed by: _____	<input type="checkbox"/> Specific Gravity Normal [ ]	Buprenorphine (BUP or BUPG)	[ ]	[ ]	[ ]
(If different than collector)	<input type="checkbox"/> Specific Gravity Abnormal [ ]	Cocaine (COC)	[ ]	[ ]	[ ]
<b>X</b> _____	<input type="checkbox"/> Specific Gravity Not Tested [ ]	EDDP (Methadone Metabolite)	[ ]	[ ]	[ ]
Date: _____	<input type="checkbox"/> pH Normal [ ]	Marijuana (THC)	[ ]	[ ]	[ ]
Remarks: _____	<input type="checkbox"/> pH Abnormal [ ]	Methadone (MTD)	[ ]	[ ]	[ ]
_____	<input type="checkbox"/> pH Not Tested [ ]	Methamphetamine (mAMP or MET)	[ ]	[ ]	[ ]
_____	<input type="checkbox"/> Nitrite Normal [ ]	Ecstasy (MDMA)	[ ]	[ ]	[ ]
_____	<input type="checkbox"/> Nitrite Abnormal [ ]	Opiate (OPI or MOP)	[ ]	[ ]	[ ]
_____	<input type="checkbox"/> Nitrite Not Tested [ ]	Oxycodone (OXY)	[ ]	[ ]	[ ]
	<input type="checkbox"/> GL Normal [ ]	Phencyclidine (PCP)	[ ]	[ ]	[ ]
	<input type="checkbox"/> GL Abnormal [ ]	Propoxyphene (PPX)	[ ]	[ ]	[ ]
	<input type="checkbox"/> GL Not Tested [ ]	Tricyclic Antidepressants (TCA)	[ ]	[ ]	[ ]
	<input type="checkbox"/> Creatinine Normal [ ]	Other _____	[ ]	[ ]	[ ]
	<input type="checkbox"/> Creatinine Abnormal [ ]	<b>ALCOHOL SCREEN (If Performed)</b>			
	<input type="checkbox"/> Creatinine Not Tested [ ]	Results	[ ]	[ ]	[ ]

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

**STEP 4: COLLECTOR CERTIFICATION**

**COLLECTOR CERTIFICATION:** I certify that the specimen given to me by the donor identified above was collected, labeled, sealed & released as noted in accordance with applicable requirements.

**X** \_\_\_\_\_ Time of Collection \_\_\_\_\_

Signature of Collector \_\_\_\_\_

**X** \_\_\_\_\_ Date (Mo/Day/Yr) \_\_\_\_\_

(Print) Collector's Name (First, MI, Last) \_\_\_\_\_

# Abundant Life Home Health Agency, LLC



## Staffing Resources Reasonable Suspicion Observation Form

Employee Name:	Date Observed:
Social Security Number:	Location Observed:

This checklist must be completed when an employee of Staffing Resources is suspected of drug or alcohol use. A supervisor or approved representative of our Client shall note all pertinent behavior and physical signs or symptoms that led the supervisor and/or representative to reasonably believe the employee is under the influence of alcohol or a prohibited drug substance. If possible, please arrange for a second witness to confirm the observed behaviors.

### A. Cause for Suspicion

- Observed possession or use of a controlled substance and/or paraphernalia (specify): \_\_\_\_\_
- Observed abnormal or erratic behavior.

### B. Observed Personal Behavior Checklist

Appearance	<input type="checkbox"/> Normal <input type="checkbox"/> Disheveled <input type="checkbox"/> Profuse Sweating <input type="checkbox"/> Dilated/Constricted pupils	<input type="checkbox"/> Flushed <input type="checkbox"/> Bloodshot Eyes <input type="checkbox"/> Puncture Marks <input type="checkbox"/> Tremors / shaking	<input type="checkbox"/> Pale <input type="checkbox"/> Having odor <input type="checkbox"/> Inappropriate wearing of sunglasses
Breath	<input type="checkbox"/> Alcohol odor	<input type="checkbox"/> Marijuana odor	<input type="checkbox"/> Vomit odor
Speech	<input type="checkbox"/> Normal <input type="checkbox"/> Confused <input type="checkbox"/> Slurred	<input type="checkbox"/> Mumbled <input type="checkbox"/> Incoherent <input type="checkbox"/> Slowed	<input type="checkbox"/> Silent <input type="checkbox"/> Shouting <input type="checkbox"/> Rambling
Awareness	<input type="checkbox"/> Normal <input type="checkbox"/> Disoriented <input type="checkbox"/> Sad / crying	<input type="checkbox"/> Confused <input type="checkbox"/> Lethargic <input type="checkbox"/> Paranoid	<input type="checkbox"/> Euphoria <input type="checkbox"/> Drowsy <input type="checkbox"/> Hyperactive <input type="checkbox"/>
Attitude	<input type="checkbox"/> Normal <input type="checkbox"/> Excited <input type="checkbox"/> Care Free <input type="checkbox"/> Cooperative	<input type="checkbox"/> Combative <input type="checkbox"/> Talkative <input type="checkbox"/> Profane <input type="checkbox"/> Calm	<input type="checkbox"/> Insulting <input type="checkbox"/> Polite <input type="checkbox"/> Mood swings <input type="checkbox"/> Hilarious
Motor Skills Balance:	<input type="checkbox"/> Normal <input type="checkbox"/> Swaying	<input type="checkbox"/> Falling <input type="checkbox"/> Staggering	<input type="checkbox"/> Shaky <input type="checkbox"/> Slow
Walking & Turning	<input type="checkbox"/> Stumbling <input type="checkbox"/> Needs support	<input type="checkbox"/> Staggering <input type="checkbox"/> Swaying	<input type="checkbox"/> Unsteady <input type="checkbox"/> Falling
Other Behaviors			

# Abundant Life Home Health Agency, LLC



## C. Written Summary

Summarize the facts and circumstances of the incident, employee response, supervisor actions, and any other pertinent information not previously noted on this form.


## D. Supervisor's and/or Approved Representatives Opinion

The observable behaviors noted cause me to believe that there is a safety concern. If I believe this to be an immediate concern I should stop employee from working and prevent them from operating any equipment where there would be foreseeable danger. Based upon my observations as noted on this checklist, I recommend that an alcohol and/or drug test be administered. Employee should not be allowed to drive to our approved testing facility. Transportation can be provided by our Client or by Staffing Resources. Staffing Resources will reimburse the cost of utilizing public transportation such as a taxi service.

## E. Witnesses

My signature below indicates the above statements are true and accurate to the best of my knowledge, and I agree with the Supervisor's and/or Representative Opinion (Section D.) of this form.

Supervisor / Approved Representative Signature	Title	Date
2 <sup>nd</sup> Witness Signature	Title	Date

This document is to be prepared and signed by the witnesses within 24 hours of the observed behavior.



# Abundant Life Home Health Agency LLC

*"Raising the standards in home health"*

28050 US Hwy 19 N, Ste 205, Clearwater. FL, 33761  
Office: 727-286-8916 • Email: [Abundantlifehha@gmail.com](mailto:Abundantlifehha@gmail.com)

## NOTIFICATION OF POSITIVE ON-SITE DRUG TEST

Date: \_\_\_\_\_ Employee/Candidate: \_\_\_\_\_

Today you were drug tested according to requirements in our company's drug-free workplace program and policy. In compliance with the State of Florida drug testing standards, your urine/blood specimen was tested on site, but if you elect to contest the results, they can be sent to be tested twice in a controlled laboratory environment.

According to our on-site test, the result indicates that you have tested positive (failed the test) for the following substance(s):

_____ Cannabinoids (marijuana)	_____ Alcohol
_____ Amphetamines	_____ Cocaine
_____ Methamphetamines	_____ Opiates
_____ Other: _____	

In keeping with our company drug-free workplace policy, please select one of the following:

Initial \_\_\_\_\_ I would like to have my sample sent to the lab for further testing. I will receive the results per agency policy and state law. I will sign the chain of custody form. My sample has been sealed and initialed.

-Or-

Initial \_\_\_\_\_ I refuse to have the sample sent to the lab. I understand that this will count as a positive result.

\*Refusal to sign will count as a positive result.

Our company medical review officer is **David Nahin, MD 877-585-4366**. You may contact the MRO to ask questions or discuss your drug test result.

Supervisor comments: \_\_\_\_\_

Signature:

Name/Title



1654301820

NON-FEDERAL FOUR-PART DRUG TESTING CUSTODY AND CONTROL FORM

L300584/1878730

Alere

1111 Newton St., Gretna, LA 70053
450 Southlake Blvd., Richmond, VA 23236
Phone: 800.433.3823 | Fax: 504.361.8298

Facility Number: 457468

Airbill / Courier Tracking Number



212869373

Specimen ID

212869373

STEP 1: TO BE COMPLETED by Collector or Employer/Client Representative

A. Employer/Client Name, Address, Phone, & Fax:

ABUNDANT LIFE HHA
20808 US HWY. 19 N
SUITE 205
CLEARWATER, FL 33765
727-286-8716 800-000-0000

Facility Number: 457468

Facility Number

B. MRO Name, Address, Phone, & Fax:

DR. DAVID NAHIN
9501 NORTHFIELD BLVD
DENVER, CO 80238
877-585-7366 855-252-5666

C. Name/ID:

Name/ID grid

Sub Acct: (optional)

PRINT ALL IN CAPS for Donor Name (Last Name, First Name MI); leave space between names/ID/Auxiliary Data.

D. Donor SSN or Employee ID No.:

SSN/ID No. grid

E. Daytime Phone No.:

F. Evening Phone No.:

G. Reason for Test: Pre-Employment Random Reasonable Suspicion/Cause Post Accident Return to Duty Follow-up Other

H. Panel: If a panel is not selected below, Alere will use the default for the Facility listed above. See back of copy 4 for additional panel instructions.

Primary Default Panel, Other: (write in panel number)

I. Collection Site Name & Address:

Collector Phone No.:

TO BE COMPLETED BY COLLECTOR

Collector Phone No. grid

Collector Number

60181

STEP 2: TO BE COMPLETED by Collector - Within 4 minutes, read temperature of specimen.

Within range? Yes 90-100F / 32-38C No Below 90F / 32C Above 100F / 38C

Oral Fluid, temperature not applicable

Split Specimen No Yes

Observed

Remarks:

STEP 3: TO BE COMPLETED by Collector and Donor - Collector affixes bottle seals(s) to bottle(s). Collector dates seal(s). Donor initials seal(s).

STEP 4: TO BE COMPLETED by Donor

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen container used was sealed with tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen container is correct.

Signature of Donor
Date: / /

Donor Date of Birth (Mo./Day/Yr.)

STEP 5: CHAIN OF CUSTODY - Initiated by Collector and completed by Laboratory

I certify that the specimen given to me by the donor identified above was collected, labeled, sealed, and released in accordance with applicable requirements.

Collector Name grid

PRINT Collector Name (First, MI, Last)

Date Collected grid

Date Collected (Mo./Day/Yr.)

Signature of Collector

Time Collected: AM PM

Specimen Bottle(s) Released to: COURIER

Service Transferring Specimen to Lab

STEP 6: TO BE COMPLETED by Lab

RECEIVED AT LAB:

Signature of Accessioner PRINT Accessioner Name (First MI Last)

Primary Specimen Seal Intact? Yes No, Enter Remark Specimen(s) Released to: TEMPORARY STORAGE

Remarks:

LAB NUMBER



SPECIMEN ID NO. 212869373

A



Date (Mo./Day/Yr.)

212869373

SPECIMEN BOTTLE SEAL

Donor's Initials



SPECIMEN ID NO. 212869373

B (SPLIT)



Date (Mo./Day/Yr.)

212869373

SPECIMEN BOTTLE SEAL

Donor's Initials



NON-FEDERAL FOUR-PART DRUG TESTING CUSTODY AND CONTROL FORM

INSTRUCTIONS FOR COMPLETING NON-FEDERAL CUSTODY AND CONTROL FORM

**NOTE:** Use ballpoint pen, press hard, and check all copies for legibility

- STEP 1:** If the information in STEP 1 has not been completed, the collector (not donor) completes STEP 1 (A-I)
- E.-F. Phone No: Collector ask donor to provide day time and evening phone number, for completion by collector
  - H. Panel: DO NOT check a Panel box unless instructed by the employer  
If no panel selected, Alere will use the default panel for the Facility pre-printed on the CCF
  - I. Collection Site: If not pre-printed, complete the name and address of the location in which the collection is taking place.  
List a business telephone number where collector can be reached.

**NOTE:** Donor refusal to provide SSN or Employee ID number must be annotated in STEP 2, collector REMARKS section.

- STEP 2:** Upon receiving specimen from donor, check specimen temperature. This must be accomplished within 4 minutes. Check block marked "Yes" if temperature is within range.  
If specimen temperature is not within range, check block marked "No", and then check appropriate block, if above or below.  
Indicate if the specimen collection was a Split Collection by checking block "No" or "Yes".  
If the specimen collection was observed, indicate a check in the Observed Box.  
Remarks: Record any unusual occurrences concerning the collections (e.g. Donor refusal to provide information/sign certification statement, specimen collected under direct observation, suspected adulteration)

**NOTE:** This CCF can also be used for Oral Fluid collections by selecting "Oral Fluid Temperature not applicable box"

- STEP 3:** Donor watches Collector pour specimen from the collection container into the specimen bottle(s), places the cap(s) on the specimen bottle(s).  
Affix specimen bottle seal labeled A over the cap and down the sides of the primary specimen (bottle containing at least 30ml of urine).  
Affix specimen bottle seal labeled B (split) on the split specimen (bottle containing at least 15ml of urine) in the same manner.  
Collector dates the specimen bottles labeled A and B after placement on the specimen bottles.  
Donor initials the specimen bottles labeled A and B after placement on the specimen bottles.

**NOTE:** When performing a Single Collection use only a single bottle and Label A (bottle containing at least 30ml of urine). Follow same process listed above.

- STEP 4:** Instruct donor to complete STEP 4.  
Instruct donor to read certification statement. Ensure donor signs his/her name and dates the certification statement.  
Donor provides his/her date of birth.

**NOTE:** Donor refusal to sign must be annotated in STEP 2, collector REMARKS section. Upon completion, check donor entries.

**NOTE:** Donor provides his/her daytime and evening phone number - Completed in STEP 1 E-F by Collector.

- STEP 5:** Collector completes STEP 5 by printing and signing his/her name, recording the date and time of collection. Be sure to check AM or PM Immediately place the sealed specimen bottle (s) and COPY 1 of the CUSTODY AND CONTROL FORM in the leak-proof plastic bag, release the specimen package to the delivery service and distribute the other copies of the CUSTODY AND CONTROL FORM as required.

COMPLETING THE COLLECTION PROCESS

- If a split specimen collection was performed, place both specimen bottles and COPY 1 of the NON-FEDERAL CUSTODY AND CONTROL FORM in the shipping container.
- If a single collection was performed, place the specimen bottle and COPY 1 of the NON-FEDERAL CUSTODY AND CONTROL FORM in the shipping container.
- Secure the shipping container
- Retain COPY 2 for your records.
- Send COPY 3 to the MRO or the Employer.
- Give COPY 4 to the Donor.
- Donor may leave the collection site at this point.



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Office: 727-286-8916 • Email: [Abundantlifehha@gmail.com](mailto:Abundantlifehha@gmail.com)

## NOTIFICATION OF POSITIVE DRUG TEST FROM MRO

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

On \_\_\_\_\_ you were drug tested according to requirements in our company's drug-free workplace program and policy. In compliance with the State of Florida drug testing standards, your urine/blood specimen was tested twice in a controlled laboratory environment.

We have received the drug test result from our company's medical review officer (MRO), and the result indicates that you have tested positive (failed the test) for the following substance(s):

_____ Cannabinoids (marijuana)	_____ Alcohol
_____ Amphetamines	_____ Cocaine
_____ Methamphetamines	_____ Opiates
_____ Other: _____	

In keeping with our company drug-free workplace policy, the following disciplinary procedure(s) will take place immediately:

If you disagree with the test result or have some other related concern, you have the right, within 5 working days after receiving this notice, to submit information to us explaining or contesting the test result, and explaining why the positive test result does not constitute a violation of our drug-free workplace policy. You also have the right, within 180 days of your challenge to the drug test result, to have *your original specimen* retested at another Agency for Health Care Administration certified laboratory. Arrangements and cost will be your responsibility. Other challenge rights to which you may be entitled are included in your copy of our drug-free workplace policy previously distributed to you.

Our company medical review officer is **David Nahin, MD 877-585-4366**. You may contact the MRO to ask questions or discuss your drug test result.

Sincerely,

Name/Title

# PERFORMING THE TEST

## URINE

- 1) Have employee remove anything from their pockets that you see as bulky – when you are done looking, have them put their belongings back. Have them remove big jackets and anything that they can unzip, or unbutton. Control your surroundings. You **DO NOT** want to hold any of their things or put them in any lock box.
- 2) Open up new test cup in front of them. **Identify cup** with the last 4 digits of their SSN...put anywhere on cup (above temperature strip is a great place)!
- 3) Give **them their directions** – a) Fill to minimum fill line - **on right side of cup** (show them that bottom is hollow and you only need ¼ inch) – b) do not flush or wash hands until you get test (you can have them bring test to you or have them leave test in bathroom for you to pick up). If you'd like, you can prepare the bathroom with a “dark” colored dye in the toilet, and a bag/covering the faucets (**this is highly recommended - DOT is required**). Again, they can not cheat, but it's always good to give directions. **You may use port-o-potties if needed, inside bathroom, is always preferred.**
- 4) When they are done – a) look at the **temperature strip ASAP**. IF it does not read between 90-100 degrees, **do not accept the test** ( you can not send this specimen to the lab, they will not accept a specimen that does not have a temperature b) have them initial **safety seal** (on yellow sheets in plastic bag that comes with box), and place over cup lid. Look to see if anything looks strange.
- 5) Start test! **Keep test flat**, because if you lean, the urine will come out of the well - **you can see opening/well inside cup.**
- 6) Read test – see **RESULT INTERPRETATION FORM** for help
- 7) When you are completed with the test...you may throw out. There is no special way to discard. We always recommend putting in bag!

### SEE CARDBOARD CHEAT SHEET FOR MORE INFORMATION

**If the employee REFUSES to take the test, MAKE NOTE and let him go on his way. No need to force someone, you know their result anyway.**

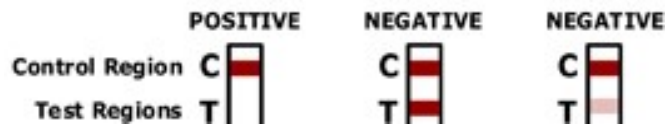
**If the employee does not give a sufficient amount of urine, he must wait until he can go again – you may set a time limit...you MUST use a new cup**

IF'SSSSS .....(1) Key lock doesn't push all the way through (remember that they are made of plastic). Take key out, spin key around, and push again. **DO NOT BE AFRAID TO PUSH HARD – YOU CAN NOT BREAK**

2) One of the test strips fail to go...be sure that you have enough urine in your well. Give test a little bump, could be air bubble

3) If you are performing a **POST-ACCIDENT TEST** – treat the injury first!

## RESULT INTERPRETATION



### Urine

**Positive:** A colored line appears in the control region ( C ). NO line appears in the test region next to the name of a specific drug tested. The positive result means that the drug concentration in the urine sample is greater than the designated cut-off for a specific drug.

**Negative:** \* A colored line appears in the control region ( C ) and a colored line appears in the test region ( T ). Up to four colored lines may appear in each result window. One line will be in the control region ( C ). Up to three lines will be next to the drug names in the test region. This negative result means that the drug concentration in the urine sample is below the designated cut-off for a specific drug.

**Invalid:** No Line appears in the control region ( C ). If this occurs read the directions again and repeat the test with a new device. If the result is still invalid stop using the test devices and contact our company at **1-813-949-9936**

**\*Note:** The shade of color in the test region ( T ) may vary. The result should be considered negative whenever there is even a faint colored line.

- **Negative:** Two colored lines appear adjacent to each other in the result window. This indicates that no drug above the cut-off level has been detected. The test line intensity may be any shade of pink and weaker or stronger than that of the control line. All five tests are independent of each other, it is not recommended to compare the results or color intensity of the test lines.
- **Positive:** Only one colored line appears in the control region (C). No test line appears in the test region (T). A positive result should not be considered conclusive and should be confirmed with a more specific alternative to chemical method such as GC/MS.
- **Invalid:** If no control line appears in the result window, the test should be considered void. Improper testing procedures, sample tampering or deterioration of reagents probably occurred.

\*\*\*One line on a **CLEAR WHITE** background is a **positive**.\*\*\*  
Two lines, **INCLUDING A VERY FAINT SECOND LINE**,  
is a **negative**.

## **IF YOU HAVE A POSITIVE TEST**

### **THE 2 QUESTIONS YOU MUST ASK:**

Remember a few things:

- (1) You are just the collector - you are NOT the all knowing
- (2) You have the use of the GC/MS confirmation and the Medical Review Officer(MRO), so if you are not sure of anything SEND specimen to them!

Begin with:

“Your test is not coming out the way we would like it. It is showing POSITIVE for \_\_\_\_\_ . You have 2 options.

- 1) IF you REFUSE (that is the new word REFUSE) to send this sample out for GC/MS confirmation (Lab), this sample will NOT be sent to the lab for confirmation. A REFUSAL is considered a positive test. You can then deal with your employee as your policy instructs. (Have them initial someplace (form/chain) that they REFUSED to send this specimen out for confirmation, so you have for your records) Example to write on your form.... REFUSED to send sample out for confirmation .... initials(employees). If they REFUSE to sign off, PLEASE take detailed notes of how the employee walked out. If this test is a random/post accident/reasonable please try to get the employee to send this sample out...always nice to have positive results on MRO letter head, BUT remember the employee does have the right to REFUSE.
- 2) Say that this test is wrong and you have the right to send specimen off to GC/MS confirmation (Lab). A MRO (a doctor who reviews this test and weighs the particles in your urine) will review your specimen. If this test is POSITIVE the MRO will call you (employee), and the results will go on a written document. You have the right to have this document sent to you and this document will go to your current employer as well. If this test is NEGATIVE the results will be sent to your current employer as a "negative" result.

Your call! Remember we are not here to catch people on drugs; we are here to keep each other SAFE.

- Medications will appear in the OPI, AMP, mAMP, BZO fields
- There is no such thing as being POSITIVE for second hand smoke
- Medications are VERY RARE for COC and THC
- BE POLITE!!!!!!!!!!!!

## **SENDING TO LAB/MRO** **URINE DRUG TEST**

- 1) Follow steps to fill out Chain of Custody – be sure to take your time – **Remember call us if you need us - especially if it's your first TIME**
- 2) Put **Container Seal** (be sure that it's initialed by the employee - it's on the bottom of the chain of custody - use either A or B - if you rip one, use the other) across the top of the collection cup/test....goes from one side of the cup, over the top, to the other side of the cup – have employee watch you.
- 3) Give employee **Donor Copy** (last page)
- 4) Put Collection Cup/Test in larger side of 2 sided **specimen bag** **YES the specimen bag has TWO sides**– small clear bag.
- 5) Put Copy 1 marked **Laboratory** in smaller side of specimen bag **DO NOT PUT paper work in FED EX bag**
- 6) **Seal Specimen Bag**
- 7) **Put specimen bag in protective box, then into FED EX overnight bag – you can put as many samples that will fit in box/bag – Put FED EX label on overnight bag ( top copy is yours) – call FED EX for pick up, or drop in over night box if one is near you**
- 8) You keep the rest of the forms and wait for results! They will be sent to your DER (designated employee representative), via email.

\*\*\*\*\* Please call S1-Safety 1<sup>st</sup> after your first test sent to MRO...we want to walk you through...just to be sure!!!!!!

\*\*\*\*\* You **CAN NOT** send a urine sample if (1) the temperature reading is below 90 degrees or above 100 degrees (2) If the specimen is below the required amount (3) **If they are unwilling to sign Chain of Custody.**

**If employee is unwilling to sign Chain of Custody – make note and send them on their way. Lab will not perform test without signature.**

**\*\*\*\*\* IF YOU SEND IN A SPECIMEN INCORRECTLY THE LAB FEE WILL BE A \$20 CHARGE. PLEASE TAKE YOUR TIME, IT'S EASY!!!!!!!!!!!!!!**

## Abundant Life Home Health Agency, LLC

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Category:	Human Resources	Number:	2.024.1
Subject:	Conflict of Interest		
Applies:	All Staff	Page:	1 of 2

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**Purpose:** To define examples of circumstances and relationships that would be conflict of interest.

**Policy:** The governing body, management personnel, and employee must refrain from taking part in or exerting influence in any transaction in which his/her own interests may conflict with the best interests of the Agency. The governing board reviews relationships with other entities carefully. These relationships must be within law and regulation. Exactly what constitutes a conflict of interest or an unethical business practice is both a moral and legal question The Agency recognizes and respects the individual employee's right to engage in activities outside his/her employment which are private in nature and do not in any way conflict with or reflect poorly on the Agency. Administration reserves the right, however, to determine when an employee's activities represent a conflict with the Agency's interests and to take whatever action is necessary to resolve the situation – including terminating the employee.

**Procedure:**

1. The list below suggests some of the types of activity that would reflect in a negative way on the employee's personal integrity or that would limit his/her ability to discharge job duties and responsibilities in an ethical manner.
  - A. Carrying on Agency business with a firm in which the employee, or a close relative of an employee, has substantial ownership or interest.
  - B. Holding a substantial interest in or participating in the management of a firm which the Agency makes sales from or from which it makes purchases.
  - C. Borrowing money from customer or firm other than recognized loan institutions from which the Agency buys services, materials, equipment or supplies. Borrowing money from patients or patient's family member also constitutes unethical conduct.
  - D. Accepting substantial gifts or excessive entertainment from an outside organization, agency or patient.
  - E. Speculating or dealing in materials, equipment, supplies, services or property purchased by the Agency.
  - F. Participating in civic or professional organization activities in a manner whereby confidential Agency information is divulged.
  - G. Misusing privileged information or revealing confidential data to outsiders.







If yes, please describe the purchased services or property and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

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5. Please indicate whether you or any of your affiliated persons had any direct or indirect interest in any business transaction(s) in the past year with a current or potential competitor of this agency.

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

If yes, describe the transaction(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

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6. Were you or any of your affiliated persons indebted to pay money to a competitor of Abundant Life Home Health Agency, LLC at any time in the past year (other than travel advances or the like)?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

If yes, please describe the indebtedness and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

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7. In the past year, did you or any of your affiliated persons receive, or become entitled to receive, directly or indirectly, any personal benefits from a competitor of Abundant Life Home Health Agency, LLC, that in the aggregate could be valued in excess of \$1,000, that were not or will not be compensation directly related to your duties?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

If yes, please describe the benefit(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

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8. Are you or any of your affiliated persons a party to or have an interest in any pending legal proceedings involving a competitor of Abundant Life Home Health Agency, LLC ?

\_\_\_\_\_YES                      \_\_\_\_\_NO

If yes, please describe the proceeding(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

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9. Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by Abundant Life Home Health Agency, LLC 's [board or a duly constituted committee thereof] in accordance with the terms and intent of Abundant Life Home Health Agency, LLC 's conflict of interest policy?

\_\_\_\_\_YES                      \_\_\_\_\_NO

If yes, please describe the situation(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

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## Abundant Life Home Health Agency, LLC

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Category: Human Resources Number: 2.025.1

Subject: Knowledge/Resource Center

Applies: All Staff Page: 1 of 1

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**Purpose:** To ensure that all staff has access to knowledge based resources as needed.

**Policy:** It is the policy of this company to ensure that all staff has access to knowledge base resources. The continuous education of the staff is a priority in promoting a quality care.

**Procedure:**

1. The agency will designate an area in the office where knowledge based materials will be kept. This area will be open to all staff members.
2. During the orientation process the new staff member will be oriented to the location and materials in the Resource Center.
3. At a minimal the following materials should be available in the resource center:
  - Policy and Procedure Manual
  - Job Descriptions
  - Nursing Procedures (as adopted in Policy 6.015.1)
  - ICD10 Coding
  - Drug Guide
  - Disaster Plan
  - Copy of the Orientation Manual
  - Past In service education materials
  - MSDS Book
  - Nursing Procedure Manual
  - State Regulations
  - Professional Practices Acts
  - Industry Publications (Nursing, PT, OT, ST, MSW, Journals)
  - Medical Dictionary
  - Clinical guidelines
  - Community Resources relevant to the care, treatment, or services the agency provides.

## Abundant Life Home Health Agency, LLC

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Category: Human Resources

Number: 2.026.1

Subject: Shift Length

Applies: Field Staff

Page: 1 of 1

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**Effective Date:** 04/29/2019

**Purpose:** To clearly define the shift lengths allowed for field staff providing patient care. The agency prioritizes patient safety, takes into consideration employee fatigue, and actively attempts to provide the best coverage possible.

### **Policy:**

#### **I. Policy**

1. The maximum shift length for patient care is 16 hours from start to end.
2. If an employee works a 16 hour shift, he or she must have at least 6 hours off-time before returning to work.
3. In the event of an emergency or other circumstance, the agency may authorize longer shifts. The agency must be notified as soon as possible.
4. The employee and the agency will evaluate potential patient/employee safety issues that arise from shift length on an employee case-by-case basis. The agency:
  - a. can restrict the length allowed for that employee or patient.
  - b. can restrict the number of hours employee may work in a week
  - c. must document rationale for restriction.
5. The agency may deviate from this policy, in accordance with law, in the event of special circumstances. The agency may evaluate on a case-by-case basis.

## Abundant Life Home Health Agency, LLC

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Category: Human Resources

Number: 2.027.1

Subject: Breaks

Applies: Field Staff

Page: 1 of 4

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**Effective Date:** 04/29/2019

**Purpose:** To define and outline agency break policy for private duty shifts, while simultaneously prioritizing patient care, employee safety, and employee morale, in accordance with evidence based practice and federal and state law.

**Policy:** The agency clearly defines the types of breaks allowed and disallowed for shift-work visits with patients. The agency does not allow guarantee bona fide meal breaks during these shift-work visits, but does allow paid rest and meal breaks where breaks do not interfere with duties or following Physician orders.

### Procedure

#### **I. Definitions**

1. Shift-work visit: For the purposes of this policy: Any block time for services outlined in Policy 1.002.1 that consists of one scheduled block of time, usually lasting 04-16 hours.
2. Employee: Any person employed by the agency in accordance with policy 2.003.2
3. PCG: (Patient Care Giver or Primary Care Giver): An authorized person ultimately responsible for the care of the patient, usually a parent, legal guardian, or family member of a patient who is incompetent to make decisions or unable to care for themselves. Pursuant to policy 3.001.1
4. Bona fide Break: Per U.S. Department of labor:  
*“Bona fide meal periods (typically 30 minutes or more) generally need not be compensated as work time. The employee must be completely relieved from duty for the purpose of eating regular meals. The employee is not relieved if he/she is required to perform any duties, whether active or inactive, while eating.”*



## Abundant Life Home Health Agency, LLC

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Category: Human Resources

Number: 2.027.1

Subject: Breaks

Applies: Field Staff

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5. Engaged to wait: A period of time in which an employee is waiting to perform duties, and is present, ready, and able to perform said duties.  
Per U.S. Department of Labor:  
*"... For example, a secretary who reads a book while waiting for dictation or a fireman who plays checkers while waiting for an alarm is working during such periods of inactivity. These employees have been "engaged to wait."*
6. Rest and Meal periods: Per U.S. Department of Labor:  
"Rest periods of short duration, usually 20 minutes or less, are common in industry (and promote the efficiency of the employee) and are customarily paid for as working time. These short periods must be counted as hours worked."  
During these periods, the employee must be "engaged to wait" and ready to perform duties of service at any time.
7. Fraud: see Agency Policy 1.014.1

## II. Procedure

1. In order to follow physician's orders and to provide ordered services, the employee must be present with a patient and ready to perform duties for service to be billable. If an employee leaves the patients location for any reason without the knowledge of management while providing a billable service and without a break in documentation and visit provided by this policy, this constitutes fraud per Agency Policy 1.014.1 Paragraph 3.
2. During these shifts, for reasons outlined in sect II 1, the agency does not and cannot offer bona fide breaks, where an employee cannot fulfill the duties outlined in the plan of care. The employee must be physically present during the shift and ready to perform duties.
  - a. For example, a nurse's patient is sleeping in bed. The nurse may not leave to drive to the store, even if PCG is present and willing to assume care.

## Abundant Life Home Health Agency, LLC

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Category: Human Resources

Number: 2.027.1

Subject: Breaks

Applies: Field Staff

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3. The agency does offer paid “breaks” during “engaged to wait” time. This must not interfere with patient care, and occur during “engaged to wait” time.
  - a. For example, a Home health aide’s patient is awake in a chair watching television. The HHA may eat a snack while waiting to provide care.
  - b. For example, a Nurse’s patient is awake in bed, receiving enteral feeding via GT pump. While the nurse monitors the patient per MD order, he or she may eat a meal.
4. In the event that the employee must leave the premises for emergency or other purpose:
  - a. A competent authorized person must assume care of the patient.
  - b. The employee must first obtain consent from management staff.
  - c. The original visit would end and services would stop.
  - d. If the employee returns, it would start a brand new separate visit with all responsibilities, (i.e. a new assessment, nurse note, etc).
5. The PCG may elect to refuse service for the duration of a bona-fide break. If the PCG is in agreement, he or she may take over care of the patient and allow a pre-determined bona-fide break to occur, where the employee may leave the premises.
  - a. This must be initiated by the PCG; employees cannot request this to the PCG or to the agency on behalf of the PCG
  - b. The PCG must provide to the agency, in writing, authorization for this to occur, including scheduled time, duration of time, and certification to refuse service during that time.
  - c. Agency management must pre-approve this action.
  - d. The visit would end, and upon arrival the employee must begin a new visit per sect. II 4 c-d.
  - e. The break time would be recorded as a missed visit via refusal of the patient.

## Abundant Life Home Health Agency, LLC

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Category: Human Resources

Number: 2.027.1

Subject: Breaks

Applies: Field Staff

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6. Transportation: In some circumstances, an employee is unable to be with the patient while being transported (i.e. school bus, other). The patient must be in the care of a competent authorized person, and the trips must be short in length (5 miles or less). Otherwise, the visit would stop, and resume a new visit when the employee resumes care of the patient per sec. II 4 d-e
7. The agency provides breacktime for nursing mothers per standards of the FLSA, provided under section 3. The employee must notify the agency with need for further accommodations, and coordinate with the agency.
8. The agency may deviate from this policy, in accordance with law, in the event of special circumstances. The agency may evaluate on a case-by-case basis. .

## Abundant Life Home Health Agency, LLC

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Category: Human Resources

Number: 2.028.1

Subject: Extra Shift Bonus (ESB)

Applies: Field Staff

Page: 1 of 5

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**Effective Date:** 06/24/2019

**Purpose:** The agency uses different methods to bolster staffing/coverage.

**Policy:** In order to improve staffing, the agency provides extra shift bonuses (ESB) as an incentive for employees working additional visits; the circumstances must meet criteria outlined in this policy. The agency offers ESB for qualifying cases for uncovered visits and call-outs/short term notice of non-coverage. ESB are subject to availability of open shifts.

### **I. Policy Definitions** (Definitions apply for this policy only)

1. Extra Shift Bonus: A bonus paid to an employee for working shifts additional to their regular work schedule.
2. From “Qualifying case”: A “case” refers to the services provided to a particular patient.
3. Short term notice of non-coverage: A circumstance where the agency and family receive less than 24 hours’ notice that a visit will not be staffed. (i.e. Nurse terminated, resigned, etc)

### **II. Criteria for ESB Qualification**

1. Employee qualification
  - A. The ESB shift must not count as overtime. At the time of the acceptance of the ESB Visit, the employee’s total hours for the week-including the ESB visit must be 40 hours or less.
  - B. The ESB shift must not be a regularly scheduled visit for the employee.

## Abundant Life Home Health Agency, LLC

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Category: Human Resources

Number: 2.028.1

Subject: Extra Shift Bonus (ESB)

Applies: Field Staff

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C. The employee is only eligible to receive the ESB 2 consecutive times for the same visit. If the employee accepts a visit for the third week in a row or accepts the shift as regularly scheduled, they will not be eligible for the ESB. The employee may, however, be eligible for the ESB on a different shift.

D. Any time after the employee accepts the ESB shift, they may still accept a visit that will incur overtime for that week, pursuant to overtime policy.

### 2. Case criteria.

The agency will determine on a case-by-case basis whether a case/visit is eligible for ESB. The ESB qualification will be determined by a number of factors, including but not limited to:

- A. Services provided
- B. Reimbursement rate
- C. Acuity of the patient
- D. Staffing coverage level/coverage history
- E. Cost Margins
- F. Overtime
- G. Number of ESB applied
- H. PRN staff acceptance
- I. Length of visit/shift

### 3. Callouts & Short term notice of non-coverage

A. In the event of a callout or short term notice of non-coverage, the agency may offer ESB to cover the visit. This will be determined on a case-by-case basis, and approved by the administrator.

### 4. Patient hospitalization/other leave

A. The agency offers ESB to staff who would otherwise not work when patient is unavailable, shift cancelled, or otherwise unavailable. In this event, staff who would have had regularly scheduled hours will be eligible for 3 ESB up to 40 hours in one week.

## **Abundant Life Home Health Agency, LLC**

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Category: Human Resources

Number: 2.028.1

Subject: Extra Shift Bonus (ESB)

Applies: Field Staff

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### **III. Scheduling**

1. Agency staff makes a reasonable effort to offer ESB visits to employees for qualifying shifts. At least weekly, a list of qualifying employees will be prepared and offered ESB visits-- This can be specific shifts, or the prospect of being eligible to receive ESB.
2. At any time, an ESB visit may be offered to the employee by any means of telephonic/electronic communication or in person. If agreement not in writing, a confirmation message will be sent to the employee subsequent to agreement. eRSP broadcasts are considered "in writing", and do not require confirmation messages.
3. Employees may opt out of receiving offers for ESB visits by notification to agency staff. Notification is required to start receiving offers for ESB visits.
4. ESB will be added to the shift to which it applies as an expense in eRSP at the time of scheduling.
5. Broadcast notes specific to ESB eligible employees will include ESB and bonus amount.

### **IV. Bonus amount and Payment**

1. The Bonus amount will be set forth by the agency and included in the offer to employee, not more than \$30.
2. Payment of the bonus will be included on the visit's respective payroll. It will be paid as a bonus.

## Abundant Life Home Health Agency, LLC

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Category: Human Resources

Number: 2.028.1

Subject: Extra Shift Bonus (ESB)

Applies: Field Staff

Page: 4 of 5

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3. ESB is separate from hourly wage; ESB do not impact hourly rate or number of hours per week. It will be subject to all applicable taxes.

### **V. Special circumstances and abuse protection:**

The agency may deviate from this policy, in accordance with law, in the event of special circumstances. The agency may evaluate on a case-by-case basis. ESB policy is used to supplement staffing, and therefore not to be used for shifts which would otherwise be covered.

### **VI. Documentation**

1. All ESB offers will be documented in respective employee and/or patient “Task & Notes” section. This can be a CC from an eRSP message. The tag “ESB” will be applied.
2. ESB Acceptances will be documented through the expenses applied to the shift.
3. If offer is sent via broadcast, no documentation in Task & Notes required.
4. Screenshots of text messages will be uploads to the attachments section.

### **VII. Reporting**

1. In order to evaluate the effects ESB, on the 10<sup>th</sup> of every calendar month starting 09/10/19, a report will be prepared listing the metrics of ESB visits for the previous month.
2. Regardless of preparation method, the following information will be reported: Number of offers per case/employee, Number of acceptances per case/employee, Total ESB expenditure per case/employee, and totals of the same.

## **Abundant Life Home Health Agency, LLC**

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Category: Human Resources

Number: 2.028.1

Subject: Extra Shift Bonus (ESB)

Applies: Field Staff

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### **VIII. Procedure**

1. Procedures regarding ESB will be outline in Agency's most recent "how to" form on the subject referencing this policy number.

### **IX. Expiration date**

1. This policy will expire on 12/31/2019, unless renewed. This policy can be renewed through an amendment with new expiration date, or repeal of this section.





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Category:	Human Resources	Number:	2.029.1
Subject:	Private Duty Nursing Staff On-Site Training		
Applies:	Nursing Field Staff	Page:	1 of 2

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**Purpose:** To define clear policy and procedure for the training/orientation of PDN nursing staff on a new assignment.

**Policy:** Due to the nature of medically complex patients, the agency ensures Nursing staff who are new to an assignment receive adequate training/orientation by another nurse who is experienced with the patient(s). This training will include patient care, equipment, and patient idiosyncrasies. The trainee will have an opportunity to witness care, demonstrate understanding of care, and have all questions/answered.

**General Definitions:**

1. Training shift: An orientation, usually lasting 2 hours, in which a trainer provides training and orientation to the patient to the trainee.
2. Trainer: A nursing staff member who will provide training. This Nursing staff member must have experience with the patient and deemed competent to provide training by agency management.
3. Trainee: A nursing staff member who will receive training. This staff member must have proper credentials to provide service to the patient.
4. Case: A long-term private duty patient.

**Procedure:**

- I. Training
  1. Before a Nurse can accept an assignment on a case, he or she must first complete a training shift.
  2. The training shift will be scheduled by agency management, with an appropriate trainer. The shift will be scheduled for 2 hours. The PCG on the case will also be notified of this training shift.
  3. The trainee will be paid per current agency standards. The trainee is not required to submit clinical documents, but required to record time per current policy.
  4. During the training shift, the trainer will orientate the trainee to all important aspects of patient care, routines, and idiosyncrasies (See attachment “Nurse/Patient in Home Training” form)
  5. The Trainer will fill out the form provided by agency, and indicate that training was provided.



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Category:	Human Resources	Number:	2.029.1
Subject:	Private Duty Nursing Staff On-Site Training		
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6. The trainee will have the opportunity to have all questions answered.
7. Both the Trainer and Trainee must sign the form.
8. The form will be added to both the trainee and the patient records.

#### II. Post training

1. If the trainee still has questions pertaining to patient care, he or she must contact Agency management to ensure all questions have been answered.
2. It is the responsibility of the trainer to report any belief of gross incompetence or impairment. He or she must do so within 24 hours of the training shift.

#### III. Exceptions

1. Abundant Life management may exempt any nurse or patient from training on a case by case basis. The responsible party will add a note to the Nurse's personnel file exempting training for that case.

## Abundant Life Home Health Agency, LLC

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Category: Human Resources

Number: 2.030.1

Subject: New Nurse Applicant Drawing

Applies: Applicant New Nurses

Page: 1 of 2

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### **Effective Date: 06/24/19**

**Purpose:** In an effort to improve staffing, Agency will offer a monthly drawing with a prize to all new nurses who apply to the agency. New nurses will be recruited in 3 ways simultaneously: Mail, email, and Facebook. The drawing will be posted on social media for further promotion.

### **Policy/Procedure**

1. Every new nurse who applies to the agency will have their name entered into a drawing for a \$100 gift card.
2. The drawing will be held on the 3<sup>rd</sup> Friday of the month for all applications from the previous month.
3. Will apply to new nurses (licensed 1 year or less at first, then as licensed)
4. Drawing in Lieu of other hire bonus—cannot be combined with other offers.
5. Information for drawing will be distributed via email, mail, and social media in marketing effort to new nurses.
6. New Nurse data will be retrieved as DOH updates database, or bi-weekly, and sent/updated as often.
7. Applicant must complete part 1 and part 2 of the application
8. Statistics kept: Number of qualifying applicants be tallied per month. Applications received via this method will be tagged “Facebook” to track overall recruitment.
9. Report will be prepared monthly and at policy expiration date to assess effectiveness.
10. Winner of prize will be announced every month, and posted to social media for further promotion/exposure. Winner will be asked to sign waiver for social media post, and asked to take picture if prize mailed.
11. Winner will have option to pick up prize from office or have it mailed.

**Abundant Life Home Health Agency, LLC**

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Category: Human Resources

Number: 2.030.1

Subject: New Nurse Applicant Drawing

Applies: Applicant New Nurses

Page: 2 of 2

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12. Expiration date: This policy will expire on 12/31/2019, unless renewed. This policy can be renewed through an amendment with new expiration date, or repeal of this section.

Category: Human Resources

Number: 2.031.1

Subject: COVID-19 Employee Leave

Applies: All Staff

Page: 1 of 4

---

## **SECTION 1 Policy Information**

### **Sec 1.I. Effective Date**

1.I.A. The effective date of this policy is 10/27/20

### **Sec 1.I. Tags**

1.I.A. Tags: HR.01.02.05 IC.02.03.01 EM.01.01.01

### **Sec 1.II. Purpose**

1.II.A. Purpose: To clarify sick-leave policy regarding COVID-19, and serves as an update from memorandum on 04/21/20

1.II.B. This policy clarifies and expounds Policy 2.003.6 Section C related to COVID-19

1.II.C. The agency follows current CDC guidelines related to COVID-19 sick-leave and return-to-work criteria, which supersedes any guidelines in this policy if outdated.

## **SECTION 1 Definitions**

### **Sec 1.I. COVID-19 Symptoms**

1.I.A. Per CDC, the following symptoms are associated with COVID-19:

1.I.A.1. Fever or chills

1.I.A.2. Cough

1.I.A.3. Shortness of breath or difficulty breathing

1.I.A.4. Fatigue

1.I.A.5. Muscle or body aches

1.I.A.6. Headache

1.I.A.7. New loss of taste or smell

## Abundant Life Home Health Agency, LLC

---

Category: Human Resources

Number: 2.031.1

Subject: COVID-19 Employee Leave

Applies: All Staff

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---

1.I.A.8. Sore throat

1.I.A.9. Congestion or runny nose

1.I.A.10. Nausea or vomiting

1.I.A.11. Diarrhea

### **Sec 1.II. Definitions**

1.II.A. HCP:

1.II.A.1. Health Care Personnel

## **SECTION 2 Policy**

### **Sec 2.I. Employee Leave**

2.I.A. Any employee who develops COVID-19 symptoms must notify supervisory staff.

2.I.B. If symptoms develop while providing care, staff must notify family and supervisory staff immediately. Staff should maintain precautions and leave as soon as possible. The agency will coordinate with families/staff to relieve staff.

2.I.C. Direct care staff are not permitted to have contact with patients until return to work requirements are satisfied as below.

2.I.D. Staff will receive paid-leave pursuant to Families First Coronavirus Response Act (U.S. Department of Labor, 2020)

### **Sec 2.II. Testing**

2.II.A. Any employee taking leave for COVID-19 must self-quarantine and seek testing.

2.II.B. Link to list of testing sites: <https://www.floridadisaster.org/covid19/testing-sites/>

2.II.C. If the test result is negative, staff may return to work.

Category: Human Resources

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2.II.D. If the test result is positive, staff must meet the criteria outlined in Sec 2.III. below to return to work.

**Sec 2.III. Return to Work: Symptom-Based Strategy**

2.III.A. All return to work criteria follow current CDC guidelines (Centers for Disease Control and Prevention, 2020) . The CDC symptom based strategy is based on illness acuity, staff immunity, and last symptoms.

2.III.B. HCP who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

2.III.C. Per CDC guidelines, the agency does not require a physician's note to return to work.

2.III.D. HCP with mild to moderate illness who are not severely immunocompromised:

2.III.D.1. At least 10 days have passed since symptoms first appeared  
**and**

2.III.D.2. At least 24 hours have passed since last fever without the use of fever-reducing medications **and**

2.III.D.3. Symptoms (e.g., cough, shortness of breath) have improved

2.III.E. HCP with severe to critical illness or who are severely immunocompromised:

2.III.E.1. At least 10 days and up to 20 days have passed since symptoms first appeared

2.III.E.2. At least 24 hours have passed since last fever without the use of fever-reducing medications **and**

2.III.E.3. Symptoms (e.g., cough, shortness of breath) have improved

2.III.E.4. Consider consultation with infection control experts

**Abundant Life Home Health Agency, LLC**

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Category: Human Resources

Number: 2.031.1

Subject: COVID-19 Employee Leave

Applies: All Staff

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**SECTION 3 References & Attachments**

**Sec 3.I. References**

Centers for Disease Control and Prevention *Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance) (see attached)*

U.S. Department of Labor *Families First Coronavirus Response Act: Employee Paid Leave Rights (see attached)*

**Sec 3.II. Attachments**

3.II.A. Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance)

3.II.B. Families First Coronavirus Response Act: Employee Paid Leave Rights



# Coronavirus Disease 2019 (COVID-19)

[MENU >](#)

## Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection (Interim Guidance) Return-to-Work Criteria

Updated Aug. 10, 2020

[Print](#)

### Summary of Recent Changes as of August 10, 2020

Summary of Recent Changes as of August 10, 2020 to more closely align guidance with [Decision Memo](#):

- For HCP with [severe to critical illness](#) or who are severely immunocompromised<sup>1</sup>, the recommended duration for work exclusion was changed to at least 10 days and up to 20 days after symptom onset.
- Recommendation to consider consultation with infection control experts.
- Added example applying disease severity in determining duration before return to work.
- Added hematopoietic stem cell or solid organ transplant to severely immunocompromised conditions.

**CDC guidance for SARS-CoV-2 infection may be adapted by state and local health departments to respond to rapidly changing local circumstances.**

**Who this is for:** Occupational health programs and public health officials making decisions about return to work for healthcare personnel (HCP) with confirmed SARS-CoV-2 infection, or who have suspected SARS-CoV-2 infection (e.g., developed [symptoms of COVID-19](#)) **but were never tested for SARS-CoV-2.**

HCP with symptoms of COVID-19 should be prioritized for viral testing with approved nucleic acid or antigen detection assays. When a clinician decides that testing a person for SARS-CoV-2 is indicated, [negative results](#) from at least one FDA Emergency Use Authorized COVID-19 molecular viral assay for detection of SARS-CoV-2 RNA indicates that the person most likely does not have an active SARS-CoV-2 infection at the time the sample was collected. A second test for SARS-CoV-2 RNA may be performed at the discretion of the evaluating healthcare provider, particularly when a higher level of clinical suspicion for SARS-CoV-2 infection exists. For HCP who were suspected of having COVID-19 and had it ruled out, either with at least one negative test or a clinical decision that COVID-19 is not suspected and testing is not indicated, then return to work decisions should be based on their other suspected or confirmed diagnoses.

Decisions about return to work for HCP with SARS-CoV-2 infection should be made in the context of local circumstances. In general, a symptom-based strategy should be used as described below. The time period used depends on the HCP's severity of illness and if they are severely immunocompromised.<sup>1</sup>

**A test-based strategy is no longer recommended (except as noted below) because, in the majority of cases, it results in excluding from work HCP who continue to shed detectable SARS-CoV-2 RNA but are no longer infectious.**

#### Other Resources:

For guidance about assessment of risk and application of work restrictions for asymptomatic HCP with potential exposure to patients, visitors, or other HCP with confirmed COVID-19, refer to the [Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#).

## Return to Work Criteria for HCP with SARS-CoV-2 Infection

## RETURN TO WORK CRITERIA FOR HCP WITH SARS-CoV-2 INFECTION

### Symptom-based strategy for determining when HCP can return to work.

*HCP with mild to moderate illness who are not severely immunocompromised:*

- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

**Note:** HCP who are **not severely immunocompromised** and were **asymptomatic** throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test.

*HCP with severe to critical illness or who are severely immunocompromised<sup>1</sup>:*

- At least 10 days and up to 20 days have passed *since symptoms first appeared*
- At least 24 hours have passed *since last* fever without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts

**Note:** HCP who are **severely immunocompromised** but who were **asymptomatic** throughout their infection may return to work when at least 10 days and up to 20 days have passed since the date of their first positive viral diagnostic test.

As described in the [Decision Memo](#), an estimated 95% of severely or critically ill patients, including some with severe immunocompromise, no longer had replication-competent virus 15 days after onset of symptoms; no patient had replication-competent virus more than 20 days after onset of symptoms. The exact criteria that determine which HCP will shed replication-competent virus for longer periods are not known. Disease severity factors and the presence of immunocompromising conditions should be considered in determining the appropriate duration for specific HCP. For example, HCP with characteristics of severe illness may be most appropriately managed with at least 15 days before return to work.

### Test-Based Strategy for Determining when HCP Can Return to Work.

In some instances, a test-based strategy could be considered to allow HCP to return to work earlier than if the symptom-based strategy were used. However, as described in the [Decision Memo](#), many individuals will have prolonged viral shedding, limiting the utility of this approach. A test-based strategy could also be considered for some HCP (e.g., those who are severely immunocompromised<sup>1</sup>) in consultation with local infectious diseases experts if concerns exist for the HCP being infectious for more than 20 days.

The criteria for the test-based strategy are:

*HCP who are symptomatic:*

- Resolution of fever without the use of fever-reducing medications **and**
- Improvement in symptoms (e.g., cough, shortness of breath), **and**
- Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

*HCP who are not symptomatic:*

- Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA. See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus \(2019-nCoV\)](#).

## Return to Work Practices and Work Restrictions

After returning to work, HCP should:

- Wear a facemask for source control at all times while in the healthcare facility until all symptoms are completely resolved or at baseline. A facemask instead of a cloth face covering should be used by these HCP for source control during this time period while in the facility. After this time period, these HCP should revert to their facility policy regarding [universal source control](#) during the pandemic.
  - A facemask for source control does not replace the need to wear an N95 or equivalent or higher-level respirator (or other recommended PPE) when indicated, including when caring for patients with suspected or confirmed SARS-CoV-2 infection.
- Self-monitor for symptoms, and seek re-evaluation from occupational health if symptoms recur or worsen.

## Strategies to Mitigate Healthcare Personnel Staffing Shortages

Maintaining appropriate staffing in healthcare facilities is essential to providing a safe work environment for HCP and safe patient care. As the COVID-19 pandemic progresses, staffing shortages will likely occur due to HCP exposures, illness, or need to care for family members at home. Healthcare facilities must be prepared for potential staffing shortages and have plans and processes in place to mitigate them, including considerations for permitting HCP to return to work without meeting all return to work criteria above. Refer to the [Strategies to Mitigate Healthcare Personnel Staffing Shortages](#) document for information.

### Definitions

**Cloth face covering:** Textile (cloth) covers are intended to keep the person wearing one from spreading respiratory secretions when talking, sneezing, or coughing. **They are not PPE, and it is uncertain whether cloth face coverings protect the wearer.** CDC has guidance available on [design, use, and maintenance of cloth face coverings](#).

**Facemask:** Facemasks are PPE and are often referred to as surgical masks or procedure masks. Use facemasks according to product labeling and local, state, and federal requirements. FDA-cleared surgical masks are designed to protect against splashes and sprays and are prioritized for use when such exposures are anticipated, including surgical procedures. Facemasks that are not regulated by FDA, such as some procedure masks, which are typically used for isolation purposes, may not provide protection against splashes and sprays.

**Respirator:** A respirator is a personal protective device that is worn on the face, covers at least the nose and mouth, and is used to reduce the wearer's risk of inhaling hazardous airborne particles (including dust particles and infectious agents), gases, or vapors. Respirators are certified by the CDC/NIOSH, including those intended for use in healthcare.

**SARS-CoV-2 Illness Severity Criteria** (adapted from the [NIH COVID-19 Treatment Guidelines](#) [↗](#)):

Note: The studies used to inform this guidance did not clearly define "severe" or "critical" illness. This guidance has taken a conservative approach to define these categories. Although not developed to inform decisions about when HCP with SARS-CoV-2 infection may return to work, the definitions in the [National Institutes of Health \(NIH\) COVID-19 Treatment Guidelines](#) [↗](#) are one option for defining severity of illness categories. The highest level of illness severity experienced by the HCP at any point in their clinical course should be used when determining when they may return to work.

**Mild Illness:** Individuals who have any of the various signs and symptoms of COVID 19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

**Moderate Illness:** Individuals who have evidence of lower respiratory disease by clinical assessment or imaging and a saturation of oxygen (SpO<sub>2</sub>) ≥94% on room air at sea level.

**Severe Illness:** Individuals who have respiratory frequency >30 breaths per minute, SpO<sub>2</sub> <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO<sub>2</sub>/FiO<sub>2</sub>) <300 mmHg, or lung infiltrates >50%.

**Critical Illness:** Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

## Footnotes

<sup>1</sup>The studies used to inform this guidance did not clearly define “severely immunocompromised”. For the purposes of this guidance, CDC used the following definition that was created to more generally address HCP occupational exposures.

- Some conditions, such as being on chemotherapy for cancer, being within one year out from receiving a hematopoietic stem cell or solid organ transplant, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and require actions such as lengthening the duration of HCP work restrictions.
- Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect occupational health actions to prevent disease transmission.
- Ultimately, the degree of immunocompromise for HCP is determined by the treating provider, and preventive actions are tailored to each individual and situation.

Last Updated Aug. 10, 2020



## Wage and Hour Division

# Families First Coronavirus Response Act: Employee Paid Leave Rights

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19. The Department of Labor's (Department) Wage and Hour Division (WHD) administers and enforces the new law's paid leave requirements. These provisions will apply from the effective date through December 31, 2020.

Generally, the Act provides that employees of covered employers are eligible for:

- *Two weeks (up to 80 hours) of **paid sick leave** at the employee's regular rate of pay* where the employee is unable to work because the employee is quarantined (pursuant to Federal, State, or local government order or advice of a health care provider), and/or experiencing COVID-19 symptoms and seeking a medical diagnosis; or
- *Two weeks (up to 80 hours) of **paid sick leave** at two-thirds the employee's regular rate of pay* because the employee is unable to work because of a bona fide need to care for an individual subject to quarantine (pursuant to Federal, State, or local government order or advice of a health care provider), or to care for a child (under 18 years of age) whose school or child care provider is closed or unavailable for reasons related to COVID-19, and/or the employee is experiencing a substantially similar condition as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of the Treasury and Labor; and
- *Up to an additional 10 weeks of **paid expanded family and medical leave** at two-thirds the employee's regular rate of pay* where an employee, who has been employed for at least 30 calendar days, is unable to work due to a bona fide need for leave to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19.

**Covered Employers:** The paid sick leave and expanded family and medical leave provisions of the FFCRA apply to certain public employers, and private employers with fewer than 500 employees.<sup>[1]</sup> Most employees of the federal government are covered by Title II of the Family and Medical Leave Act, which was not amended by this Act, and are therefore not covered by the expanded family and medical leave provisions of the FFCRA. However, federal employees covered by Title II of the Family and Medical Leave Act are covered by the paid sick leave provision.

Small businesses with fewer than 50 employees may qualify for exemption from the requirement to provide leave due to school closings or child care unavailability if the leave requirements would jeopardize the viability of the business as a going concern.

**Eligible Employees:** *All employees* of covered employers are eligible for two weeks of paid sick time for specified reasons related to COVID-19. *Employees employed for at least 30 days* are eligible for up to an additional 10 weeks of paid family leave to care for a child under certain circumstances related to COVID-19.<sup>[2]</sup>

**Notice:** Where leave is foreseeable, an employee should provide notice of leave to the employer as is practicable. After the first workday of paid sick time, an employer may require employees to follow reasonable notice procedures in order to continue receiving paid sick time.

### **Qualifying Reasons for Leave:**

Under the FFCRA, an employee qualifies for paid sick time if the employee is unable to work (**or unable to telework**) due to a need for leave because the employee:

is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;



has been advised by a health care provider to self-quarantine related to COVID-19;

is experiencing COVID-19 symptoms and is seeking a medical diagnosis;

is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);

is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or

is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Under the FFCRA, an employee qualifies for expanded family leave if the employee is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19.

#### **Duration of Leave:**

**For reasons (1)-(4) and (6):** A full-time employee is eligible for 80 hours of leave, and a part-time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.

**For reason (5):** A full-time employee is eligible for up to 12 weeks of leave (two weeks of paid sick leave followed by up to 10 weeks of paid expanded family & medical leave) at 40 hours a week, and a part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

#### **Calculation of Pay:**<sup>[3]</sup>

**For leave reasons (1), (2), or (3):** employees taking leave are entitled to pay at either their regular rate or the applicable minimum wage, whichever is higher, up to \$511 per day and \$5,110 in the aggregate (over a 2-week period).

**For leave reasons (4) or (6):** employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$2,000 in the aggregate (over a 2-week period).

**For leave reason (5):** employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$12,000 in the aggregate (over a 12-week period). <sup>[4]</sup>

[1] Certain provisions may not apply to certain employers with fewer than 50 employees. See Department FFCRA regulations (expected April 2020).

[2] Under the Act, special rules apply for Health Care Providers and Emergency Responders.

[3] Paid sick time provided under this Act does not carryover from one year to the next. Employees are not entitled to reimbursement for unused leave upon termination, resignation, retirement, or other separation from employment.

[4] An employee may elect to substitute any accrued vacation leave, personal leave, or medical or sick leave for the first two weeks of partial paid leave under this section.

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**Wage and Hour Division**

An agency within the U.S.  
Department of Labor

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Category: Human Resources

Number: 2.032.1

Subject: Nurse of the Month and Year

Applies: All Nurses

Page: 1 of 2

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## **SECTION 1 Policy Information**

### **Sec 1.I. Effective Date**

1.I.A. The effective date of this policy is 01/01/2021.

### **Sec 1.II. Purpose**

1.II.A. Purpose: The purpose of this program is to recognize employees who provide service for patients in Abundant Life in an exceptional manner by exemplifying outstanding service through his or her work and exhibiting a positive and supportive attitude.

## **SECTION 2 Eligibility**

### **Sec 2.I. Eligibility**

2.I.A. All full or part-time employees are eligible.

## **SECTION 3 Policy**

### **Sec 3.I. Policy**

3.I.A. Any PCG, co-worker, supervisor or employee of Abundant Life can nominate for the Nurse of the Month. The employee nominated must exemplify the core values of the company (I-CARE) Integrity, Compassion, Accountability, Respect and Excellence.

3.I.B. The judging committee will include the following:

3.I.B.1. Human Resource Director

3.I.B.2. Director of Nursing

3.I.B.3. Administrator or Alternate Administrator

3.I.C. Monthly an employee will be selected as “Nurse of the Month”. Announcements will be made every 3<sup>rd</sup> Monday of the Month.



## **Abundant Life Home Health Agency, LLC**

---

Category: Human Resources

Number: 2.032.1

Subject: Nurse of the Month and Year

Applies: All Nurses

Page: 2 of 2

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3.I.D. Winner will be featured in the publication/blog/newsletter “Compassion Today”.

3.I.E. Winner will fill out the nurse of the month interview and consent form.

3.I.E.1. By signing the form, the individual gives consent to Abundant Life Home Health Agency, LLC to use the information and photo submitted.

3.I.E.2. This authorization shall extend only to the publication/blog/newsletter known as Compassion Today, including all further or new editions, reprints, advertisements, publicity, and/or promotions thereof.

3.I.F. From the monthly winners the “Nurse of the Year” will be selected.

3.I.G. Nurse of the Monthly winner will be awarded with a \$50 gift card and a certificate of appreciation.

3.I.H. Nurse of the Year winner will receive an award valued at no less than \$100 and a certificate of appreciation.

## **SECTION 4 References**

### **Sec 4.I. Attachments**

4.I.A. Nurse of the Month nomination form



# Abundant Life Home Health Agency

*"Raising the Standards in Home Health"*

## Nurse of the Month Nomination Form

Date Today \*



Date

I would like to  
nominate \*

  
First Name  
Last Name

Your Name

  
First Name  
Last Name

Please give specific  
examples or reasons  
for nomination: \*

Submit



# Abundant Life Home Health Agency

*"Raising the Standards in Home Health"*

## Nurse of the Month Interview

Congratulations on being the Nurse of the Month. Your hard work and dedication to providing exceptional service for your patient do not go unnoticed. From your Abundant Life Family thank you for all that you do!

We would like to take this opportunity to get to know you more and use this information for you to be featured on our publication/blog/newsletter "Compassion Today". You can give as little or as much information about yourself.

### Your Name

First Name

Last Name

### Why did you choose to become a nurse?

### How long have you been working as a nurse?

### How long have you been working in Abundant Life?

### What is it that you like most about working for Abundant Life?

Anything else you would like us to mention About you?

Type here...

Please upload a photo you would like us to use for the blog.

**Browse Files**  
Drag and drop files here

By signing below I give consent to Abundant Life Home Health Agency, LLC to use the information and photo I submitted above. This authorization shall extend only to the publication/blog/newsletter known as Compassion Today, including all further or new editions, reprints, advertisements, publicity, and/or promotions thereof.

Signature

Clear

Submit



Category: Human Resources

Number: 2.033.1

Subject: \$500 Sign-on Bonus

Applies: New Nurses

Page: 1 of 2

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## **SECTION 1 Policy Information**

### **Sec 1.I. Effective Date**

1.I.A. The effective date of this policy is 10/01/2020.

### **Sec 1.II. Purpose**

1.II.A. Purpose: The purpose of this policy is to outline the requirements a new nurse must meet to receive the sign-on bonus. The sole objective of this policy is to improve staffing. The sign-on bonus is a non-recurring and non-accumulating sum of money.

## **SECTION 2 Eligibility**

### **Sec 2.I. Eligibility**

2.I.A. New nurse must be hired as a full-time employee. Working for 30+ hours a week.

## **SECTION 3 Policy**

### **Sec 3.I. Policy**

3.I.A. Upon the determination of the eligible employees and prior to the payment of the sign-on bonus, the employee must sign the agreement to assure understanding to the stipulations therein:

3.I.A.1. The first payment of \$100 will be made after 30 days of employment. The next subsequent payment of \$200 will be made upon completion of 60 days and another \$200 after 6 months of satisfactory and above service.

3.I.A.2. Full time status must be maintained.

3.I.A.3. The subsequent payments are forfeited if the employee is no longer in the position to which hired of their performance is not satisfactory.

3.I.B. The amount of the sign-on bonus will not exceed \$500.

3.I.C. Sign-on bonus will be paid within the first year of employment.

**Abundant Life Home Health Agency, LLC**

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Category: Human Resources

Number: 2.033.1

Subject: \$500 Sign-on Bonus

Applies: New Nurses

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3.I.D. Human Resources Director will give a quarterly report of sign-on bonus given out.

**SECTION 4 References**

**Sec 4.I. Attachments**

4.I.A. Sign-On Bonus Agreement



**Abundant Life Home Health Agency, LLC**

“Raising the Standards in Home Health”

28050 US Hwy 19 N, Ste 205, Clearwater, FL, 33761

Office: 727-286-8916 • Fax: 727-724-1201

**SIGN-ON BONUS AGREEMENT**

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Total Bonus Agreement: \$500

Manager Name: \_\_\_\_\_

The first payment of \$100 will be made after 30 days of employment. The next subsequent payment of \$200 will be made upon completion of 60 days and another \$200 after 6 months of satisfactory and above service. The employee understands that the sign-on bonus is forfeited if the employee fails to report to work. The subsequent payments are forfeited if the employee is no longer in the position to which hired of their performance is not satisfactory. The employee understands and agrees to these terms and conditions:

I agree to the above terms and agreement. I have had the opportunity to ask questions and have my questions answered

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Administrative Signature: \_\_\_\_\_

Category: Human Resources

Number: 2.034.1

Subject: Good Catch Program

Applies: All Nurses

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## **SECTION 1 Policy Information**

### **Sec 1.I. Effective Date**

1.I.A. The effective date of this policy is 01/01/2022

### **Sec 1.II. Purpose**

1.II.A. Purpose: In an effort to promote a culture of patient safety, the aim of this program is to increase near miss reporting, with a focus on medication errors. This program allows us to recognize those individuals who prevented an event from reaching the patient.

## **SECTION 2 Eligibility**

### **Sec 2.I. Eligibility**

2.I.A. All employees

## **SECTION 3 Policy**

### **Sec 3.I. Policy**

3.I.A. At the end of every month, we will run a report of all names submitted for good catch. From all reports received an employee will be selected as an “All Star” and will be awarded with a \$25 gift card and a certificate of recognition. Criteria for this award are the following:

3.I.A.1. Administrator or alternate Administrator and Director of Nursing will be the committee to select the recipient for the award. Criteria will be as follows:

- i. Employee prevented serious harm from occurring to a patient.
- ii. Employee chooses to protect a patient from harm even though it requires them to step out of their normal role and comfort zone.
- iii. Employee reports substantive missing/incorrect clinical information in Plan of Care, Medication Profile, or other documents.



**Abundant Life Home Health Agency, LLC**

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Category: Human Resources

Number: 2.034.1

Subject: Good Catch Program

Applies: All Nurses

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3.I.B. Annually an employee will be honored (from all the All-Star recipients) as the “Most Valuable Player of the Year” and will be awarded with a \$50 gift card and a certificate of appreciation.

Category: Human Resources

Number: 2.034.2

Subject: Employee Initial/Annual Training

Applies: All Nurses

Page: 1 of 2

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## **SECTION 1 Policy Information**

### **Sec 1.I. Effective Date**

**Sec 1.II.** January 27, 2023

### **Sec 1.III. Purpose**

1.III.A. The purpose of this policy is to ensure that nurses have the necessary skills and knowledge to perform their duties and responsibilities in excellence. These trainings are necessary to ensure that all nurses are following the agency's policy and procedures.

### **Sec 1.IV. Policy**

1.IV.A. New hire employees will take the training upon hiring.

1.IV.B. All current nurses working for the agency will need to take the annual employee training that will be sent out March of each year.

1.IV.B.1. All nurses taking the annual training will be paid by their training wage as soon as they have completed the training.

1.IV.B.2. Training must be completed within a month from the day the training was sent.

1.IV.B.3. Nurses that fail or refuse to complete the annual training will not be able to continue providing services for the agency.

1.IV.C.

## **SECTION 2 Training**

### **Sec 2.I. Format**

2.I.A. The training is divided into seven courses.

2.I.A.1. Abuse, Neglect & Exploitation

2.I.A.2. Fraud, Waste & Abuse

## Abundant Life Home Health Agency, LLC

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Category: Human Resources

Number: 2.034.2

Subject: Employee Initial/Annual Training

Applies: All Nurses

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- 2.I.A.3. Cultural Competency
- 2.I.A.4. Health Insurance Portability and Accountability Act
- 2.I.A.5. Hand Hygiene
- 2.I.A.6. Infection Control
- 2.I.A.7. Emergency Preparedness
- 2.I.B. Instructions to completing the training.
  - 2.I.B.1. Review each training course.
  - 2.I.B.2. Nurses will take an assessment test. There are 5 questions per course except the Emergency Preparedness. Nurses must have 3 out of 5 answers correct.
  - 2.I.B.3. After completing all trainings, Nurses will need to acknowledge that they read and understood all the educational materials and completed the training.

### **SECTION 3 References**

#### **Sec 3.I. Academic Sources**

- 3.I.A. CMS Centers for Medicare & Medicaid Services, Retrieved October 5, 2022, from <https://www.cms.gov/Outreach-and-Education/MLN/WBT/MedicareFraudandAbuse/FraudandAbuse/story.html>
- 3.I.B. Florida Department of Children and Families, Retrieved September 2017, from [chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://mealsoflove.org/wp-content/uploads/2020/04/APS\\_Training\\_for\\_Professionals.pdf](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://mealsoflove.org/wp-content/uploads/2020/04/APS_Training_for_Professionals.pdf)
- 3.I.C. Aetna, Retrieved October 2022, from <https://www.aetnabetterhealth.com/michigan/providers/training/cultural-competency>
- 3.I.D. CDC Centers for Disease Control and Prevention, Retrieved January 2023, from <https://www.cdc.gov/publications/index.html>

## **SECTION 1 Policy Information**

### **Sec 1.I. Effective Date**

1.I.A. The effective date of this policy is 01/01/23

### **Sec 1.II. Purpose**

1.II.A. Purpose: Abundant Life Home Health Agency's remote work policy outlines the expectations for employees who are granted short term/ temporary permission to work at a location other than the office.

### **Sec 1.III. Scope**

1.III.A. This policy applies to all office staff that are in management/ supervisor roles. All applicable employees are expected to abide by these guidelines when engaged in work activities at any non-office location.

## **SECTION 2 Eligibility Requirements**

- i. Employees must have a minimum of six months in their current position.
- ii. Must have prior approval from their direct supervisor/manager.
- iii. Must have home internet connection.
- iv. Zoom will be added to the laptop for video conferencing.
- v. Personal internet connection and personal cell phone is the employee's responsibility and will not be reimbursed by Abundant Life HHA.

## **SECTION 3 Acceptable Remote Circumstances**

3.I.A. The employee may be approved for short term/ temporary remote work for circumstances such as:

- i. special projects
- ii. inclement weather
- iii. illness
- iv. appointments during the workday
- v. personal emergencies

Category: Human Resources

Number: 2.035.1

Subject: Short Term/ Temporary Remote Work

Applies: All Office Staff

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#### **SECTION 4 Standard Office Practices**

4.I.A. In addition to adhering to the terms and conditions of the remote worry policy, remote employees must comply with all rules and protocols in the employee handbook, including attendance, code of conduct, confidentiality, PTO, and data privacy and security.

#### **SECTION 5 Work Schedule and Availability**

5.I.A. Remote employees must be available and engaged in work activities during the routine workday. Employees are expected to work their normally scheduled hours- unless an alternate schedule is approved by the supervisor/management.

5.I.B. Working from home is not designated as a substitute for child, elder, or other dependent care, and if you have caretaking responsibilities you must make appropriate arrangements for your dependents to be supervised away from the work area during work hours.

#### **SECTION 6 Productivity**

6.I.A. If the supervisor/ manager does not believe productivity is being met, the employee will lose the remote work opportunity and return to their normal work location.

#### **SECTION 7 Communication**

7.I.A. Remote employees must be available via Zoom or phone during their designated work hours and must be able to respond to emails within 1 hour. Remote employees are expected to attend all mandatory company meetings and regularly check in with their coworkers and supervisor.

Category: Human Resources

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Subject: Short Term/ Temporary Remote Work

Applies: All Office Staff

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## **SECTION 8 Equipment**

8.I.A. Abundant Life HHA will provide remote employees with the appropriate equipment and technology (including hardware and software) to effectively complete their duties. The equipment provided will be based on each employee's individual role and responsibilities. Remote employees are to use this equipment for business purposes only and are expected to take appropriate steps to keep the equipment safe.

## **SECTION 9 Security**

9.I.A. Remote employees must abide by the company's security policies as applicable. Employees should take the appropriate steps to minimize exposure to cybersecurity risks and protect confidential and proprietary data.

## **SECTION 10 Compliance**

10.I.A. Any non-compliance with this agreement may result in modification or termination of the employees' privileges to work from home.

10.I.B. Each request will be reviewed on an individual basis. The supervisor/ manager will consider a variety of factors, including but not limited to the employee's amount of daily interaction with external sources (ie: physician offices, insurance companies, patients), the employee's technical capabilities, any hardship on other coworkers, the employee's job performance, and the employee's ability to work independently. Abundant Life HHA does not guarantee that remote work request will be granted.

Category: Human Resources

Number: 2.036.1

Subject: Paid Time Off

Applies: Office Staff

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## **SECTION 1 Policy Information**

### **Sec 1.I. Effective Date**

1.I.A. The effective date of this policy is 01/01/2023.

### **Sec 1.II. Purpose**

1.II.A. Purpose: To offer office employees the flexibility needed to use time off to meet personal needs, while recognizing their individual responsibility to manage their own paid time off.

## **SECTION 2 Policy**

### **Sec 2.I. Policy**

2.I.A. Paid time off (PTO) combines sick days, vacation days, and personal days for office employees to use as they want, need or desire. Whenever an employee needs or wants to take time off, the PTO policy allows them to use several times as paid hours.

2.I.B. Any unused PTO does not carry over but will be paid at the end of the year.

2.I.C. Holidays are not included in PTO therefore any days that the office is closed for the holidays does not count as PTO and floating holidays will not count as PTO either.

### **Sec 2.II. Eligibility**

2.II.A. Only office employees are eligible to receive PTO.

- i. Full-time employees: anyone working 40 hours/week, or more is eligible for PTO based on their years of service.

### **Sec 2.III. Notice to Management**

2.III.A. Employees at Abundant Life Home Health Agency are solely responsible for accurately reporting their PTO to the HR manager. Any large scheduling absences must be discussed with the Administrator/DON at least three weeks in advance. For emergencies and unexpected events, the employee must alert the HR manager immediately that they are taking a PTO day.

## **Abundant Life Home Health Agency, LLC**

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Category: Human Resources

Number: 2.036.1

Subject: Paid Time Off

Applies: Office Staff

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### **Sec 2.IV. Reporting of PTO**

2.IV.A. Employees must use the paid time off report with HR to report their PTO leave. The form helps keep both the employee and employer in compliance with state laws.

### **Sec 2.V. Max PTO and Carry Over**

2.V.A. PTO does not carry over year after year, therefore employees must use their available PTO time before the end of the year. Any unused PTO will be paid out in full on the last paycheck of the calendar year.

2.V.B. When an employee reaches their max number of PTO days, they do not accrue more days but can use their Compensatory Time Off “Comp Time”.

### **Sec 2.VI. Termination**

2.VI.A. When an employee is terminated, all their PTO time accrued will be paid out.

## **SECTION 3 Attachments**

3.I.A. Employee Paid Time Off Request Form



Category: Human Resources

Number: 2.036.2

Subject: Paid Time Off

Applies: Field Nurses

Page: 1 of 2

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## **SECTION 1 Policy Information**

### **Sec 1.I. Effective Date**

1.I.A. January 1, 2024

## **SECTION 2 Policy**

### **Sec 2.I. Policy**

2.I.A. This benefit is offered to field nurses who are scheduled for a minimum of 30 hours per week.

2.I.A.1. Years of service:

- a. *1 year - 3 years of service = 2hrs/quarter (8hrs/year)*
- b. *4 years – 7 years of service = 3hrs/ quarter (12hrs/year)*
- c. *7 years plus years of service = 4hrs/ quarter (16hrs/year)*

2.I.B. Any unused PTO does not carry over but will be paid on the last paycheck of the calendar year.

### **Sec 2.II. Eligibility**

2.II.A. Filed staff must be a full-time employee with 12 months of consecutive full-time employment to be eligible to receive PTO benefits.

2.II.B. PTO will start to accrue on the 1<sup>st</sup> day of the 13<sup>th</sup> month of full-time employment.

2.II.C. PTO will reset as of the 1<sup>st</sup> of January annually.

### **Sec 2.III. Reporting of PTO**

2.III.A. Employees must use the paid time off report with HR to report their PTO leave. The form helps keep both the employee and employer in compliance with state laws.

## **Sec 2.VI. Termination**

**Abundant Life Home Health Agency, LLC**

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Category: Human Resources

Number: 2.036.2

Subject: Paid Time Off

Applies: Field Nurses

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2.VI.A. When an employee is terminated, available PTO time accrued at the time of termination will be paid out on the final paycheck.

**SECTION 3 SECTION 3 Attachments**

3.I.A. Employee Paid Time Off Request Form

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.001.1

Subject: Client Conduct, Responsibility and Rights

Applies: All Staff and Clients/Caregivers                      Page: 1 of 8

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**Purpose:** To ensure that Clients and Agency understand their respective responsibilities and rights.

**Policy:** Ensure that the agency promotes and protects the patient's rights.

### Agency Responsibilities,

**Before the care is initiated, the agency must inform a patient orally and in writing of the following:**

1. The extent to which payment may be expected from third party payers;
2. The charges for services that will not be covered by third party payers;
3. Services to be billed to third party payers;
4. The method of billing and payment for services;
5. The charges that the patient may have to pay;
6. A schedule of fees and charges for services;
7. The nature and frequency of services to be delivered and the purpose of the service;
8. Any anticipated effects of treatment, as applicable;
9. The agency must inform a patient orally and in writing of any changes in these charges as soon as possible, but no later than five (5) days from the date the home health agency provider becomes aware of the change;
10. If an agency is implementing a scheduled rate increase to all clients, the agency shall provide a written notice to each affected consumer at least 30 days before implementation;
11. The requirements of notice for cancellation or reduction in services by the organization and the client; and
12. The refund policies of the organization.
13. The agency shall not assume power of attorney or guardianship over a consumer utilizing the services of the agency, require a consumer to endorse checks over to the agency or require a consumer to execute or assign a loan, advance, financial interest, mortgage or other property in exchange for future services.

*Please See New Admission Packet*

## Abundant Life Home Health Agency, LLC

---

Category: Rights, Responsibilities and Ethics                      Number: 3.001.1

Subject: Client Conduct, Responsibility and Rights

Applies: All Staff and Clients/Caregivers                      Page: 2 of 8

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### **Client Rights:**

The Agency staff will ensure that during the initial evaluation visit before initiation of treatment, that the client or their legal representative receives a written notice concerning all policies governing client conduct and responsibility and client rights. Client rights will be posted in a conspicuous place at the entrance to this agency.

As a client you have the right to:

1. Competent, individualized health care without regard to race, color, creed, sex, age, national origin, handicap, ethical/political beliefs, ancestry, religion or sexual orientation or whether or not an advance directive has been executed.
2. Receive appropriate care without discrimination in accordance with physician orders.
3. Exercise your rights, a client of this agency or, if appropriate, the client representative with legal authority to make health care decisions has the right to exercise your rights.
4. Be treated with consideration, respect, and full recognition of the client's human dignity and individuality, including privacy in treatment and care for personal needs.
5. Receive treatment, care, and services that are adequate, appropriate, and in compliance with relevant State, local, and federal laws and regulations.
6. Participate, either yourself or your designated representative, in the consideration of ethical issues that arise in your care.
7. Have your property treated with respect.
8. Be free from mental, verbal, sexual, and physical abuse, neglect, involuntary seclusion, and exploitation including humiliation, intimidation or punishment.
9. Be admitted for service only if the agency has the ability to provide safe, professional care at the level of intensity needed.
10. Expect all personnel caring for you will be current in knowledge, duly licensed or certified as applicable and have completed a training –program or competency evaluation regarding his/her respective areas of employment.

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.001.1

Subject: Client Conduct, Responsibility and Rights

Applies: All Staff and Clients/Caregivers                      Page: 3 of 8

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11. Be informed that you may participate in the development of the client's care plan and medical treatment, the periodic review and update, discharge plans, appropriate instruction and education in the plan of care and be informed of all treatments the agency is to provide, the disciplines to provide care and the frequency of visits/shifts to be furnished and to be advised of any change in the plan of care before the change is made.
12. Know when and how each service will be provided and coordinated, the agency ownership, name and functions of any person and affiliated agency personnel providing care and services.
13. Choose care providers, to communicate with those providers and to reasonable continuity of care.
14. Be fully informed, orally and in writing, at the time of admission and in advance of care provided, a statement of services available by the agency, care and treatment provided by the agency and related charges. This must include those items and services for which you may be responsible for reimbursement. The agency will advise you of changes orally and in writing as soon as possible, but no later than five (5) calendar days from the date that the agency becomes aware of a change.
15. Be informed of any financial benefits.
16. Be informed about the nature and/or purpose of any technical procedure that will be performed including information about both the potential benefits and burdens to him/her, as well as, who will perform the procedure.
17. Be taught and have your family members taught the treatment plan, so that you can, to the extent possible, assist yourself and your family or other designated party can also understand and assist you.
18. Request information regarding the diagnosis, prognosis and treatments including alternatives to care risk(s) involved. This information will be given in a language or format so that you and your family members can readily interpret and understand so that informed consent may be given.
19. Refuse treatment after the possible consequences of refusing treatment have been fully explained.
20. The agency shall allow a client, or client representative with legal authority to make health care decisions, to accept or reject, at the client's or client representative's discretion without fear of retaliation from the agency, any employee, independent contractor, or contractual employee that is referred by the agency

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.001.1

Subject: Client Conduct, Responsibility and Rights

Applies: All Staff and Clients/Caregivers                      Page: 4 of 8

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21. A cognitively capable adult client or a client representative with legal authority to make health care decisions, to refuse any portion of planned treatment or other portions of the treatment plan, except where medical contraindications to partial treatment exist.
22. A cognitively capable adult client to have an individual who is not certified to provide assistance with activities of daily living and treatments of a routine nature if the client signs a waiver of skilled services detailing the potential risks and benefits of waiver.
23. Review all of your health records during normal business hours.
24. Assistance in the locating appropriate community resources before you run out of funds. However, in keeping with proper fiscal responsibility, uncompensated care may not be provided.
25. Be informed of patient rights regarding the collection and reporting of OASIS information.
26. Be informed that OASIS information will not be disclosed except for legitimate purposes allowed by the Privacy Act.
27. Be informed of anticipated outcomes of care/services and of any barriers in outcome achievement.
28. Privacy including confidentiality of all record communications, personal information and to transfer to a health care facility, as required by law or third party contracts. You shall be informed of the policy and procedure regarding disclosure of your clinical records.
29. Receive the care necessary to assist you in attaining optimal levels of health, and if necessary, cope with death. To know that a patient / client does not receive experimental treatment or participate in research unless he / she gives documented voluntary informed consent.
30. Provide information to a client about advance directives and the right to have an advance directive and this agency request information regarding the client's advance directives to determine whether the advance directive information has an impact on care provided.
31. Be informed in writing of policies and procedures for implementing advance directives, including any limitations if the provider cannot implement an advance directive on the basis of such as living wills or the designation of a surrogate decision-maker, are respected to the extent provided by law.

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.001.1

Subject: Client Conduct, Responsibility and Rights

Applies: All Staff and Clients/Caregivers                      Page: 5 of 8

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32. Know that Do – Not – Resuscitate orders shall not constitute a directive to withhold or withdraw medical treatment other than CPR. Withdrawal of life sustaining treatment is done only after the physician has ordered it and the family / significant other is notified.
33. Be informed of the procedures for submitting client complaints with respect to client care, that is, or fails to be furnished or regarding the lack of respect for property by anyone who is furnishing services on behalf of the agency with suggested changes in services without coercion, discrimination, reprisal or unreasonable interruption of services.
34. Choose a health care provider, including choosing an attending physician
35. The consumer or authorized representative has the right to be informed of the consumer's rights through an effective means of communication.
36. The client has the right to be informed about the individuals providing his or her care The client has the right to be informed of the full name, licensure status, staff position and employer of all persons with whom the consumer has contact and who is supplying, staffing or supervising care or services. The client has the right to be served by agency staff that is properly trained and competent to perform their duties. Be able to identify visiting staff through proper identification.
37. The telephone number where a client or the client representative can contact the agency 24 hours a day, 7 days a week regarding care is \_\_\_\_\_.
38. This agency shall disclose of any sub contractual relationship with any individual or agency to be assigned or referred to provide care to the client.
39. Live free from involuntary confinement, and to be free from physical or chemical restraints.
40. Be provided with updates and state amendments on individual rights to make decisions concerning medical care within 90 days from the effective date of changes to state law.
41. Receive information about the care/services covered under the Medicare Home Health Benefit.
42. A patient has the right to receive information about the scope of services that the organization will provide and specific limitations on those services.

**Abundant Life Home Health Agency, LLC**

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Category: Rights, Responsibilities and Ethics                      Number: 3.001.1

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Applies: All Staff and Clients/Caregivers                      Page: 6 of 8

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43. Be informed of the procedure for submitting a written complaint / grievance to the home health agency. All complaints / grievances may be given to any agency member. If not satisfied with the response or any step in chain of command, continue to the next person. Contact, Abundant Life Home Health Agency, LLC and speak to the following:

1. Case Manager
2. Director of Nurses
3. Administrator

44. Receive a prompt response, through an established complaint or grievance procedure, to any complaints, suggestions, or grievances the participant may have. Administrator or designee documents and investigates the grievance/complaint within 10 calendar days of receipt of the complaint. The Administrator or designee must complete the investigation and documentation within 30 calendar days after the Agency receives the complaint unless the Agency has and documents reasonable cause for delay. You may appeal the administrator findings to the Governing Board by submitting a written complaint to:  
28050 US Hwy 19N, Ste 205  
Clearwater, Fl 33761

45. Be informed of your state’s home health agency hotline and the agencies contact information make suggestions or complaints, or present grievances on behalf of the client to the agency, government agencies, or other persons without the threat or fear of retaliation.

Bureau of Health Facility Regulation Home Care Unit 2727 Mahan Drive – Mail Stop #34 Tallahassee, FL 32308 (850) 412-4403 Phone (850) 922-5374 Fax	Joint Commission One Renaissance Blvd. Oakbrook Terrace, IL 60181 630-792-5000	Abundant Life Home Health Agency, LLC 28050 US Hwy 19 N, Ste 205 Clearwater, FL 33761 727-286-8916
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## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.001.1

Subject: Client Conduct, Responsibility and Rights

Applies: All Staff and Clients/Caregivers                      Page: 7 of 8

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### **Patient Responsibilities:**

- To ask questions of the staff about anything they do not understand concerning their treatment or services provided.
- To provide complete and accurate information concerning their present health, medication, allergies, etc.
- To inform staff of their health history, including past hospitalization, illnesses, injuries.
- To involve themselves and/or Caregiver, as needed and as able, in developing, carrying out, and modifying their home care service plan.
- To review the Agency's information on maintaining a safe and accessible home environment in their residence.
- To request additional assistance or information on any phase of their health care plan they do not fully understand.
- To inform the staff when a health condition or medication change has occurred.
- To notify the Agency when they will not be home for a scheduled home care visit.
- To notify the Agency prior to changing their place of residence or telephone.
- To notify the Agency when encountering any problem with equipment or services.
- To notify the Agency if they are to be hospitalized or if a physician modifies or ceases their home care prescription.
- To make a conscious effort to comply with all aspects of the plan of care.
- To notify the Agency when payment source changes.
- To notify the Agency of any changes in or the execution of any advanced directives.
- To inform staff of their health history, including past hospitalization, illnesses,

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.001.1

Subject: Client Conduct, Responsibility and Rights

Applies: All Staff and Clients/Caregivers                      Page: 8 of 8

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### **PROCEDURE:**

The Agency staff will obtain written consent/Service Agreement that specifies the type of care and services that may be provided by the Agency on every client, either by client or legal representative. The client or the legal representative must sign or mark the consent form.

The Service Agreement will contain a signature line for the Client/representative and Agency staff indicating compliance with State and Federal regulatory mandates including Client Rights and Advanced Directives.

#### Refer to:

New Admission Packet

Florida Patient Rights Verbatim

# **Patient's Bill of Rights and Responsibilities**

Section 381.026, Florida Statutes

## **A PATIENT HAS THE RIGHT TO:**

Be treated with courtesy and respect, with appreciation of his or her dignity, and with protection of privacy.

Receive a prompt and reasonable response to questions and requests.

Know who is providing medical services and is responsible for his or her care.

Know what patient support services are available, including if an interpreter is available if the patient does not speak English.

Know what rules and regulations apply to his or her conduct.

Be given by the health care provider information such as diagnosis, planned course of treatment, alternatives, risks, and prognosis.

Refuse any treatment, except as otherwise provided by law.

Be given full information and necessary counseling on the availability of known financial resources for care.

Know whether the health care provider or facility accepts the Medicare assignment rate, if the patient is covered by Medicare.

Receive prior to treatment, a reasonable estimate of charges for medical care.

Receive a copy of an understandable itemized bill and, if requested, to have the charges explained.

Receive medical treatment or accommodations, regardless of race, national origin, religion, handicap, or source of payment.

Receive treatment for any emergency medical condition that will deteriorate from failure to provide treatment.

Know if medical treatment is for purposes of experimental research and to give his or her consent or refusal to participate in such research.

Express complaints regarding any violation of his or her rights.

## **A PATIENT IS RESPONSIBLE FOR:**

Giving the health care provider accurate information about present complaints, past illnesses, hospitalizations, medications, and any other information about his or her health.

Reporting unexpected changes in his or her condition to the health care provider.

Reporting to the health care provider whether he or she understands a planned course of action and what is expected of him or her.

Following the treatment plan recommended by the health care provider.

Keeping appointments and, when unable to do so, notifying the health care provider or facility.

His or her actions if treatment is refused or if the patient does not follow the health care provider's instructions.

Making sure financial responsibilities are carried out.

Following health care facility conduct rules and regulations.

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.001.2

Subject: Non Discrimination

Applies: All Staff    Page: 1 of 2

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**Purpose:** To provide guidelines that prevent discrimination against other personnel and/or patients on the basis of race, age, color, creed, sex, marital status, sexual preference, national origin, ancestry, religion, handicap, or disability in the organization's employment practices and service delivery.

**Policy:** In accordance with Title VI of the Civil Rights Act of 1964 and its implementing regulation, this Agency will directly or through contractual or other arrangements, admit and treat all persons without regard to race, age, color, creed, sex, national origin, ancestry, religion, handicap, or disability; regarding delivery of service and benefits, including assignments or transfers within facilities.

In accordance with Section 504 of the Rehabilitation Act, this Agency will not directly or through contractual or other arrangements, discriminate on the basis of handicap (mental or physical) regarding admissions, access, treatment or employment.

In accordance with the Age Discrimination Act of 1975 and its implementing regulation, this Agency will not, directly or through contractual or other arrangements, discriminate on the basis of age in the delivery of services unless age is a factor necessary to the normal operation of the achievement of any statutory objective.

**Procedure:**

The Administrator or designee will be the Agency Civil Rights Coordinator and will be responsible for implementation of this policy.

A clause will be in place on any publicly distributed material that states "Patients/clients will receive quality services without regard to patients/client's race, age, color, creed, sex, marital status, sexual preference, national origin, ancestry, religion, handicap, disability or HIV.

**Abundant Life Home Health Agency, LLC**

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Category: Rights, Responsibilities and Ethics                      Number: 3.001.2

Subject: Non Discrimination

Applies: All Staff    Page: 2 of 2

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This agency does not discriminate either through contractual or other arrangements against, sexual orientation, diagnosis/infectious disease, ability to pay and DNR status.

In case of questions, please contact:

Attention Administrator  
Abundant Life Home Health Agency, LLC  
28050 US Hwy 19N, Ste 205  
Clearwater, Fl 33761  
727-286-8916

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.001.3

Subject: Program Accessibility

Applies: All Staff    Page: 1 of 1

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**Purpose:** To ensure accessibility to the information and services offered by this agency.

**Policy:** All of the agency programs and activities are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments.

**Procedure:**

1. Service accessibility is achieved by bringing the service to the beneficiary in their place of residency.
2. Marketing materials and information about the agency and its services are available at no charge and can be translated, read, or interpreted as needed upon request.
3. A full range of assistive and communication aids provided to persons who are deaf, hard of hearing, or blind, or with other sensory impairments. There is no additional charge for such aids. Some of these aids include:
  - Qualified sign language interpreters for persons who are deaf or hard of hearing.
  - Qualified language interpreters for those that speak a language other than English.
  - A twenty-four hour (24) telecommunication device (TTY/TDD) which can connect the caller to all extensions within the facility and/or portable (TTY/TDD) units, for use by persons who are deaf, hard of hearing, or speech impaired.
  - Readers and taped material for the blind and large print materials for the visually impaired.
  - Flash cards, alphabet boards and other communication boards.
  - Assistive devices for persons with impaired manual skills.

If you require any of the aids listed above, please let the receptionist or your nurse know.

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.002.1

Subject: Solicitation, Distribution, and Remuneration for Referrals

Applies: All Staff    Page: 1 of 2

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**Purpose:** To protect the rights of clients and other agencies regarding solicitation.

**Policy:** The Agency will not solicit referrals by coercion, harassment or disparaging the reputation of other home health care agencies. Distribution of literature by employees other than that required in the performance of their official duties is prohibited during working time. Working time is defined as the time an employee is scheduled to work and has reported to the assigned work area, but does not include the time before work begins, scheduled breaks, meal breaks, and/or after work time ends.

1. Solicitation at any time in patient care areas is prohibited.
2. Solicitation on Abundant Life Home Health Agency, LLC property during work time is prohibited.
3. This policy shall include, without limitation, the sale of cosmetics, cleaning products, plastic food storage products, food services, and charitable fund drives not approved by the administration.
4. No employee shall accept any gratuity from a vendor or assist a sales person in solicitation of any nature at any time.
5. When the administration finds at any time that any solicitation or literature has been distributed, either by its contents or by the manner of distribution itself, and such distribution is determined to interfere with the proper and orderly operation and discipline of Abundant Life Home Health Agency, LLC or is found to violate the policies of Abundant Life Home Health Agency, LLC, it will be prohibited.
6. Any employee found to be in violation of the no-solicitation policy will be subject to appropriate disciplinary action.
7. The Agency, its employees, and contractors are prohibited from providing illegal remuneration as an incentive for referrals. The organization and its representatives will not intentionally or knowingly offer to pay or agree to accept any remuneration directly or indirectly, overtly or covertly, in cash or in kind, to or from any person, firm, association of persons, partnership, or corporation for securing or soliciting clients or patronage.

**Abundant Life Home Health Agency, LLC**

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Category: Rights, Responsibilities and Ethics                      Number: 3.002.1

Subject: Solicitation, Distribution, and Remuneration for Referrals

Applies: All Staff    Page: 2 of 2

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8. Employees who receive or pay illegal remuneration may be terminated immediately, and/or reported to their respective state licensing body.



## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.002.2

Subject: Ethical Complaints

Applies: Administrative Staff    Page: 1 of 1

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**Purpose:** To ensure the agency follows ethical behavior in its care, treatment, services, business practices, and personnel activities.

**Policy:** The governing board appoints an ethical committee to review issues as they arise. The committee follows policies, procedures, standards of practice and community norms throughout the process of conflict resolution.

**Procedure:**

1. Any staff member, patient and/or family member may initiate a written request for the ethics committee to review with concern for reprisal. (Written request does not require any specialized form, however a form is available)
2. The form may be submitted to the Administrator, DON or office manager to begin the ethic committee review process.
3. The committee will consist of no less than 3 professional members. If the complaint involves one of the committee members, the committee will:
  - request a governing board member to act in place of the involved committee member,(the committee must have at least 3 members)
  - inform the involved committee member that they will not be allowed to rule on the ethical issue
4. The committee will meet within 3 business days of receiving written request for an ethics review.
5. The committee will present their findings in a report to the Administrator and governing board within 1 business day of concluding the investigation.
6. The committee will make suggestions for resolution, but does not have the authority to implement any actions. The authority rests with the Administrator and/or governing body.

See Attachment  
Ethics Complaint Form

# Abundant Life Home Health Agency, LLC

## ETHICS COMPLAINT FORM

1. Person Making Complaint: \_\_\_\_\_

Address : \_\_\_\_\_

Phone: \_\_\_\_\_

2. Member (s) Against Whom You Are Complaining: \_\_\_\_\_

3. Please specify as accurately as possible the earliest date and the most recent date of the alleged unethical behavior: \_\_\_\_\_

4. Have you discussed this situation with the person(s) you are complaining about?  
Yes \_\_\_\_\_ No \_\_\_\_\_

5. Have you filed a complaint with any other organization(s)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**If you answered Yes, please indicate below where else you have filed and the date:**

\_\_\_ State Licensing Board

\_\_\_ Civil suit (e.g., malpractice)

\_\_\_ Grievance Committee

\_\_\_ Other \_\_\_\_\_

{Please describe the status of these complaint(s) in Item #7}

6. Please help us to understand your complaint by providing the following information typed or printed (in ink) on separate paper:

(a) A **concise**, one paragraph summary of the nature of the alleged ethical misconduct;

(b) A detailed description of the alleged misconduct, specifying as accurately as possible the dates and:

(i) the sequence of events leading up to the behavior,

(ii) a complete account of the behavior and the Ethical Standards you believe have been violated,

(iii) any relevant information about what happened after the behavior occurred,

(iv) the status of any other complaints you have filed and any other steps you have taken to address this situation.

**ETHICS COMPLAINT FORM****RELEASES**

7. I hereby give the member (s) against whom I am making this complaint permission to give the Ethics Committee any confidential information regarding me, including any records of our interactions, and to answer all questions the Committee may have concerning such information.

Signature: \_\_\_\_\_

Date : \_\_\_\_\_

8. I hereby give the Ethics Committee permission to send to the member (s) against whom I am making this complaint copies of any materials submitted by me or on my behalf concerning this complaint.

Signature: \_\_\_\_\_

Date : \_\_\_\_\_

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.003.1

Subject: Patients Complaints and Grievances  
Section 504 of the Rehabilitation Act of 1973

Applies: All Staff    Page: 1 of 3

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**Purpose:** To establish a mechanism by which patient complaints and grievances may be heard and resolved.

**Policy:** Patients may voice concerns and grievances regarding any aspect of care/service without fear of coercion, discrimination, reprisal or unreasonable interruption in service. It is the policy of this agency not to discriminate on the basis of disability. This agency has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) of the U.S. Department of Health and Human Services regulations implementing the Act. Section 504 prohibits discrimination on the basis of disability in any program or activity receiving Federal financial assistance. The Law and Regulations may be examined in the office of the Administrator, who has been designated to coordinate the efforts of Abundant Life Home Health Agency, LLC to comply with Section 504.

Any person who believes she or he has been subjected to discrimination on the basis of disability may file a grievance under this procedure. It is against the law for an agency to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

**Procedure:**

- Give the patient a copy and instruct him/her on “Patient Grievance Procedure” upon admission. Patient receipt of procedure documented per signature of consent.
- Any staff member may receive a complaint or grievance.
- Staff members report complaints or grievances to Administrator or designee.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Administrator is the acting Section 504 Coordinator and shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Administrator will maintain the files and records of this agency relating to such grievances.

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.003.1

Subject: Patients Complaints and Grievances  
Section 504 of the Rehabilitation Act of 1973

Applies: All Staff    Page: 2 of 3

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- The Administrator will issue a written decision on the grievance no later than 30 days after its filing.
- The person filing the grievance may appeal the decision of the Administrator by writing to the Governing Body within 15 days of receiving the Administrator's decision. The Governing Body shall issue a written decision in response to the appeal no later than 30 days after its filing.
- The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the U. S. Department of Health and Human Services, Office for Civil Rights.
- Administrator or designee documents and investigates the grievance/complaint within 10 calendar days of receipt of the complaint. The Administrator or designee must complete the investigation and documentation within 30 calendar days after the Agency receives the complaint unless the Agency has and documents reasonable cause for delay.
- If the Administrator or designee is unable to resolve the complaint/grievance, the Governing Body is notified and takes action toward resolution.
- Notify the patient when appropriate action has been taken or that the problem has been restored.
- Document the complaint or grievance, action taken and resolution on the Patient Complaint Log or Report.
- The patient may contact at any time without reprisal or disruption in services the:

Bureau of Health Facility Regulation Home Care Unit 2727 Mahan Drive – Mail Stop #34 Tallahassee, FL 32308 (850) 412-4403 Phone (850) 922-5374 Fax	Joint Commission One Renaissance Blvd. Oakbrook Terrace, IL 60181 630-792-5000	Abundant Life Home Health Agency, LLC 28050 US Hwy 19N, Ste 205 Clearwater, FL, 33761 727-286-8916
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## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.003.1

Subject: Patients Complaints and Grievances  
Section 504 of the Rehabilitation Act of 1973

Applies: All Staff    Page: 3 of 3

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- Complaints in regards to Civil Rights may be addressed to:  
Office of Civil Rights  
110 S.E. 6<sup>th</sup> Street, 10<sup>th</sup> floor  
Ft. Lauderdale, Florida 33301  
(954) 712-4600; FAX (954) 712-4826

- Administrator or designee will counsel appropriate staff as needed to prevent occurrence all the way to employee termination if indicated depending upon each complaint and the findings.

- QAPI reviews the Complaint Reports to identify opportunities for improvement.
- All complaints should be documented completely. The complaints, findings and responses will be logged. Complaints, findings and responses must be kept on the log for at least 3 years.

This agency will make appropriate arrangements to ensure that disabled persons are provided other accommodations, if needed, to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings. The Administrator will be responsible for such arrangements.

Governing Body Address:  
28050 US Hwy 19N, Ste 205  
Clearwater, Fl 33761

Attachments:  
Complaint Form



**DIVISION OF MEDICAL QUALITY ASSURANCE  
Consumer and Investigative Services**

Health care practitioners are regulated by the Department of Health and the action which may be taken is administrative in nature, e.g., reprimand, fine, restriction of practice, remedial education, administrative cost, probation, license suspension or license revocation. The Department cannot represent you in civil matters to recover fees paid or seek remedies for injuries. You may wish to consult a private attorney regarding these matters.

**COMPLAINT FORM INSTRUCTIONS**

The Department of Health investigates complaints and reports involving health care practitioners and enforces appropriate Florida Statutes.

**ISSUES WHICH ARE NOT WITHIN THE AUTHORITY OF THE DEPARTMENT INCLUDE:**

- \* **Fee disputes** (i.e. broken or missed appointments)
- \* **Billing disputes** (i.e., the amount a physician charges for services).
- \* **Personality conflicts**
- \* **Bedside manner or rudeness of practitioners** (such as the physician or his/her office staff's attitude or professionalism)

**HOW TO FILE A COMPLAINT/REPORT AGAINST A HEALTH CARE PRACTITIONER:**

- To file a complaint/report, you must do so in a signed, written report. For your convenience you may use this form providing dates and details about your complaint.
- Use a separate complaint form for each practitioner you wish to file a complaint against.
- Be specific and include copies of pertinent medical records, correspondence, contracts, and any other documents that will help support your complaint.
- Medical records are needed to process your complaint. Since a health care practitioner cannot disclose his or her patient names or records with authorization, the Authorization for Release of Patient Information form included on page 3 must be completed and signed. **Signatures must be witnessed or notarized.**
- The Department will acknowledge receipt of your complaint or report by letter.
- If the allegations contained in your complaint/report are determined to be possible violations of applicable laws and rules, your complaint will be opened for investigation.
- Please note that if your complaint is assigned for investigation, a copy of the complaint form will be provided to the health care practitioner pursuant to Florida law.
- The Department may investigate an anonymous complaint if the complaint is in writing and is legally sufficient, if the alleged violation of law or rules is substantial, and if the department has reason to believe, after preliminary inquiry, that the violations alleged in the complaint are true.

If you have questions about the complaint process, contact the Consumer Services Call Center in Florida toll free at 1 (888) 419-3456, or the Consumer Services Unit at (850) 245-4339.



# HEALTHCARE PRACTITIONER COMPLAINT FORM

## COMPLAINANT/REPORTER

Your Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Home Telephone: ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

## SUBJECT OF COMPLAINT/REPORT

## HEALTHCARE PRACTITIONER INFORMATION

Provider's Name: \_\_\_\_\_  
*Last First M.I.*

Practice Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Home Telephone: ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_

Profession: \_\_\_\_\_ (i.e. doctor, dentist, nurse, etc.)

License Number: \_\_\_\_\_ (if known)

## PATIENT INFORMATION

(Complete this section if Patient is not the same as Complainant/Reporter)

Name of Patient: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Home Telephone: ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_

## YOUR RELATIONSHIP TO PATIENT

- Self  Parent  Son/Daughter  Spouse  Brother/Sister  Friend  Other Practitioner

\*\*\* Legal Guardian/provide court documents  Other \_\_\_\_\_

## NATURE OF COMPLAINT/REPORT

(Please check all that apply.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Quality of care           | <input type="checkbox"/> Inappropriate prescribing   | <input type="checkbox"/> Excessive test or treatment        |
| <input type="checkbox"/> Misdiagnosis of condition | <input type="checkbox"/> Sexual contact with patient | <input type="checkbox"/> Failure to release patient records |
| <input type="checkbox"/> Substance abuse           | <input type="checkbox"/> Insurance fraud             | <input type="checkbox"/> Impairment/medical condition       |
| <input type="checkbox"/> Advertising violation     | <input type="checkbox"/> Misfilled prescription      | <input type="checkbox"/> Patient abandonment/neglect        |

Unlicensed  Problem other than listed above \_\_\_\_\_

Have you attempted to contact the practitioner concerning your complaint?  Yes Date: \_\_\_\_\_  No

Would you be willing to testify if this matter goes to a formal hearing?  Yes  No

If the incident involved criminal conduct, you should contact your local law enforcement authority. Have you contacted your local law enforcement authority?  Yes  No

If yes, state the name of the person or office that you contacted. \_\_\_\_\_ When did you make this contact? \_\_\_\_\_ Please give case number if available. \_\_\_\_\_

\*\*\*NOTE: If other than patient or parent of a minor patient, please provide documentation indicating appointment of Legal Authority/Guardianship or Personal Representative.



**PLEASE LIST ANY PRIOR AND/OR SUBSEQUENT TREATING PRACTITIONERS RELATIVE TO YOUR COMPLAINT.**

Full Name:	Address:	Telephone Number:
_____	_____	_____
		<input type="checkbox"/> Prior Treating <input type="checkbox"/> Subsequent Treating
Full Name:	Address:	Telephone Number:
_____	_____	_____
		<input type="checkbox"/> Prior Treating <input type="checkbox"/> Subsequent Treating
Full Name:	Address:	Telephone Number:
_____	_____	_____
		<input type="checkbox"/> Prior Treating <input type="checkbox"/> Subsequent Treating

**WITNESSES (PLEASE GIVE FULL NAME, ADDRESS AND TELEPHONE NUMBER)**

Full Name:	Address:	Telephone Number:
_____	_____	_____
Full Name:	Address:	Telephone Number:
_____	_____	_____
Full Name:	Address:	Telephone Number:
_____	_____	_____

Please give full details of your complaint/report: include facts, details, dates, locations, etc. Please attach copies of medical records, correspondence, contracts, and any other documents that will help support your complaint. (attach additional sheets if necessary).

I have attached copies of medical records, correspondence, contracts, and any other documents that will help support your complaint.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT WOULD SATISFY YOUR COMPLAINT?**

\_\_\_\_\_  
\_\_\_\_\_

**Florida Statutes 837.06, False Official Statements: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required to file complaint)



**Please mail this form to:  
Florida Department of Health  
Consumer Services Unit  
4052 Bald Cypress Way, Bin C-75  
Tallahassee, Florida 32399-3275**



## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.004.1

Subject: Reporting Abuse, Neglect or Exploitation

Applies: All Staff    Page: 1 of 5

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**Purpose:** To protect clients from abuse, neglect and/or exploitation by Agency staff or other individuals.

**Policy:** All suspected abuse, neglect, or exploitation of a client will be reported immediately to the appropriate agencies. All home care staff are required to report the circumstance of suspected abuse, neglect or exploitation of clients or other individuals in the home upon discovery to local authorizes and:

Agency for Health Care Administration Hotline at 1- (888) 419-3456	ELDER HELP LINE 1-800-96-ELDER	Abuse, Neglect or Exploitation 1-800-962-2873
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Home care staff also must report suspected abuse to the Agency management and client’s physician, and professional licensing boards.

### Definitions:

“Abuse” means: The negligent or willful intention of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical or emotional harm or pain to an elderly or disabled person by the person’s caretaker, family member or other individual who has an ongoing relationship with the person; or sexual abuse of an elderly or disabled person, including any involuntary or nonconsensual sexual conduct that would constitute an offense, committed by the person’s caretaker, family member, or other individual who has an ongoing relationship with the person.

”Child Abuse” includes the following acts or omissions by a person:

- mental or emotional injury to a child that results in an observable and material impairment in the child’s growth, development, or psychological functioning;
- causing or permitting the child to be in a situation in which the child sustains a mental or emotional injury that results in an observable and material impairment in the child’s growth, development, or psychological functioning;

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.004.1

Subject: Reporting Abuse, Neglect or Exploitation

Applies: All Staff    Page: 2 of 5

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- physical injury that results in substantial harm to the child, or the genuine threat of substantial harm from physical injury to the child, including an injury that is at variance with the history or explanation given and excluding an accident or reasonable discipline by a parent, guardian or managing or possessory conservatory that does not expose the child to a substantial risk or harm;
- failure to make a reasonable effort to prevent an action by another person that results in physical injury that results in substantial harm to the child;
- sexual conduct harmful to a child’s mental, emotional, or physical welfare and/or failure to make a reasonable effort to prevent sexual conduct harmful to a child.
- compelling or encouraging the child to engage in, or allowing the photography, filming or depicting of the child if the person knew or should have known that the resulting photograph, film or depiction of the child is obscene or pornographic.

□ “Neglect” means: The failure to provide for one’s self the goods or services including medical services, which are necessary to avoid physical or emotional harm or pain or the failure of a caretaker to provide such goods or services.

“Child Neglect” includes:

- the leaving of a child in a situation where the child would be exposed to a substantial risk of physical or mental harm, without arranging for necessary care for the child, and the demonstration of an intent not to return by a parent, guardian, or managing or possessory conservator of the child;
- the following acts or omissions by a person:
  1. Placing a child in or failing to remove a child from a situation that a reasonable person would realize requires judgment or actions beyond the child’s level of maturity, physical condition, or mental abilities and that results in bodily injury or a substantial risk of immediate harm to the child;

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.004.1

Subject: Reporting Abuse, Neglect or Exploitation

Applies: All Staff    Page: 3 of 5

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2. Failing to seek, obtain or follow through with medical care for a child, with the failure resulting in or presenting a substantial risk of death, disfigurement, or bodily injury or with the failure resulting in an observable and material impairment to the growth, development or functioning of the child.
3. The failure to provide a child with food, clothing or shelter necessary to sustain the life or health of the child, excluding failure caused primarily by financial inability unless relief services had been offered and refused, or
4. Placing a child in or failing to remove the child from a situation in which the child would be exposed to a substantial risk of sexual conduct harmful to the child; or
5. The failure by the person responsible for a child's care, custody or welfare to permit the child to return to the child's home without arranging for the necessary care for the child after the child has been absent from the home for any reason, including having been in residential placement or having run away.

"Exploitation" means: The illegal or improper act or process of a caretaker, family member or other individual who has an ongoing relationship with an elderly or disabled person using the resources of such person for monetary or personal benefit, profit or gain without the informed consent of such person.

"Family violence" means: An act by a member of a family or household against another member of the family or household that is intended to result in physical harm, bodily injury, assault or sexual assault or that is a threat that reasonably places the member in fear of imminent physical harm, bodily injury, assault or sexual assault, but does not include defensive measures to protect oneself.

### **Procedure:**

1. If you suspect abuse, neglect, exploitation or family violence, misappropriation of property of a client, contact your supervisor right away, stating clearly that you are reporting a suspected case of abuse, neglect or exploitation, and reporting at least the following:

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.004.1  
Subject: Reporting Abuse, Neglect or Exploitation  
Applies: All Staff    Page: 4 of 5

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- ◆ Name, age and address of client
- ◆ Name and address of responsible person
- ◆ The client's condition
- ◆ The basis of your knowledge
- ◆ Any other relevant information

2. The supervisor must:

- ◆ Document all Information completely and accurately
- ◆ Immediately alert the Director of Nurses of the incident and forward the Case Information Form to him/her.

3. The Director of Nurses must:

- ◆ Review the Case Information Form for accuracy and completeness.
- ◆ Decide if a joint visit is indicated and, if so, who should participate.
- ◆ Incidents related to Family Violence shall be reported to the local law enforcement Agency.
- ◆ Decide on appropriate follow-up action(s).
- ◆ Notify the Administrator regarding the incident and follow-up status.
- ◆ Offer to provide referrals to the victim for care.

4. The Administrator will investigate the report including:

- ◆ Deciding if the appropriate action has been followed.
- ◆ Presents new or changed policies/procedures to the Governing Body for review that could reduce or eliminate future re occurrences.
- ◆ Reporting licensed staff to their respective licensing boards if found to be guilty of abuse neglect or exploitation.
- ◆ Reports the findings and follow-up action(s) to the Governing Body.
- ◆ Administrator or designee documents and investigates the report within 10 calendar days of receipt of the complaint. The Administrator must complete the investigation and documentation within 30 calendar days after the Agency receives the report of ANE unless the Agency has and documents reasonable cause for delay

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.004.1

Subject: Reporting Abuse, Neglect or Exploitation

Applies: All Staff    Page: 5 of 5

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5. This agency must investigate complaints made by a client, a client's family or guardian, or a client's health care provider regarding:
  - a) treatment or care that was furnished by the agency;
  - b) treatment or care that the agency failed to furnish; or
  - c) a lack of respect for the client's property by anyone furnishing services on behalf of the agency.
6. This agency must complete the investigation and documentation within 30 days after the agency receives a complaint or report of abuse, neglect, and exploitation, unless the agency has and documents reasonable cause for a delay.
7. This agency may not retaliate against a person for filing a complaint, presenting a grievance, or providing, in good faith, information relating to home health, hospice, or personal assistance services provided by the agency.
8. This agency is not prohibited from terminating an employee for a reason other than retaliation.
9. Abuse must be reported to local authorities, Joint Commission, and AHCA immediately.

### Attachments:

Drug Testing Policy

## Abundant Life Home Health Agency, LLC DRUG AND ALCOHOL POLICY

**A. PURPOSE** To provide a controlled substance, drug and alcohol free workplace for the safety of all employees (leased, hired, or otherwise) and customers. In order to further this objective the following rules governing alcohol and illegal drugs and inhalants in the workplace have been established.

**B. POLICY** The illegal manufacture, distribution, dispensing, possession, sale, purchase, receipt or transmittal of controlled substances, or an attempt to any of the foregoing, while on Abundant Life Home Health Agency, LLC or Client Company's ("Company") property or on company related business is prohibited.

1. The unauthorized possession of alcohol or any alcoholic beverage on Company property or on Company related business is prohibited.
2. Being under the influence of alcohol or other illegal or intoxicating drugs or inhalants while on Company property or on Company related business is prohibited.
3. The unauthorized use or possession of prescription drugs or nonprescription over-the-counter drugs on Company property or Company related business is prohibited.
4. Employees who violate this policy will be subject to appropriate disciplinary actions, including termination.
5. This policy applies to all employees of the Company regardless of rank or position, and includes temporary and part-time employees.

**C. TESTING** Testing of employees. All present employees (leased, hired or otherwise) will be requested to sign an Informed Consent and Release of Liability form. Employees may be tested for the presence of alcohol, drugs including inhalants and/or controlled substances in the event any of the following situations occur:

- a. There exists a reasonable suspicion or belief that an employee is at work under the influence of drugs, alcohol, inhalant, or a controlled substance;
  - b. There exists a reasonable suspicion or belief that drugs, alcohol, inhalants or a controlled substance are affecting an employee's job performance, attendance patterns, conduct, or safety of workplace actions;
  - c. The employee is suspected of having caused or contributed to an on-the-job accident;
  - d. When required by a customer or Company pursuant to the customer's drug testing policy. Such testing is not considered a Company drug test and may be subject to the customer's rules regarding drug tests.
1. Voluntary. In all instances, testing will be performed only with the applicant or employee's knowledge and consent. Refusal to submit to requested testing, however, may result in disciplinary action including termination of employment.
  2. Company Testing. Urine specimens will be obtained at the Company's office, lab, testing facility; however, in the event of an accident or injury, samples may be obtained at an appropriate hospital, clinic, emergency room or doctor's office.
  3. Test Results. A positive test shall mean the presence of alcohol, an inhalant or other drug or controlled substance has been found. An attempt by an employee to switch, adulterate, or tamper with any test result or sample submitted for medical testing, or otherwise interfere or attempt to interfere with the testing processes, shall result in immediate termination.

**D. CONFIDENTIALITY** The Company shall make all reasonable attempts to keep the results of a positive drug test confidential. Such results shall be released to Company personnel only on a need-to-know basis. All positive written test results will be stored in a confidential file and be filed only by authorized Company personnel and kept only at the company.

**E. DISCIPLINARY ACTION** Employees suspected of violating any of the policies contained herein may be suspended or removed from the workplace pending a complete investigation. Employees testing positive for drugs, alcohol, inhalants or other controlled substances will be subject to immediate discharge. Any employee who is otherwise found to have violated the policies herein will be subject to disciplinary action, including termination of employment. Should the determination be made that no violation of the policies contained herein have occurred, the employee will be reinstated without penalty.

**F. EXCEPTION** An employee who possesses or uses a drug authorized by a licensed physician or medical practitioner through a prescription, specifically for the employee's use while on the job, and whose faculties are not noticeably impaired by the use of such drug, will not be considered to have violated this policy. Employees shall be responsible for discussing with the prescribing medical practitioner whether any prescribed drug will or may affect the employee's performance on the job. In the event an employee is advised that medication may affect performance, it is the employee's responsibility to notify his or her supervisor of the circumstances prior to reporting to work.

**G. CONVICTION UNDER CRIMINAL DRUG STATUS** Every employee, as a condition of continued employment, is required to immediately notify the company if they are convicted under a federal or state criminal drug statute, whether the act giving rise to such conviction occurred on or off Company time or within or without the State of Texas.

**H. COORDINATION WITH LAW ENFORCEMENT AGENCIES** The sale, use, purchase, transfer or possession of an illegal drug or drug paraphernalia is a violation of the law. The Company will report information concerning possession, distribution, or use of any illegal drugs to law enforcement officials and will turn over to the custody of law enforcement officials any such substances found during a search of an individual or property. The Company will cooperate fully in the prosecution and or conviction of any violation of the law.

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**Abundant Life Home Health Agency, LLC DRUG AND ALCOHOL POLICY**

**Informed Consent and Release of Liability**

I authorize Abundant Life Home Health Agency, LLC or Client Company ("Company") to obtain a specimen of my urine for chemical analysis. I understand that this analysis is to determine or exclude the presence of alcohol, drugs or other substances, in accordance with the Substance Abuse and drug Testing Policy of Company. I understand that decisions regarding my continued employment may be made as a result of this analysis. I understand that test results will be divulged only to authorized personnel. I hereby consent to this test and release Company from any liability for decisions resulting from this test.

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Employee/Applicant Signature

Date

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Employee/Applicant Printed Name

Date



## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.005.1

Subject: Criminal History Checks

Applies: Administrative Staff/Staff  
with Patient Contact

Page: 2 of 3

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The fee for retaining fingerprints is \$24.00 for 5 years. This fee is in addition to the screening fee & the Live Scan Service Provider processing fee & is required at the time of screening.

If re-screening of existing staff from level 1 to level 2 finds a disqualifying offense committed prior to the last screening & not disqualifying at the time, person can continue to work if:

- Agreed to by employer while applying for an exemption and
- The application for exemption is received within 30 days from receipt of re-screening results.

Criminal history records are for the exclusive use of the regulatory Agency, this Agency, and the employee. This information will not be disclosed unless by court order or by written consent of the employee.

All Level 2 screening requests will be submitted through a LiveScan vendor approved to submit fingerprint requests through the Florida Department of Law Enforcement (FDLE). FDLE sends on to FBI.

In addition to compliance with FDLE transmission requirements, the LiveScan sites will need the following information in order for AHCA to receive the results appropriately.

- Full Name
- Individual's Address
- Social Security Number (if the SSN is not included, the results will not appear on the Agency's Results website)
- Date of Birth
- Race
- Sex
- Height
- Weight
- AHCA # for provider/facility, or third party/contractor (this number is the same as the user code assigned for the results website).  
Health care contractors must register with the Agency's Background Screening Section to obtain the AHCA #.
- Employer Name

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.005.1

Subject: Criminal History Checks

Applies: Administrative Staff/Staff  
with Patient Contact

Page: 3 of 3

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- Employer Address (address information should be separated by commas: street, city, state, zip)

Individuals for whom the last screening was conducted on or before December 31, 2004, must be rescreened by July 31, 2013.

Individuals last screened between January 1, 2005 and December 31, 2008, must be rescreened by July 31, 2014.

Individuals last screened between January 1, 2009 and July 31, 2011, must be rescreened by July 31, 2015.



## AFFIDAVIT OF COMPLIANCE WITH Background Screening Requirements

**Authority:** This form may be used by **all employees** to comply with:

- the attestation requirements of **section 435.05(2), Florida Statutes**, which state that every employee required to undergo Level 2 background screening must attest, subject to penalty of perjury, to meeting the requirements for qualifying for employment pursuant to this chapter and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses while employed by the employer; **AND**
- the proof of screening within the previous 5 years in **section 408.809(2), Florida Statutes** which requires proof of compliance with level 2 screening standards submitted within the previous 5 years to meet any provider or professional licensure requirements of the Agency, the Department of Health, the Agency for Persons with Disabilities, the Department of Children and Family Services, or the Department of Financial Services for an applicant for a certificate of authority or provisional certificate of authority to operate a continuing care retirement community under chapter 651 if the person has not been unemployed for more than 90 days.

***This form must be maintained in the employee's personnel file.*** If this form is used as proof of screening for an administrator or chief financial officer to satisfy the requirements of an **application for a health care provider license**, please attach a copy of the screening results and submit with the licensure application.

**Employee/Contractor Name:**

**Health Care Provider/ Employer Name:**

**Address of Health Care Provider:**

I hereby attest to meeting the requirements for employment and that I have not been arrested for or been found guilty of, regardless of adjudication, or entered a plea of nolo contendere, or guilty to any offense, or have an arrest awaiting a final disposition prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction:

**Criminal offenses found in section 435.04, F.S**

a) Section 393.135, relating to sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct.

(b) Section 394.4593, relating to sexual misconduct with certain mental health patients and reporting of such sexual misconduct.

(c) Section 415.111, relating to adult abuse, neglect, or exploitation of aged persons or disabled adults.

(d) Section 782.04, relating to murder.

(e) Section 782.07, relating to manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child.

(f) Section 782.071, relating to vehicular homicide.

(g) Section 782.09, relating to killing of an unborn quick child by injury to the mother.

(h) Chapter 784, relating to assault, battery, and culpable negligence, if the offense was a felony.

(i) Section 784.011, relating to assault, if the victim of the offense was a minor.

(j) Section 784.03, relating to battery, if the victim of the offense was a minor.

(k) Section 787.01, relating to kidnapping.

(l) Section 787.02, relating to false imprisonment.

(m) Section 787.025, relating to luring or enticing a child.

(n) Section 787.04(2), relating to taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceedings.

(o) Section 787.04(3), relating to carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person.

(p) Section 790.115(1), relating to exhibiting firearms or weapons within 1,000 feet of a school.

(q) Section 790.115(2)(b), relating to possessing an electric weapon or device, destructive device, or other weapon on school property.

(r) Section 794.011, relating to sexual battery.

(s) Former s. 794.041, relating to prohibited acts of persons in familial or custodial authority.

(t) Section 794.05, relating to unlawful sexual activity with certain minors.

(u) Chapter 796, relating to prostitution.

(v) Section 798.02, relating to lewd and lascivious behavior.

(w) Chapter 800, relating to lewdness and indecent exposure.

(x) Section 806.01, relating to arson.

(y) Section 810.02, relating to burglary.

(z) Section 810.14, relating to voyeurism, if the offense is a felony.

(aa) Section 810.145, relating to video voyeurism, if the offense is a felony.

(bb) Chapter 812, relating to theft, robbery, and related crimes, if the offense is a felony.

(cc) Section 817.563, relating to fraudulent sale of controlled substances, only if the offense was a felony.

(dd) Section 825.102, relating to abuse, aggravated abuse, or neglect of an elderly person or disabled adult.

(ee) Section 825.1025, relating to lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult.

(ff) Section 825.103, relating to exploitation of an elderly person or disabled adult, if the offense was a felony.

(gg) Section 826.04, relating to incest.

(hh) Section 827.03, relating to child abuse, aggravated child abuse, or neglect of a child.

(ii) Section 827.04, relating to contributing to the delinquency or dependency of a child.

(jj) Former s. 827.05, relating to negligent treatment of children.

(kk) Section 827.071, relating to sexual performance by a child.

(ll) Section 843.01, relating to resisting arrest with violence.

(mm) Section 843.025, relating to depriving a law enforcement, correctional, or correctional probation officer means of protection or communication.

(nn) Section 843.12, relating to aiding in an escape.

(oo) Section 843.13, relating to aiding in the escape of juvenile inmates in correctional institutions.

(pp) Chapter 847, relating to obscene literature.

(qq) Section 874.05(1), relating to encouraging or recruiting another to join a criminal gang.

(rr) Chapter 893, relating to drug abuse prevention and control, only if the offense was a felony or if any other person involved in the offense was a minor.

(ss) Section 916.1075, relating to sexual misconduct with certain forensic clients and reporting of such sexual misconduct.

(tt) Section 944.35(3), relating to inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm.

(uu) Section 944.40, relating to escape.

(vv) Section 944.46, relating to harboring, concealing, or aiding an escaped prisoner.

(ww) Section 944.47, relating to introduction of contraband into a correctional facility.

(xx) Section 985.701, relating to sexual misconduct in juvenile justice programs.

(yy) Section 985.711, relating to contraband introduced into detention facilities.

(3) The security background investigations under this section must ensure that no person subject to this section has been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense that constitutes domestic violence as defined in s. 741.28, whether such act was committed in this state or in another jurisdiction.

#### **Criminal offenses found in section 408.809(4), F.S**

(a) Any authorizing statutes, if the offense was a felony.

- (b) This chapter, if the offense was a felony.
- (c) Section 409.920, relating to Medicaid provider fraud.
- (d) Section 409.9201, relating to Medicaid fraud.
- (e) Section 741.28, relating to domestic violence.
- (f) Section 817.034, relating to fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems.
- (g) Section 817.234, relating to false and fraudulent insurance claims.
- (h) Section 817.505, relating to patient brokering.
- (i) Section 817.568, relating to criminal use of personal identification information.
- (j) Section 817.60, relating to obtaining a credit card through fraudulent means.
- (k) Section 817.61, relating to fraudulent use of credit cards, if the offense was a felony.
- (l) Section 831.01, relating to forgery.
- (m) Section 831.02, relating to uttering forged instruments.
- (n) Section 831.07, relating to forging bank bills, checks, drafts, or promissory notes.
- (o) Section 831.09, relating to uttering forged bank bills, checks, drafts, or promissory notes.
- (p) Section 831.30, relating to fraud in obtaining medicinal drugs.
- (q) Section 831.31, relating to the sale, manufacture, delivery, or possession with the intent to sell, manufacture, or deliver any counterfeit controlled substance, if the offense was a felony.

If you are also using this form to provide evidence of prior Level 2 screening (fingerprinting) in the last 5 years and have not been unemployed for more than 90 days, please provide the following information. **A copy of the prior screening results must be attached.**

Purpose of Prior Screening: \_\_\_\_\_

Screened conducted by: \_\_\_\_\_ Date of Prior Screening: \_\_\_\_\_

- Agency for Health Care Administration
- Department of Health
- Agency for Persons with Disabilities
- Department of Children and Family Services
- Department of Financial Services

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## Affidavit

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Under penalty of perjury, I, \_\_\_\_\_, hereby swear or affirm that I meet the requirements for qualifying for employment in regards to the background screening standards set forth in Chapter 435 and section 408.809, F.S. In addition, I agree to immediately inform my employer if arrested or convicted of any of the disqualifying offenses while employed by any health care provider licensed pursuant to Chapter 408, Part II F.S.

\_\_\_\_\_  
Employee/Contractor Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.005.2  
Subject: Nurse Aide Registry  
Applies: Unlicensed Staff Having Direct                      Page: 1 of 1  
            Patient Contact

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**Purpose:** To assure that unlicensed aide staff providing direct patient contact have not been reported for misconduct, which might endanger client safety or security.

**Policy:** The organization must determine if an applicant/employee is listed on the State Registry in good standing.

This agency must also report unlicensed aide personnel if the conducts is reportable. “Reportable Conduct” includes:

- Abuse or neglect that causes or may cause death or harm to an individual receiving Agency services.
- Sexual abuse of an individual receiving Agency services
- Financial exploitation of an individual receiving Agency services in an amount of \$25 or more, and
- Emotional, verbal or psychological abuse that causes harm to an individual receiving Agency services.

### **Procedure:**

1. Prior to hire, the organization must search the data base of the State Registry. All documentation of verification shall be maintained with the application or employee personnel file.
2. If the person is listed in either registry as having “abused, neglected or exploited a resident or consumer or misappropriated a resident or consumer’s property” the applicant is therefore unemployable.
3. The organization must immediately discharge any employee who is designated in the “State Registry” established as having committed an act of abuse, neglect or mistreatment of a consumer of the organization or misappropriation of a consumer’s property.



## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.005.3

Subject: National Sex Offender Registry

Applies: All Staff    Page: 1 of 1

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**Purpose:** To assure that the applicants, staff, and contracted personnel which have direct patient contact are not listed on the National Sex Offender Registry.

**Policy:** A search of the National Sex Offender Registry that is maintained the United States Department of Justice is performed before an employment offer is extended. If an applicant is listed on the National Sex Offender Registry, they are not permitted work in a capacity that would involve direct patient contact.

**Procedure:**

1. Inform individuals who apply for employment that the organization will search the National Sex Offender Registry prior to offering employment.
2. Conduct a search of the National Sex Offender Registry maintained by the United States Department of Justice. The search can be performed online at the following web address: <http://www.nsopw.gov/Core/OffenderSearchCriteria.aspx>

If the individual is listed on the Registry, the applicant may not work in a capacity that would involve direct patient contact.

If the Administrator determines that the individual is unemployable, the Administrator:

- Notifies the individual and terminates him/her immediately.
- Documents the date of termination/notification in the personnel record along with a copy of the Sex offender search results.
- Keeps all information regarding the Sex Offender Registry Results confidential.

Individuals who believe that the findings of the check are incorrect may appeal directly jurisdiction responsible for submitting to the Department of Justice.

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.006.1

Subject: Out-of-Hospital Do Not Resuscitate Order

Applies: All Staff    Page: 1 of 6

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**Purpose:** To establish the procedures for documenting and following an Out-of-Hospital Do Not Resuscitate Order (hereinafter referred to as a DNR order).

**Policy:** The patient or the patient's representative is to be informed of the patient's right to execute a DNR order in the same manner and at the same time as the patient is informed about other advance directives.

The decision to execute or not to execute a DNR Order shall also be discussed with the patient's physician, specifically including the difference between an Out-of-Hospital Do Not Resuscitate Order and a standard Do Not Resuscitate Order that is only applicable to the Agency personnel. The Agency will honor a standard Do Not Resuscitate Order in the same manner that all other physician orders are followed once the order is issued.

The Agency shall maintain clinical records containing the following information:

- (1) The number of times that Agency personnel were presented with an DNR Order,
- (2) The number of times there was a problem with a DNR Order and the order could not be honored,
- (3) Any problem encountered in using the standardized form,
- (4) An assessment of the patient's physical condition,
- (5) Whether or not a DNR Order form or identification was used to confirm the DNR status and identification number,
- (6) The name of the patient's attending physician, and
- (7) The full name, address, telephone, and relationship to patient of any witnesses used to identify the patient.

All Agency personnel shall be provided training in the Agency policy regarding DNR orders, specifically how to recognize a DNR Order, how to determine the validity of a DNR Order in accordance with applicable provisions of state law, how to establish the

## Abundant Life Home Health Agency, LLC

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Category:	Rights, Responsibilities and Ethics	Number:	3.006.1
Subject:	Out-of-Hospital Do Not Resuscitate Order		
Applies:	All Staff	Page:	2 of 6

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identity of a patient regarding DNR orders, how a DNR Order may be revoked, and how to compile, record and report all data required by applicable provision of state law regarding DNR orders.

The Agency shall honor and follow all legally valid DNR Orders and any revocations of such orders.

The Agency shall honor the communicated desires of a competent patient, including a minor, regarding a DNR Order, and that communicated desire shall supersede the effect of a DNR order.

### **Procedure:**

1. At the time that the patient is being admitted to the Agency, Agency employee or representative is (a) to ask the patient if the patient has executed a DNR Order, (b) review the patient's medical records specifically looking for a notation that a DNR Order has been issued, and (c) to examine the patient's wrist and neck to determine if a DNR Order identification bracelet or necklace is present on the patient. If a DNR Order form, bracelet or necklace is discovered or encountered, then the Agency shall record that information for report. Failure to follow this procedure may result in termination of employment of any Agency personnel.
2. If any Agency personnel respond or are present when the patient calls for or needs assistance, the Agency shall immediately contact local Emergency Medical Services and the patient's physician. Agency personnel shall document in writing the date, time, place and persons contacted.
3. The Agency personnel shall begin and initiate resuscitative procedures unless a valid DNR Order is found at the scene after following the procedures established in numbers 4 through 10.
4. The Agency personnel shall establish if a DNR Order form or identification device is present at the scene by examining the patient, asking other persons present, examining the patient's medical records, and briefly conducting a visual examination of the premises in which the patient is found.

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.006.1

Subject: Out-of-Hospital Do Not Resuscitate Order

Applies: All Staff    Page: 3 of 6

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5. If a DNR Order form is encountered, the Agency personnel must then determine if the identity of the person named in the form is the same as the person present at the scene. The identity of the patient is established by asking any persons found at the scene to identify the patient by name. The name, address, telephone, and relationship to the patient of such witnesses shall be recorded by the Agency.
6. If the patient is wearing on his/her person a DNR Order identification bracelet or necklace, then information found on the back of the bracelet or necklace is to be used, or the testimony provided by witnesses at the scene as to the identity of the patient may be used. If the Agency personnel know the patient, then Agency personnel can be used and documented as the witness identifying the patient.
7. If there are no other persons present at the scene who can identify the patient, then the Agency personnel shall examine the scene to discover a photographic identification card, i.e., a driver's license, etc., is present and attempt to establish the identity of the patient using that documentation. If the identity of the patient cannot be established and no DNR Order identification bracelet or necklace is found, then the Agency personnel shall begin implementing life-sustaining procedures required by law or local emergency medical services protocols.
8. If a DNR Order identification bracelet or necklace is found at the scene on the person of the patient, and the identity of the patient is established, then the Agency personnel shall treat the patient as if a valid DNR Order form were found in the possession of the patient. The identification bracelet or necklace must be in the form prescribed by applicable provisions of law as no devices from another state may be accepted as valid.
9. If the patient is not wearing a DNR Order identification bracelet or necklace, but a written DNR Order form is found at the scene, then the Agency personnel shall then examine the DNR Order form to determine if it is valid by examining the form to verify that it includes:

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.006.1

Subject: Out-of-Hospital Do Not Resuscitate Order

Applies: All Staff    Page: 4 of 6

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- (a) written responses in the places designated on the form for the names, signatures, and other information required of the persons executing or issuing, or witnessing the execution or issuance of the order,
  - (b) a date in the place designated on the form for the date the order was executed or issued, and
  - (c) the signature of the declarant or person executing or issuing the order and the attending physician in the appropriate places designated on the form for indicating the order form has been properly completed.
10. An order executed in another state may be accepted if there is no reason to question the authenticity of the order, but the patient's physician shall be contacted immediately if an order from another state is found.
11. If after completing the steps established in this procedure, the Agency personnel determine that a valid DNR Order is in effect for the patient, then Agency personnel shall honor that order unless (a) the order is revoked (see number 12, supra), (b) a qualified request for help is made (see number 13, supra), (c) there are indications of unnatural or suspicious circumstances, (d) the patient is known to be pregnant, or (e) a competent patient communicates to a responding health care professional a desire in conflict with the DNR Order, which shall be documented in the patient's medical records.
12. If a DNR Order is legally revoked, then the Agency personnel shall initiate resuscitative procedures. A DNR Order can be legally revoked by:
- (a) either the patient or someone acting in the patient's presence and at the patient's direction to destroy the form or remove the identification device,
  - (b) a person identifying him or herself as the legal guardian, a qualified relative, or an agent of the patient having a valid durable power of attorney for health care, destroys the order form or removes the identification device,
  - (c) the patient states orally the intent to revoke the order, or
  - (d) a person identifying him or herself as the legal guardian, a qualified relative, or an agent of the patient having a valid durable power of attorney for health care, orally states an intent to revoke the order.

## Abundant Life Home Health Agency, LLC

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Category:	Rights, Responsibilities and Ethics	Number:	3.006.1
Subject:	Out-of-Hospital Do Not Resuscitate Order		
Applies:	All Staff	Page:	5 of 6

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An oral revocation only takes effect when communicated to the responding health care professionals. The Agency personnel shall record the date, time and place of the revocation in the patient's medical record. If the order is validly revoked, then resuscitative efforts and procedures shall be initiated or continued.

13. If a person found at the scene (A) requests that cardiopulmonary resuscitation (CPR) or other life-sustaining procedures be initiated or continued and (B) the person identifies his or herself to Agency personnel or responding health care provider as either (i) the declarant (i.e., the person executing the DNR Order form or the patient), (ii) the attending physician of the patient, (iii) the legal guardian of the patient, (iv) qualified relative of the patient, or (v) agent of the person having a valid durable power of attorney for health care from the patient, then Agency personnel shall document the name, address, telephone, and relationship of that person to the patient, contact the physician immediately, if not already present at the scene and inform the physician of this fact, and SHALL begin, initiate or continue CPR or other life-sustaining procedures. The term other life-sustaining procedures means (a) cardiopulmonary resuscitation (CPR), (b) endotracheal intubations or other advanced airway management, (c) artificial ventilation, (d) defibrillation, (e) transcutaneous cardiac pacing, and (f) administration of cardiac resuscitation medications.
14. If the patient is transported, then the DNR Order form must accompany the patient during transport, if the form is available.
15. If there is a dispute or disagreement among the Agency personnel or other responding health care providers regarding a DNR Order, then the Agency personnel shall immediately contact the patient's physician to resolve the conflict. Agency personnel shall follow the orders of the physician, which shall be documented in the patient's medical records.
16. The entire situation shall be recorded and documented as part of the patient's clinical record, specifically documenting the following information:
  - (a) the date, time, and place that Agency personnel were presented with a DNR Order,
  - (b) whether or not there was a problem with a DNR Order and the order could not be honored,

**Abundant Life Home Health Agency, LLC**

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Category: Rights, Responsibilities and Ethics                      Number: 3.006.1

Subject: Out-of-Hospital Do Not Resuscitate Order

Applies: All Staff    Page: 6 of 6

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- (c) any specific factual account of any problems encountered in using the standardized form,
- (d) an assessment of the patient's physical condition,
- (e) whether or not a DNR Order form or identification was used to confirm the DNR status and identification number,
- (f) the name of the patient's attending physician, and
- (g) the full name, address, telephone, and relationship to the patient of any witnesses used to identify the patient.

Attachment:

Out of Hospital DNR

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.007.1

Subject: Advance Directives

Applies: Professional Staff    Page: 1 of 7

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**Purpose:** To protect and honor the patient’s right to self-determination, and to educate the public and the patient about patient’s rights to self-determination.

**Policy:** The Agency acknowledges and understands that a component of providing high quality medical and health care is to recognize that a patient has the right to refuse to accept or request a withdrawal of certain medical procedures or treatment after receiving the information necessary to make informed decisions regarding Advance Directives.

The Agency recognizes that a patient has the right and may wish to designate another person to make health care decisions for that patient in the event that the patient can no longer make such decisions. The Agency will comply with all treatment decisions made by the Agent designated by the patient in accordance with applicable provisions of state law.

The Agency recognizes that a patient has the right and may not wish to execute a declaration concerning future mental health treatment concerning that patient.

A representative from the Agency informs with each patient or patient’s representative the legal right to make decisions relating to his/her health care on admission or prior to any care being given, and as necessary throughout the course of care, all patients and their respective family members are informed verbally and in writing about Advance Directives, including the right to file complaints with the applicable state Agency or department responsible for regulating the Agency.

In the event that the client is incapacitated or unable at the time of admission or start of care to receive information concerning Advance Directives, then the representative of the Agency shall provide such information concerning Advance Directives to the family member, surrogate, or person designated as a Medical Power of Attorney, as applicable in each patient’s individual circumstance. The patient’s condition shall be observed so that if the patient does become able to receive directly information concerning Advance Directives, then a representative of the Agency will provide information concerning Advance Directives directly to the patient.



## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.007.1

Subject: Advance Directives

Applies: Professional Staff    Page: 2 of 7

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The Agency respects the implementation of any Advance Directive and will follow all physician orders and treatment decisions with regard to withholding or withdrawing of life-sustaining procedures. The Agency will respect all treatment decisions made in accordance with the Advance Directive by the patient in conjunction with the patient's physician.

The Agency will respect and follow the patient's oral or non-written Advance Directives which are legally made by following the decisions made by the patient's physician in accordance with those Advance Directives, or by another person duly authorized to act on behalf of the patient.

The Agency will honor and follow any treatment decisions legally made by the patient's attending physician, guardian, and/or family members in the event that the patient has not issued an Advance Directive and is incompetent to issue an Advance Directive.

The Agency will not withhold or withdraw life-sustaining procedures from pregnant patients.

The Agency will honor and follow all legal revocations of an Advance Directive, and notify the patient's physician of any revocation or attempted revocation of an Advance Directive.

The Agency will follow all expressed desires and wishes of the patient regardless of the patient's age or mental capacity with regard to an Advance Directive, except as to a DNR Order and a Declaration for Mental Health Treatment, in which instance the specific policies regarding those Advance Directives will be followed. The expressed desires of a patient with regard to an Advance Directive will be documented in the patient's medical records, discussed with the patient's physician, and documented in the medical record that this matter was discussed with the physician.

The Agency does not apply conditions to care/services or otherwise discriminate against an individual, specifically including but not limited to charging different prices for services, based on whether or not the individual has or has not executed an Advance Directive of any type, or whether an individual rescinds or revokes an Advance Directive. The Agency provides for education to staff and the community concerning Advance Directives.

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Each staff member, whether an employee or independent contractor of the Agency, shall inform the Administrator if that person cannot follow an Advance Directive due to a conscience objection to an Advance Directive.

### **Procedure:**

1. During the initial assessment/admission visit, ask the patient or patient's representative if the patient is not able to communicate, if the patient has prepared any type of Advance Directives, i.e., Directive to Physician, Medical Power of Attorney, Declaration of Mental Health Treatment, Out-of-Hospital Do Not Resuscitate Order (hereinafter referred to as a DNR Order). All representatives of the Agency shall also follow and document compliance with the policy concerning DNR orders at this time as well.
2. If the patient has prepared any Advance Directives, attempt to obtain a copy, if possible, of all documents. If a copy cannot be obtained, then document in the patient's clinical record that an attempt was made to obtain a copy of such documents but that such efforts were unsuccessful.
3. Ask the patient and the patient's representatives or family members if there is a guardian appointed or an application for the appointment of guardian for the patient is currently pending in court. If such a proceeding is pending, then so document that information in the patient's clinical records, and obtain a copy of all relevant court documents pertaining to the guardianship proceeding.
4. Ask the patient and the patient's representatives or family members about the patient's marital status. If the patient's marital status changes, then note the change, specifically the date thereof, in the patient's clinical record and contact the patient's attending physician and inform her/him of his change.
5. Document in the patient's clinical records the existence of any Advance Directives, specifically a DNR Order, and indicate the type of Advance Directive so executed specifically noting the date of the execution of each document.
6. When applicable, based on age and patient's sex, check the patient's clinical records to discover if the patient is pregnant, and ask the patient or the patient's representative to discover if the patient is pregnant. Document in the patient's clinical records that

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this action was taken. If the patient is pregnant or becomes pregnant during the time the Agency is providing care to that patient, that fact shall be documented in the patients clinical record so that each Agency employee or representative will understand that the Directive to Physicians and DNR Order, if any, are affected by the pregnancy of a patient.

7. At the time of admission and prior to providing any care, provide the patient with a written and verbal explanation of his/her rights under the patient Self-Determination Act, including the right to make decisions regarding medical treatment, the right to accept or refuse medical or surgical treatment, the right to file complaints concerning Advance Directives with the applicable state department or Agency responsible for regulating the Agency, and the right to formulate Advance Directives known as Directive to Physicians and Family or Surrogates, Declaration for Mental Health Treatment, and Out-of-Hospital Do Not Resuscitate Order. Document in the patient's clinical record whether the information was provided directly to the patient or to the patient's representative.
8. In the event that the patient is incapacitated or unable at the time of admission or start of care to receive information concerning Advance Directives, then provide such information concerning Advance Directives to the family member, surrogate, or person designated as an agent in a Medical Power of Attorney, as applicable in each patient's individual circumstance. The patient's condition shall be observed so that if the patient does become able to receive directly information concerning Advance Directives, then the Agency shall provide information concerning Advance Directives directly to the patient.
9. Complete the Advance Directive information sheet and place it in the patient's clinical record.
10. Notify and discuss with the patient's physician the existence and status of any Advance Directives issued by the patient, and alert and consult the physician any changes in the status of any of those Advance Directives.

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11. If a patient or the patient's representative revokes or attempts to revoke an Advance Directive, then the patient's attending physician and the Agency shall be contacted immediately and notified of the revocation or attempted revocation. If the revocation pertains to a Medical Power of Attorney, then the revocation shall be recorded in the patient's medical records once the Agency is informed of the revocation, the agent shall be notified of the revocation by the Agency, and the Agency shall notify all health care personnel responsible for the care of the patient of the revocation. If the revocation pertains to a Directive to Physicians, then once the Agency receives notice of the revocation from the patient's physician, the Agency will document the receipt of the revocation and inform all Agency personnel responsible for that patient's care of the revocation. If the revocation pertains to a DNR Order, then the Agency will follow the specific policy regarding DNR orders.
12. Contact the physician to coordinate the physician's orders with an Advance Directive.
13. Send a copy of the Advance Directive with the patient upon transfer to a hospital, if possible, but refer to and follow the specific policy regarding DNR orders in transfer situations.
14. Provide education to the community and staff regarding Advance Directives.
15. Although employees of the Agency are allowed to act as the second witness only to the signing of a patient's Directive to Physician and Family or Surrogate, Medical Power of Attorney and Out of Hospital DNR order it is recommended that a second witness to the signing be an outside party.
16. **DO NOT** act as a witness to the signing of the Declaration for Mental Health Treatment Directive.
17. If you have any questions regarding an Advance Directive for a patient, contact the patient's physician and your supervisor.
18. **DO NOT**, under any circumstances either:
  - A. Conceal, cancel, deface, obliterate, or damage any Advance Directive form or a DNR identification device, or
  - B. Falsify or forge any Advance Directive or withhold knowledge of a revocation or attempted revocation of any Advance Directive.Violation of this policy may result in the immediate termination of the employee.

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19. If a dispute arises concerning an Advance Directive, then the Agency shall contact the patient's physician immediately and follow the decision and orders of the patient's physician regarding the resolution of the dispute.

20. If a patient of any age or mental capacity expresses a desire in conflict with that patient's Advance Directive, the expressed desire of the patient supersedes the Advance Directive, except with regard to Out-of-Hospital Do Not Resuscitate Orders and Declarations for Mental Health Treatment, in which event the specific policies regarding these Advance Directives shall control. In such an event, the Agency will document the expressed desire in the patient's medical records and shall notify immediately the patient's physician of this event. The conversation with the patient's physician shall be documented in the patient's clinical records.

21. Advance Directives executed from another state will be honored as long as they comply with the law.

22. Advance Directives executed prior to September 1, 1999, will be honored under the old law.

23. If a patient has not executed an Advance Directive and is incompetent or incapable of communication, a Directive to Physician for Someone Who Has Not Issued a Directive and Is Incompetent or Incapable Of Communication can be executed. If the patient does not have a legal guardian or an agent under a Medical Power of Attorney, the attending physician and one person from the following categories, in the following priority, may make a treatment decision to withhold or withdraw life sustaining treatments:

- 1) The patient's spouse;
- 2) The patient's reasonably available adult children;
- 3) The patient's parents; or
- 4) The patient's nearest living relative.

If the guardian or one of the above listed surrogate decision-makers is not available, then a treatment decision to withhold or withdraw treatment must be concurred in by another physician who is not involved in the treatment or a representative of the ethics committee.

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**NOTE:** The term *Advance Directive* means a written or oral instruction such as a Directive to Physicians and Family or Surrogates, Out-of-Hospital Do Not Resuscitate Order, or Medical Power of Attorney, as recognized under state law. The term *Medical Power of Attorney* means a document delegating to an agent the authority to make health care decisions for the patient pursuant to applicable state law. The term *Directive to Physician and Family or Surrogates* means an instruction to withhold or withdraw life-sustaining procedures in the event of a terminal condition pursuant to applicable state law. The term *Out-of-Hospital Do Not Resuscitate Order* refers to an order not to perform certain procedures in the event of cardiac arrest.

### **Admission Enclosures:**

- (1) Advance Directive/Patient's Rights Information Packet
- (2) Advance Directive Information Sheet

### Attachments:

Advance Directive Information Sheet  
Medical Power of Attorney  
The Patients Right to Decide

# Health Care Advance Directives

## The Patient's Right to Decide

Every competent adult has the right to make decisions concerning his or her own health, including the right to choose or refuse medical treatment.

When a person becomes unable to make decisions due to a physical or mental change, such as being in a coma or developing dementia (like Alzheimer's disease), they are considered incapacitated. To make sure that an incapacitated person's decisions about health care will still be respected, the Florida legislature enacted legislation pertaining to health care advance directives (Chapter 765, Florida Statutes). The law recognizes the right of a competent adult to make an advance directive instructing his or her physician to provide, withhold, or withdraw life-prolonging procedures; to designate another individual to make treatment decisions if the person becomes unable to make his or her own decisions; and/or to indicate the desire to make an anatomical donation after death.

By law hospitals, nursing homes, home health agencies, hospices, and health maintenance organizations (HMOs) are required to provide their patients with written information, such as this pamphlet, concerning health care advance directives. The state rules that require this include 58A-2.0232, 59A-3.254, 59A-4.106, 59A-8.0245, and 59A-12.013, Florida Administrative Code.

## Questions About Health Care Advance Directives

### What is an advance directive?

It is a written or oral statement about how you want medical decisions made should you not be able to make them yourself and/or it can express your wish to make an anatomical donation after death. Some people make advance directives when they are diagnosed with a life-threatening illness. Others put their wishes into writing while they are healthy, often as part of their estate planning.

Three types of advance directives are:

- A Living Will
- A Health Care Surrogate Designation
- An Anatomical Donation

You might choose to complete one, two, or all three of these forms. This pamphlet provides information to help you decide what will best serve your needs.

### What is a living will?

It is a written or oral statement of the kind of medical care you want or do not want if you become unable to make your own decisions. It is called a living will because it takes effect while you are still living. You may wish to speak to your health care provider or attorney to be certain you have completed the living will in a way that your wishes will be understood.

**What is a health care surrogate designation?**

It is a document naming another person as your representative to make medical decisions for you if you are unable to make them yourself. You can include instructions about any treatment you want or do not want, similar to a living will. You can also designate an alternate surrogate.

**Which is best?**

Depending on your individual needs you may wish to complete any one or a combination of the three types of advance directives.

**What is an anatomical donation?**

It is a document that indicates your wish to donate, at death, all or part of your body. This can be an organ and tissue donation to persons in need, or donation of your body for training of health care workers. You can indicate your choice to be an organ donor by designating it on your driver's license or state identification card (at your nearest driver's license office), signing a uniform donor form (seen elsewhere in this pamphlet), or expressing your wish in a living will.

**Am I required to have an advance directive under Florida law?**

No, there is no legal requirement to complete an advance directive. However, if you have not made an advance directive, decisions about your health care or an anatomical donation may be made for you by a court-appointed guardian, your wife or husband, your adult child, your parent, your adult sibling, an adult relative, or a close friend.

The person making decisions for you may or may not be aware of your wishes. When you make an advance directive, and discuss it with the significant people in your life, it will better assure that your wishes will be carried out the way you want.

**Must an attorney prepare the advance directive?**

No, the procedures are simple and do not require an attorney, though you may choose to consult one. However, an advance directive, whether it is a written document or an oral statement, needs to be witnessed by two individuals. At least one of the witnesses cannot be a spouse or a blood relative.

**Where can I find advance directive forms?**

Florida law provides a sample of each of the following forms: a living will, a health care surrogate, and an anatomical donation. Elsewhere in this pamphlet we have included sample forms as well as resources where you can find more information and other types of advance directive forms.

**Can I change my mind after I write an advance directive?**

Yes, you may change or cancel an advance directive at any time. Any changes should be written, signed and dated. However, you can also change an advance directive by oral statement; physical destruction of the advance directive; or by writing a new advance directive.

If your driver's license or state identification card indicates you are an organ donor, but you no longer want this designation, contact the nearest driver's license office to cancel the donor designation and a new license or card will be issued to you.

**What if I have filled out an advance directive in another state and need treatment in Florida?**

An advance directive completed in another state, as described in that state's law, can be honored in Florida.



### **What should I do with my advance directive if I choose to have one?**

- If you designate a health care surrogate and an alternate surrogate be sure to ask them if they agree to take this responsibility, discuss how you would like matters handled, and give them a copy of the document.
- Make sure that your health care provider, attorney, and the significant persons in your life know that you have an advance directive and where it is located. You also may want to give them a copy.
- Set up a file where you can keep a copy of your advance directive (and other important paperwork). Some people keep original papers in a bank safety deposit box. If you do, you may want to keep copies at your house or information concerning the location of your safety deposit box.
- Keep a card or note in your purse or wallet that states that you have an advance directive and where it is located.
- If you change your advance directive, make sure your health care provider, attorney and the significant persons in your life have the latest copy.

If you have questions about your advance directive you may want to discuss these with your health care provider, attorney, or the significant persons in your life.

### **More Information On Health Care Advance Directives**

Before making a decision about advance directives you might want to consider additional options and other sources of information, including the following:

- As an alternative to a health care surrogate, or in addition to, you might want to designate a durable power of attorney. Through a written document you can name another person to act on your behalf. It is similar to a health care surrogate, but the person can be designated to perform a variety of activities (financial, legal, medical, etc.). You can consult an attorney for further information or read Chapter 709, Florida Statutes.

If you choose someone as your durable power of attorney be sure to ask the person if he or she will agree to take this responsibility, discuss how you would like matters handled, and give the person a copy of the document.

- If you are terminally ill (or if you have a loved one who is in a persistent vegetative state) you may want to consider having a pre-hospital Do Not Resuscitate Order (DNRO). A DNRO identifies people who do not wish to be resuscitated from respiratory or cardiac arrest. The pre-hospital DNRO is a specific yellow form available from the Florida Department of Health (DOH). Your attorney, health care provider, or an ambulance service may also have copies available for your use. You, or your legal representative, and your physician sign the DNRO form. More information is available on the DOH website, [www.doh.state.fl.us](http://www.doh.state.fl.us) or [www.MyFlorida.com](http://www.MyFlorida.com) (type DNRO in these website search engines) or call (850) 245-4440.

When you are admitted to a hospital the pre-hospital DNRO may be used during your hospital stay or the hospital may have its own form and procedure for documenting a Do Not Resuscitate Order.

- If a person chooses to donate, after death, his or her body for medical training and research the donation will be coordinated by the Anatomical Board of the State of Florida. You, or your survivors, must arrange with a local funeral home, and pay, for a preliminary embalming and transportation of the body to the Anatomical Board located in Gainesville, Florida. After being used for medical education or research, the body will ordinarily be cremated. The cremains will be returned to the loved ones, if requested at the time of donation, or the Anatomical Board will spread

the cremains over the Gulf of Mexico. For further information contact the Anatomical Board of the State of Florida at (800) 628-2594 or [www.med.ufl.edu/anatbd](http://www.med.ufl.edu/anatbd).

- If you would like to read more about organ and tissue donation to persons in need you can view the Agency for Health Care Administration's website <http://ahca.MyFlorida.com> (Click on "Site Map" then scroll down to "Organ Donors") or the federal government site [www.OrganDonor.gov](http://www.OrganDonor.gov). If you have further questions you may want to talk with your health care provider.
- Various organizations also make advance directive forms available. One such document is "Five Wishes" that includes a living will and a health care surrogate designation. "Five Wishes" gives you the opportunity to specify if you want tube feeding, assistance with breathing, pain medication, and other details that might bring you comfort such as what kind of music you might like to hear, among other things. You can find out more at:

Aging with Dignity  
[www.AgingWithDignity.org](http://www.AgingWithDignity.org)  
(888) 594-7437

Other resources include:

American Association of Retired Persons (AARP)  
[www.aarp.org](http://www.aarp.org)  
(Type "advance directives" in the website's search engine)

Your local hospital, nursing home, hospice, home health agency, and your attorney or health care provider may be able to assist you with forms or further information.

Brochure: End of Life Issues  
[www.FloridaHealthStat.com](http://www.FloridaHealthStat.com) (Under Reports and Guides)  
(888) 419-3456

## Living Will

Declaration made this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_, I, \_\_\_\_\_, willfully and voluntarily make known my desire that my dying not be artificially prolonged under the circumstances set forth below, and I do hereby declare that, if at any time I am mentally or physically incapacitated and

\_\_\_\_\_ (initial) I have a terminal condition,  
or \_\_\_\_\_ (initial) I have an end-stage condition,  
or \_\_\_\_\_ (initial) I am in a persistent vegetative state,

and if my attending or treating physician and another consulting physician have determined that there is no reasonable medical probability of my recovery from such condition, I direct that life-prolonging procedures be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying, and that I be permitted to die naturally with only the administration of medication or the performance of any medical procedure deemed necessary to provide me with comfort care or to alleviate pain.

I do \_\_\_\_, I do not \_\_\_\_ desire that nutrition and hydration (food and water) be withheld or withdrawn when the application of such procedures would serve only to prolong artificially the process of dying.

It is my intention that this declaration be honored by my family and physician as the final expression of my legal right to refuse medical or surgical treatment and to accept the consequences for such refusal.

In the event I have been determined to be unable to provide express and informed consent regarding the withholding, withdrawal, or continuation of life-prolonging procedures, I wish to designate, as my surrogate to carry out the provisions of this declaration:

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

I understand the full import of this declaration, and I am emotionally and mentally competent to make this declaration.

Additional Instructions (optional): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Signed) \_\_\_\_\_

Witness \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_

Witness \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Phone \_\_\_\_\_

*At least one witness must not be a husband or wife or a blood relative of the principal.*

Definitions for terms on the Living Will form:

“End-stage condition” means an irreversible condition that is caused by injury, disease, or illness which has resulted in progressively severe and permanent deterioration, and which, to a reasonable degree of medical probability, treatment of the condition would be ineffective.

“Persistent vegetative state” means a permanent and irreversible condition of unconsciousness in which there is: The absence of voluntary action or cognitive behavior of any kind and an inability to communicate or interact purposefully with the environment.

“Terminal condition” means a condition caused by injury, disease, or illness from which there is no reasonable medical probability of recovery and which, without treatment, can be expected to cause death.

These definitions come from section 765.101 of the Florida Statutes. The Statutes can be found in your local library or online at [www.leg.state.fl.us](http://www.leg.state.fl.us).

## Designation of Health Care Surrogate

Name: \_\_\_\_\_

In the event that I have been determined to be incapacitated to provide informed consent for medical treatment and surgical and diagnostic procedures, I wish to designate as my surrogate for health care decisions:

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
Phone: \_\_\_\_\_

If my surrogate is unwilling or unable to perform his or her duties, I wish to designate as my alternate surrogate:

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

I fully understand that this designation will permit my designee to make health care decisions and to provide, withhold, or withdraw consent on my behalf; or apply for public benefits to defray the cost of health care; and to authorize my admission to or transfer from a health care facility.

Additional instructions (optional):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I further affirm that this designation is not being made as a condition of treatment or admission to a health care facility. I will notify and send a copy of this document to the following persons other than my surrogate, so they may know who my surrogate is.

Name \_\_\_\_\_  
Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Witnesses            1. \_\_\_\_\_  
                             2. \_\_\_\_\_

*At least one witness must not be a husband or wife or a blood relative of the principal.*

## Uniform Donor Form

The undersigned hereby makes this anatomical gift, if medically acceptable, to take effect on death. The words and marks below indicate my desires:

I give:

(a) \_\_\_\_\_ any needed organs or parts

(b) \_\_\_\_\_ only the following organs or parts for the purpose of transplantation, therapy, medical research, or education:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(c) \_\_\_\_\_ my body for anatomical study if needed. Limitations or special wishes, if any:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed by the donor and the following witnesses in the presence of each other:

Donor's Signature \_\_\_\_\_ Donor's Date of Birth \_\_\_\_\_

Date Signed \_\_\_\_\_ City and State \_\_\_\_\_

Witness \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Witness \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

You can use this form to indicate your choice to be an organ donor. Or you can designate it on your driver's license or state identification card (at your nearest driver's license office).

The card below may be used as a convenient method to inform others of your health care advance directives. Complete the card and cut it out. Place in your wallet or purse. You can also make copies and place another one on your refrigerator, in your car glove compartment, or other easy to find place.

<b>Health Care Advance Directives</b>	
I, _____ have created the following Advance Directives:	
___	Living Will
___	Health Care Surrogate Designation
___	Anatomical Donation
___	Other (specify) _____
----- FOLD -----	
<b>Contact:</b>	
Name	_____
Address	_____ _____ _____
Phone	_____
Signature	_____ Date _____

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## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.007.2  
Subject: Declaration for Mental Health Treatment  
Applies: All Staff    Page: 1 of 3

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**Purpose:** The purpose of this policy is to ensure the proper documentation and following of a Declaration for Mental Health Treatment.

**Policy:** The Agency will follow and provide health care in accordance with all valid and legal Declarations for Mental Health Treatment executed by a patient of the Agency, and shall also follow all legal and valid revocations of such Declarations.

The Agency staff will document the existence of any Declarations for Mental Health Treatment in the medical records of each patient, and shall inform each patient of the Agency, prior to or at the time of admission to the Agency of the rights of a patient regarding the execution of a Declaration for Mental Health Treatment. The Agency staff will attempt to obtain a copy of any and all Declarations for Mental Health Treatment, and all written revocations.

The Agency and its staff will not discriminate in any manner against any patient of the Agency based upon the execution or non-execution of a Declaration for Mental Health Treatment, specifically including but not limited to, charging a different rate, discharging, refusing to admit, or conditioning the provision of care upon the basis of whether or not the patient has, is, or will execute or revoke a Declaration for Mental Health Treatment.

The Agency staff shall not administer psychoactive medications to a patient or provide any psychoactive treatments. The Agency shall not administer any form of electroconvulsive or convulsive treatments to a patient.

**Procedure:**

1. At the time of admission or prior to admission, the patient shall be informed of the patient's rights regarding Advance Directives, specifically including a Declaration for Mental Health Treatment. This notice shall be given in writing and orally to the patient in accordance with the policy regarding Advance Directives.
2. The Agency staff shall attempt to obtain a copy of any Declarations for Mental Health Treatment and any revocations for each patient, and shall document such attempts were made in the patient's medical records.
3. If a patient has or does execute a Declaration for Mental Health Treatment, the Agency staff shall note that fact in the patient's medical records, specifically



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Subject: Declaration for Mental Health Treatment

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including the date of the execution of the Declaration for Mental Health Treatment. The Agency's Director of Nurses shall be notified of the execution or revocation of each patient's Declaration for Mental Health Treatment, and the Director of Nurses shall then notify that patient's physician of the execution or revocation of a patient's Declaration for Mental Health Treatment.

4. The Agency staff shall make inquiries of the patient, the patient's family, the patient's neighbors, if any, and of the courts to determine if a guardianship exists for the patient. If a guardianship does exist, the Agency shall take steps to obtain a copy of the court's file, specifically noting the date of the appointment of the guardian. If the guardian was appointed before the execution of a Declaration for Mental Health Treatment, the Agency shall note this in the patient's medical records.
5. The Agency staff shall follow a patient's Declaration for Mental Health Treatment to the fullest extent possible unless one of the following circumstances apply, but the patient shall not be administered any form of electroconvulsive or convulsive treatment or any psychotropic medications
  - (a) more than three (3) calendar years has elapsed since it was executed, and no Declaration for Mental Health Treatment was executed at a later date so long as the patient is not incapacitated, so that if the patient is incapacitated, the Declaration remains in effect until the patient is no longer incapacitated as that term is defined in applicable law;
  - (b) the patient revokes the Declaration for Mental Health Treatment by:
    1. at a time when the patient is competent, the patient notifies a licensed or certified health care provider that the patient revokes the Declaration for Mental Health Treatment;
    2. the patient engages in any act demonstrating a specific intent to revoke the Declaration for Mental Health Treatment; or,
    3. the patient executes a later Declaration for Mental Health Treatment, or

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- (c) in the case of an emergency as defined as a situation in which treatment is immediately necessary to prevent:
1. probable imminent death or serious bodily injury to the patient because the patient either overtly or continually is threatening or attempting to commit suicide or serious bodily injury to the patient, or
  2. probable imminent death or serious bodily injury to the patient because the patient is behaving in a manner that indicates that the patient is unable to satisfy the patient's needs for nourishment, essential medical care, or self-protection, or
  3. imminent physical or emotional harm to another because of threats, attempts, or other acts of the patient.

6. The Agency shall ensure that the patient's physician is notified immediately of any change in the patient's Declaration for Mental Health Treatment status or if any event described in paragraph number five (5) *supra* occurs.
7. If any member of the Agency staff has any doubt concerning how to provide mental health care, the Administrator shall be consulted at once. If any member of the Agency staff thinks that he/she cannot provide care in accordance with the terms of a patient's valid Declaration for Mental Health Treatment, then the staff member shall immediately notify the staff member's supervisor. The Agency will only withdraw from providing care in accordance with the terms of a patient's valid Declaration for Mental Health Treatment if the patient or the patient's guardian is notified immediately of that decision and the notification of the patient or the patient's guardian is noted in the patient's medical record.
8. The Agency staff shall not administer psychoactive medications to a patient or provide any psychoactive treatments.

Attachments Follow:

*Declaration for Mental Health Treatment*

# Declaration for Mental Health Treatment

## DECLARATION FOR MENTAL HEALTH TREATMENT

I, \_\_\_\_\_, being an adult of sound mind, willfully and voluntarily make this declaration for mental health treatment to be followed if it is determined by a court that my ability to understand the nature and consequences of a proposed treatment, including the benefits, risks, and alternatives to the proposed treatment is impaired to such an extent that I lack the capacity to make mental health treatment decisions. "Mental health treatment" means electro convulsive or other convulsive treatment, treatment of mental illness with psychoactive medication, or preferences regarding emergency mental health treatment.

(OPTIONAL:)

I understand that I may become incapable of giving or withholding informed consent for mental health treatment due to the symptoms of a diagnosed mental disorder. These symptoms may include:

### PSYCHOACTIVE MEDICATIONS

If I become incapable of giving or withholding informed consent for mental health treatment, my wishes regarding psychoactive medications are as follows:

\_\_\_ I consent to the administration of the following medications:

\_\_\_ I do not consent to the administration of the following medications:

\_\_\_ I do consent to the administration of a Federal Drug Administration (FDA) approved medication that was only approved and in existence after my declaration and that is considered in the same class of psychoactive medications as stated below:

Conditions or limitations:

### CONVULSIVE TREATMENT

If I become incapable of giving or withholding informed consent for mental health treatment, my wishes regarding convulsive treatment are as follows:

\_\_\_ I consent to the administration of convulsive treatment.

\_\_\_ I do not consent to the administration of convulsive treatment:

Conditions or limitations:

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# Declaration for Mental Health Treatment

## PREFERENCES FOR EMERGENCY TREATMENT

Options for treatment prior to use of restraint, seclusion and /or medications.

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Conditions or limitations:

### OPTIONAL

In an emergency, I prefer the following treatment

FIRST: (circle one)

Restraint/Seclusion/Medication

### OPTIONAL

In an emergency, I prefer the following treatment

SECOND: (circle one)

Restraint/Seclusion/Medication

### OPTIONAL

In an emergency, I prefer the following treatment

THIRD: (circle one)

Restraint/Seclusion/Medication

\_\_\_\_\_ I prefer a male/female to administer restraint, seclusion and/or medications.

## ADDITIONAL REFERENCES OR INSTRUCTIONS

Conditions or limitations:

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\_\_\_\_\_  
SIGNATURE OF PRINCIPAL

\_\_\_\_\_  
Date

# Declaration for Mental Health Treatment

## STATEMENT OF WITNESSES

I declare under penalty of perjury that the principal's name has been represented to me by the principal, that the principal signed or acknowledged this declaration in my presence, that I believe the principal to be of sound mind, that the principal has affirmed that the principal is aware of the nature of the document and is signing it voluntarily and free from duress, that the principal requested that I serve as witness to the principal's execution of this document, and that I am not a provider of health or residential care to the principal, an employee of a provider of health or residential care to the principal, an operator of a community health care facility providing care to the principal, or an employee of an operator of a community health care facility providing care to the principal.

I declare that I am not related to the principal by blood, marriage or adoption and that to the best of my knowledge I am not entitled to and do not have a claim against any part of the estate of the principal on the death of the principal under a will or by operation of law.

Witness Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_

Witness Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Address: \_\_\_\_\_

## NOTICE TO PERSON MAKING A DECLARATION FOR MENTAL HEALTH TREATMENT

This is an important legal document. It creates a declaration for mental health treatment. Before signing this document, you should know these important facts:

This document allows you to make decisions in advance about mental health treatment and specifically three types of mental health treatment: psychoactive medication, convulsive therapy and emergency mental health treatment. The instructions that you include in this declaration will be followed only if a court believes that you are incapable of making treatment decisions. Otherwise, you will be considered able to give or withhold consent for the treatments.

This document will continue in effect for a period of three years unless you become incapacitated to participate in mental health treatment decisions. If this occurs, the directive will continue in effect until you are no longer incapacitated.

You have the right to revoke this document in whole or in part at any time you have not been determined to be incapacitated. **YOU MAY NOT REVOKE THIS DECLARATION WHEN YOU ARE CONSIDERED BY A COURT TO BE INCAPACITATED.** A revocation is effective when it is communicated to your attending physician or other health care provider.

If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you. This declaration is not valid unless it is signed by two qualified witnesses who are personally known to you and who are present when you sign or acknowledge your signature.

## Abundant Life Home Health Agency, LLC

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Category:	Rights, Responsibilities and Ethics	Number:	3.009.1
Subject:	Coordination of Client Care		
Applies:	All Clinical Staff	Page:	1 of 2

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**Purpose:** To ensure that all staff and agencies providing services to a client are engaged in effective interchange, reporting, and coordination of care regarding the client. Ensure that documentation in the patient's clinical record shows coordination of services.

**Policy:** All service providers involved in the care of a client, including contracted health care professionals or another Agency, will be engaged in an effective interchange, reporting, and coordination of care regarding the client. All such coordination of care will be documented in the client record. Each client will be assessed upon admission as to identify any other agencies providing services to the client.

**Procedure:**

1. Upon admission, the patient will be assigned to an RN case manager for the purpose of care oversight and coordination of services.
2. The admitting SN/PT will identify any agencies involved in providing care.
3. If indicated, the referring source will be contacted for clarification and the patient will be given a choice of agencies and that choice will be honored.
4. Efforts will be made to ensure avoidance of duplication of services and referrals will be made for additional community resources as needed.
5. The clinical record will contain appropriate documentation to support steps taken in the process of client care coordination including contracted health care professionals providing care.
6. All personnel furnishing services will maintain liaison to ensure that their efforts are coordinated effectively.
7. Coordination of care among the health care providers will support the objectives outlined in the plan of care.
8. The clinical record establishes that effective interchange, reporting and coordination of patient care do occur through message documents, communication forms and/or case conferences.

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.009.1

Subject: Coordination of Client Care

Applies: All Clinical Staff    Page: 2 of 2

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9. A written summary report for each patient will be sent to the attending physician at least every 60 days.
10. Case conferences support coordination of services.
  - a. Case conferences occur as needed, but they are required @ least every 60 days to coordinate patient care. Case conferences are attended by appropriate Agency's staff and contracted caregivers to ensure effective interchange of information about patient care and to assure coordination of care and services.
  - b. The agency staff:
    - Conducts case conferences either face to face or by telephone.
    - Notifies the physician, patient and family and other staff of significant events or revisions in the plan.
  - c. Staff document case conferences on Case Conference form
11. The Agency ensures that staff providing services under arrangement or contract participate in the coordination of services.
12. Staff shall communicate patient's condition, care, treatment, medications, services, and any recent or anticipated changes to any of these to all other relevant staff members to ensure quality care in a timely manner.

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.010.1  
Subject: Home Health Advance Beneficiary Notice (HHABN)  
Applies: All Staff    Page: 1 of 5

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**Purpose:** To ensure that Medicare beneficiaries receive timely, accurate, complete, and useful notices which will enable them to make informed consumer decisions, with a proper understanding of their rights to a Medicare initial determination, their appeals rights in the case of payment denial and how these rights are waived if they refuse to allow their medical information to be sent to Medicare.

**Policy:** This policy applies when the Agency, initiates, reduces, or terminates Medicare benefits without advanced notice and/or believes Medicare will not pay for care related to any one of the statutory bases:

1. Not medically necessary and reasonable
2. Custodial care exclusion
3. Not homebound
4. Does not need intermittent skilled care

When the HHA expects payment for the home health services will be denied by Medicare or covered services are reduced or terminated without advanced notice, the beneficiary must be advised before home health care is initiated, continued, reduced or terminated. These notices must be issued by the HHA each time a trigger event occurs as described below. (Failure to do so is a violation of the Medicare HHA Conditions of Participation in the Medicare Program and may result in the HHA being held liable under the Limitation on Liability Provision.)

### Trigger Events for the HHABN:

#### **Initiation of Care for each episode:**

HHABN (CMS-R-296) is required when any of the following situations exist and the beneficiary wishes to receive services regardless.

- Services not ordered by physician - Option 1
- No beneficiary need for intermittent skilled nursing care, PT, SLP or continuing OT - Option 1
- Beneficiary not homebound - Option 1
- Services not reasonable and necessary - Option 1
- Services custodial in nature (housekeeping) - Option 1
- Item or service not a Medicare benefit under Title XVIII - Option 1
- Beneficiary charged for assessment, but no admission to home care - Option 1



## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.010.1  
Subject: Home Health Advance Beneficiary Notice (HHABN)  
Applies: All Staff    Page: 2 of 5

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### **Reduction of Care:**

HHABN (CMS-R-296) is required when any of the following situations exist.

- Some previously covered services reduced because beneficiary no longer meets coverage criteria - Option 1
- Reduction of services (includes duration of visits) not planned/anticipated in POC; not communicated in advance with beneficiary - Option 3
- Reduction of services (not the beneficiary's choice) - Option 1
- Covered/noncovered services reduced for HHA financial or other HHA reasons - Option 2
- Covered/noncovered services reduced for HHA financial or other HHA reasons

### **Termination of Care:**

HHABN (CMS-R-296) is required when any of the following situations exist.

- All noncovered services ending – Generic Expedited Review Only
- All covered services ending, but noncovered services continue - Option 1 and a Generic Expedited
- All covered/noncovered services ending for HHA financial or other HHA reasons – Option 2

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.010.1  
Subject: Home Health Advance Beneficiary Notice (HHABN)  
Applies: All Staff    Page: 3 of 5

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### **Procedure for Notifying Beneficiary of suspected non Medicare coverage: Option 1**

- a. Upon any of the aforementioned applicable triggering events and prior to the beneficiary receiving the item(s), and/or service(s) an HHABN must be delivered to the beneficiary in person. The entire HHABNs and its contents must be explained, and all of the beneficiary's questions must be answered orally, prior to having the beneficiary sign. This notice should be far enough in advance to give the beneficiary time to make an informed choice, but not so far in advance as to cause confusion about what care is described by the HHABN.
  - a.) Some allowance is made for delivery prior to furnishing the care at issue when unforeseen circumstances arise. This should be avoided whenever possible, but is permissible as long as the beneficiary still can make an informed choice.
  - b.) When it is not possible to deliver an HHABN, contact the beneficiary by telephone, followed as soon as possible by a personal visit, this must be done before items and/or services are, reduced or terminated.
- b. The HHABN must convey genuine doubt regarding the likelihood that Medicare may not pay for the listed item(s) and/or service(s), and the reason(s) the HHA expects that Medicare may not pay for each listed item or service, the estimated cost for each item and/or service, and the beneficiary's options.
- c. A signed copy must be retained for the medical record and a copy should be left with the beneficiary.
- d. Notify the physician that it is expected that Medicare will not pay for services ordered and of the patient's decision once options have been explained.
- e. The HHABN shall be provided to the beneficiary no later than the end of the business day following the day on which the assessment of non-covered services was determined unless there is circumstance for a delay. In this case, those circumstances must be clearly documented in the medical record.
- f. If the beneficiary refuses to sign the HHABN, the Agency may reduce, terminate or not initiate services on the date specified in the notice, which was provided to the beneficiary. This action is limited to those services specified in the notice.

## Abundant Life Home Health Agency, LLC

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Category:	Rights, Responsibilities and Ethics	Number:	3.010.1
Subject:	Home Health Advance Beneficiary Notice (HHABN)		
Applies:	All Staff	Page:	4 of 5

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- g. In the event that the beneficiary selects Option 1, Selection #3. A demand bill must be sent to Medicare. Refer to CMS Manual Pub 100-04 Chapter 30 for demand billing procedures.

### **Procedure for Notifying Beneficiary when Services and/or Items will no longer be provided for Financial or other HHA reasons: Option 2**

1. Upon any of the aforementioned applicable triggering events and prior to termination or reduction of items and/or services based on financial or HHA reasons an HHABN must be delivered to the beneficiary in person. The entire HHABNs and its contents must be explained, and all of the beneficiary's questions must be answered orally, prior to having the patient sign. The notice should be far enough in advance to give the beneficiary time to make an informed choice, but not so far in advance as to cause confusion about what care is described by the HHABN.
2. A signed copy must be retained for the medical record and a copy should be left with the beneficiary.
3. Notify the physician that services and/or items are to be reduced or terminated
4. If the beneficiary refuses to sign the HHABN, the Agency may reduce and/or terminate on the date specified in the notice, which was provided to the beneficiary. This action is limited to those services specified in the notice.

### **Procedure for Notifying Beneficiary when Services and/or Items will be reduced by physician's orders. Option 3**

1. Upon any of the aforementioned applicable triggering events an HHABN and prior to reduction of items and/or services based on physician's orders an HHABN must be delivered to the beneficiary in person. The entire HHABNs and its contents must be explained, and all of the beneficiary's questions must be answered orally, prior to having the patient sign. The notice should be far enough in advance to give the beneficiary time to make an informed choice, but not so far in advance as to cause confusion about what care is described by the HHABN.

## Abundant Life Home Health Agency, LLC

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Category:	Rights, Responsibilities and Ethics	Number:	3.010.1
Subject:	Home Health Advance Beneficiary Notice (HHABN)		
Applies:	All Staff	Page:	5 of 5

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2. A signed copy must be retained for the medical record and a copy should be left with the beneficiary
3. If the beneficiary refuses to sign the HHABN, the Agency may reduce the services and/or items on the date specified in the notice, which was provided to the beneficiary. This action is limited to those services specified in the notice.

### General Guidelines for filling out the HHABN

The HHABN should be used to describe reductions in either supplies or services. This is even true for care, like wound care, where delivery of supplies and services is highly integrated. Thus, notice would still be required if frequency of services was reduced although level of supplies remained constant. The converse would also be true, i.e., services remain constant and the level of supplies is decreased.

General descriptions of multi-faceted services or supplies are permitted. For example, “wound care supplies” would be a sufficient description of a group of items used to provide this care. An itemized list of each supply is not required.

When a reduction occurs, enough additional information must be included so that the beneficiary understands the nature of the reduction. For example, entering “wound care supplies weekly (now to be provided monthly)” would be appropriate to describe a decrease in frequency for this category of supplies, whereas just writing “wound care supplies” would not be sufficient in this particular case.

The reasons provided must be in plain language that allows the beneficiary to understand why the notice is being given and enables the beneficiary to make an informed choice about accepting financial liability

The level of detail in the reason given should at a minimum be similar to that found in a Medicare Summary Notice (MSN) message. For example, a Step 4 entry could be: “you are no longer homebound” or, even more consistent with the related MSN message: “you can now leave your home unaided.”

#### Attachment:

HHABN Triggering Event Chart  
HHABN



## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.011.1  
Subject: Patient Privacy Rights  
Applies: All Staff    Page: 2 of 2

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Verification of the above procedure will be verified by the Patient/Caregiver signature found in the consent for services agreement.

Patient/Caregiver Requests to see, review, copy or change their assessments will be conducted as outlined below:

- If the patient should request from the Agency to see or review their assessment information:
  - the Clinical Case Manager may arrange this opportunity.
- If the patient requests to copy the assessment form:
  - the Clinical Case Manager/DON will be notified and a written request will be obtained with Patient/Caregiver signature and date upon receipt of copy.
- If the patient requests a change in the assessment:
  - the Clinical Case Manager/DON will be notified and a written request will be obtained with Patient/Caregiver signature and date.
  - the Clinical Case Manager/DON will review the request with the PT that performed the assessment.
    - If no change is granted, Clinical Case Manager/DON documents Patient/Caregiver notification.
    - If the information has been transmitted to the State database, the Agency will inform the patient of their right to contact HCFA as indicated in the "Privacy Act Statement".
    - If the change is granted, the Agency documents Patient/Caregiver notification and the Agency proceeds with Policy 5.003.1 "OASIS Corrections".

### FORMS:

Statement of Patient Privacy Rights

Privacy Act Statement – Health Care Records

Notice About Privacy – For Patients Who Do Not Have Medicare or Medicaid Coverage

### Attachments:

Statement of Patient Privacy Rights

Privacy Act Statement

Notice About Privacy



**Abundant Life Home Health Agency, LLC  
New Admission Packet**

**HIPAA Notice of Privacy Practices**

**In compliance with HIPAA - The Health Insurance Portability and Accountability Act of 1996**

If you are a client of Abundant Life Home Health Agency, LLC , this notice describes how your medical information may be used and disclosed and how you can get access to this information. Please review this notice carefully.

**I. USES AND DISCLOSURES**

The Agency will not disclose your health information without your authorization, except as described in this notice.

***Plan of Care/Treatment.*** The Agency will use your health information for the plan of care/treatment; for example, information obtained by a nurse/therapist will be recorded in your record and used to determine the course of treatment. Your nurse/therapist and other health care professionals will communicate with one another personally and through the case record to coordinate care provided. You may receive more than one service (program) during your treatment period with such information shared between programs.

***Payment.*** The Agency will use your health information for payment for services rendered. For example, the Agency may be required by your health insurer to provide information regarding your health care status so that the insurer will reimburse you or the Agency. The Agency may also need to obtain prior approval from your insurer and may need to explain to the insurer your need for home care and the services that will be provided to you.

***Health Care Operations.*** The Agency will use your health information for health care operations. For example, Agency therapist, nurses, field staff, supervisors and support staff may use information in your case record to assess the care and outcomes of your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of services we provide. Regulatory and accrediting organizations may review your case record to ensure compliance with their requirements.

***Notification.*** In an emergency, the Agency may use or disclose health information to notify or assist in notifying a family member, personal representative or another person responsible for your care, of your location and general condition.

***Workers' Compensation.*** The Agency may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs established by the law.

***Public Health.*** As required by federal and state law, the Agency may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury or disability.

***Law Enforcement.*** As required by federal and state law, the Agency will notify authorities of alleged abuse/neglect; and risk or threat of harm to self or others. We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.

***Charges against the Agency.*** In the event you should file suit against the Agency, the Agency may disclose health information necessary to defend such action.



**Abundant Life Home Health Agency, LLC  
New Admission Packet**

## **HIPAA Notice of Privacy Practices**

***Duty to Warn.*** When a client communicates to the Agency a serious threat of physical violence against himself, herself or a reasonably identifiable victim or victims, the Agency will notify either the threatened person(s) and/or law enforcement.

The Agency may also contact you about appointment reminders, treatment alternatives or for public relations activities.

In any other situation, the Agency will request your written authorization before using or disclosing any identifiable health information about you. If you choose to sign such authorization to disclose information, you can revoke that authorization to stop any future uses and disclosures.

### **II. INDIVIDUAL RIGHTS**

You have the following rights with respect to your protected health information:

1. You may request in writing that the Agency not use or disclose your information for treatment, payment or administration purposes or to persons involved in your care except when specifically authorized by you, when required by law, or in emergency situations. The Agency will consider your request; however, the Agency is not legally required to accept it. You have the right to request that your health information be communicated to you in a confidential manner such as sending mail to an address other than your home.
2. Within the limits of the statutes and regulations, you have the right to inspect and copy your protected health information. If you request copies, the Agency will charge you a reasonable amount, as allowed by statute.
3. If you believe that information in your record is incorrect or if important information is missing, you have the right to submit a request to the Agency to amend your protected health information by correcting the existing information or adding the missing information.
4. You have the right to receive an accounting of disclosures of your protected health information made by the Agency for certain reasons, including reason related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to Privacy Officer. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting request may not be made for periods of time in excess of six (6) years. The Agency would provide the first accounting you request during any 12-month period without charge. Subsequent accounting request may be subject to a reasonable cost based fee.
5. If this notice was sent to you electronically, you may obtain a paper copy of the notice upon request to the Agency.

### **III. AGENCY'S DUTIES**

1. The Agency is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information.





**Abundant Life Home Health Agency, LLC  
New Admission Packet**

## **HIPAA Notice of Privacy Practices**

2. The Agency is required to abide by the terms of this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time.

3. The Agency reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that it maintains. Prior to making any significant changes in our policies, Agency will change its Notice and provide you with a copy. You can also request a copy of our Notice at any time. For more information about our privacy practices, please contact the office 727-286-8916.

### **IV. COMPLAINTS**

If you are concerned that the Agency has violated your privacy rights, or you disagree with a decision the Agency made about access to your records, you may contact the office at 727-286-8916. You may also send a written complaint to the Federal Department of Health and Human Services. The Abundant Life Home Health Agency, LLC office staff can provide you with the appropriate address upon request. Under no circumstances will you be retaliated against for filing a complaint.

### **V. CONTACT INFORMATION**

The Agency is required by law to protect the privacy of your information, provide this Notice about our information practices, and follow the information practices that are described in this Notice.

If you have any questions or complaints, please contact:

Traci Brissett, LPN  
Privacy Officer

You may contact this person at:

**Abundant Life Home Health Agency, LLC**  
4511 N. Himes Ave, Ste 200  
Tampa, FL, 33614  
727-286-8916

Complaints may also be directed to State Licensing Authority without fear of retaliation.

Bureau of Health Facility Regulation  
Home Care Unit  
2727 Mahan Drive - Mail Stop #34  
Tallahassee, FL 32308  
(850) 412-4403 Phone  
(850) 922-5374 Fax

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.012.1

Subject: Facilitating Communication

Applies: All Staff    Page: 1 of 5

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**Policy:** To assure those patient/clients and personnel with speech, and/or hearing impairments, as well as those who have a limited vocabulary, have access to appropriate interpretive assistance to benefit from the services of the Agency. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc.

- a. The home health Agency will not discriminate against any person because of a communication barrier.
- b. The home health Agency will treat all patients/clients with respect and dignity.
- c. The home health Agency staff will consistently and clearly communicate with patients/clients in a language or form they can reasonably understand.
- d. When communication barriers exist, the Agency will facilitate communication by using special devices, interpreters or other communication aids free of charge.
- e. Administrator or designee will:
  - Maintain and routinely update a list of all bilingual persons, organizations and staff members who are available to provide bilingual services, and contract with Language line as a backup as well as those capable of sign language.

### DEFINITIONS

Hearing Impaired. Difficulty hearing and/or discriminating oral conversation either in a face-to-face situation or over the telephone. An individual with this impairment may require a hearing aid, telephone amplifier, Telecommunication Device for the Deaf (TDD) or sign language interpreter.

Communicatively Impaired. Expressive or receptive language deficits which may be present after an illness or injury. This may include individuals with voice disorders, laryngectomy, glossectomy, or cognitive disorders.

Limited English Proficiency (LEP): One whose command of the English language is not sufficient to promote meaningful interaction for service.

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.012.1  
Subject: Facilitating Communication  
Applies: All Staff    Page: 2 of 5

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Telecommunication Device for the Deaf (TDD): A small, typewriter-style instrument which allows a person to make or receive a telephone call directly without using another person to interpret.

### **Procedures:**

1. The Patient Initial Assessment Form reflects information as to the patient/client's communication ability. If there is any question as to the patient/client's ability to communicate properly, the assessment should stop and a translator be located or language line service initiated free of charge to the patient.
2. All patients/clients will receive a copy of the Service Agreement containing information on Patient's Rights and Responsibilities, Grievance Procedures and Advance Directives.
3. These forms will be available in English. If there is a need to interpret these forms in another language, an interpreter shall be located. (Since the English version of the "Patient Authorization Release" is to be forwarded to other agents, it is necessary to have the patient/client sign both the English and other forms and attach them together.) For all other patients/clients speaking languages other than English, the home health Agency will locate an interpreter to communicate all Agency policies and procedures of the home health Agency relevant to the care of the patient/client free of charge. (See List of Interpreters)
4. For the visually impaired patient/client:
  - The RN/Therapist will read aloud all documents normally provided to the patient/client and ascertain that the person has heard and understands what was read. The RN/Therapist documents this in the clinical record.
  - The RN/Therapist will make available for the patient/client's usage any large print patient/client information that may be available applicable to his/her disease process, (i.e., colostomy, diabetic care, heart disease.)
  - In addition, staff is available to assist persons who are blind or who have low vision in filling out forms and in otherwise providing information in a written format.

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.012.1

Subject: Facilitating Communication

Applies: All Staff    Page: 3 of 5

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### 5. For the hearing impaired patient/client:

- The RN/Therapist interviewing the patient/client ascertains the patient/client's preferred methods of communication (i.e., paper and pencil, lip reading or sign language.)
- If the preferred method is sign language, the RN/Therapist provides the List of Available Interpreters.
- For the following auxiliary aids and services, staff will contact the Administrator, who is responsible to provide the aids and services in a timely manner: Note-takers; computer-aided transcription services; telephone handset amplifiers; written copies of oral announcements; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning; telecommunications devices for deaf persons (TDDs); videotext displays; or other effective methods that help make aurally delivered materials available to individuals who are deaf or hard of hearing.

### 6. Obtaining the use of TDD:

- Hearing or communicatively impaired individuals who have access to a TDD instrument and can call the Relay Service to enable them to communicate with personnel of the Agency.
- In the event it becomes necessary for Agency personnel to initiate telephone communication with an individual who is hearing or communicatively impaired, relay service can be utilized.

### 7. For Patients with Speech Impairments:

- To ensure effective communication with persons with speech impairments, staff will contact the Administrator who is responsible to provide the aids and services in a timely manner:
- Writing materials; typewriters; TDDs; flashcards; alphabet boards; communication boards are available.

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.012.1  
Subject: Facilitating Communication  
Applies: All Staff    Page: 4 of 5

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### 8. For Persons With Manual Impairments

- Staff will assist those who have difficulty in manipulating print materials by holding the materials and turning pages as needed, or by providing one or more of the following: Note-takers; computer-aided transcription services; speaker phones; or other effective methods that help to ensure effective communication by individuals with manual impairments. For these and other auxiliary aids and services, staff will contact the Administrator who is responsible to provide the aids and services in a timely manner.

### 9. For patients/clients who require an interpreter:

- During the admission process, patients/clients will be notified that an interpreter is available at no cost. The patient may request a family member or friend to interpret, but issues of competency, confidentiality, privacy and conflict of interest will be considered.
- Children or other patients/clients may not be used to translate, to protect patient confidentiality.
- The choice of the client/patient and presence of an interpreter will be documented after every visit.
- The Agency will maintain a list of Agency personnel who speak languages other than English and availability.
- When translation of vital documents is needed the Administrator will submit documents for translation. Original documents being submitted for translation will be in final, approved form with updated and accurate legal and medical information.
- This agency will provide translation of other written materials, if needed, as well as written notice of the availability of translation, free of charge, for LEP individuals.
- Documents that have been requested for translation 5 or more times into a single other language will be kept available from then on.

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.012.1

Subject: Facilitating Communication

Applies: All Staff    Page: 5 of 5

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This agency will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted and provided in entrance area of the agency/lobby and provided during the admission visit. Notification will also be provided through one or more of the following: outreach documents, telephone voice mail menus, local newspapers, radio and television stations, and/or community-based organizations (include those areas applicable to your facility).

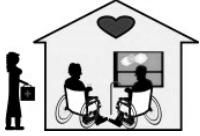
On an ongoing basis, this agency will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, this agency will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from patients and community organizations, etc.

### Attachments:

List of Available Interpreters

Report of Use of Language/Communication Services

I Speak Cards



## **Abundant Life Home Health Agency, LLC**

### **List of Available Interpreters**

We currently have a contract with Language Line Personal Interpreter Service.

Languages: All Languages

Hours of Availability: 24 hours a day/ 7 days a week

To connect to an interpreter:

- Dial 1-888-808-9008
- At the prompt, enter our 8 digit pin: 48918471
- Speak the name of the desired language (i.e. Spanish)
- If the language you requested is correct, press 1
- You'll be asked if you need the service needs to dial a third party for you (For our services, you should be in the room with the patient. No third party will be necessary)  
Say no, and you should be directly connected to an interpreter.
- Once the interpreter is connected, tell him/her what you want translated (phrase by phrase).
- Once the conversation is completed, state "The conversation is over" and hang up.

- |   |                        |
|---|------------------------|
| <input type="checkbox"/> <p>ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.</p>                                   | 1. Arabic              |
| <input type="checkbox"/> <p>Խոսողո՞ւմ ե՞սք նշո՞ւմ կատարե՞ք այս քանակուսու՞մ, եթե խոսո՞ւմ կա՞մ կարողո՞ւմ եք հայերեն:</p> | 2. Armenian            |
| <input type="checkbox"/> <p>যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।</p>                                  | 3. Bengali             |
| <input type="checkbox"/> <p>ល្អបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។</p>                                   | 4. Cambodian           |
| <input type="checkbox"/> <p>Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.</p>            | 5. Chamorro            |
| <input type="checkbox"/> <p>如果你能读中文或讲中文，请选择此框。</p>  | 6. Simplified Chinese  |
| <input type="checkbox"/> <p>如果你能讀中文或講中文，請選擇此框。</p>  | 7. Traditional Chinese |
| <input type="checkbox"/> <p>Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.</p>                         | 8. Croatian            |
| <input type="checkbox"/> <p>Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.</p>                                  | 9. Czech               |
| <input type="checkbox"/> <p>Kruis dit vakje aan als u Nederlands kunt lezen of spreken.</p>                             | 10. Dutch              |
| <input type="checkbox"/> <p>Mark this box if you read or speak English.</p>   | 11. English            |
| <input type="checkbox"/> <p>اگر خواندن و نوشتن فارسي بلد هستيد، اين مربع را علامت بنيد.</p>                             | 12. Farsi              |



<input type="checkbox"/>	Cocher ici si vous lisez ou parlez le français.	13. French
<input type="checkbox"/>	Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.	14. German
<input type="checkbox"/>	Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά.	15. Greek
<input type="checkbox"/>	Make kazye sa a si ou li oswa ou pale kreyòl ayisyen.	16. Haitian Creole
<input type="checkbox"/>	अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।	17. Hindi
<input type="checkbox"/>	Kos lub voj no yog koj paub twm thiab hais lus Hmoob.	18. Hmong
<input type="checkbox"/>	Jelölje meg ezt a kockát, ha megérta vagy beszéli a magyar nyelvet.	19. Hungarian
<input type="checkbox"/>	Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.	20. Ilocano
<input type="checkbox"/>	Marchi questa casella se legge o parla italiano.	21. Italian
<input type="checkbox"/>	日本語を読んだり、話せる場合はここに印を付けてください。	22. Japanese
<input type="checkbox"/>	한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.	23. Korean
<input type="checkbox"/>	ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ.	24. Laotian
<input type="checkbox"/>	Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim.	25. Polish

<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	26. Portuguese
<input type="checkbox"/>	Însemnați această casuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/>	Обележите овај квадратик уколико читате или говорите српски језик.	29. Serbian
<input type="checkbox"/>	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
<input type="checkbox"/>	Marque esta casilla si lee o habla español.	31. Spanish
<input type="checkbox"/>	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	33. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukrainian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
<input type="checkbox"/>	Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
<input type="checkbox"/>	באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.013.1

Subject: After Hours Care

Applies: All Staff    Page: 1 of 1

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**Purpose:** To ensure that each client/caregiver is informed of how to access health related care after regular business hours.

**Policy:** Upon admission to the Agency, the Agency staff will ensure proper notification of how to access after regular business hours health care.

**Procedure:**

1. Upon admission, all agency clients will be made aware that normal business hours are M-T 9:00 am – 5:00 pm, F 8:00 am – 4:00 pm. After 5:00 pm, the on-call manager will return calls within 1 hour. Texting is also available. Clients will be instructed to call 911 or their emergency telephone number in their area for emergency situations.
2. The electronic medical record will be utilized for the purpose of making sure the on call staff have pertinent client information available after normal business hours. The electronic medical record contains all pertinent patient information.
3. In the event of an emergency, where the electronic medical record is unavailable, a book will be maintained per the comprehensive emergency management plan (Policy 7.031.1).

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.014.1

Subject: Generic and Expedited Review Process

Applies: All Staff    Page: 1 of 6

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**Purpose:** To clearly define the process of the Generic and Expedited Review Process.

**Policy:**

1. Promote timely and complete notification of patients or their authorized representatives about
  - a. The discontinuation of Medicare-covered services for coverage reasons.
  - b. Their right to request an expedited review by the Quality Improvement Organization (QIO) of the noncoverage determination.
  
2. Ensure compliance with
  - a. The Benefit Improvement and Protection Act (BIPA) and the Medicare Modernization Act (MMA).
  - b. The Conditions of Participation.
  - c. The provisions for limitation on liability.
  
3. **Definitions**
  
4. Expedited review is a process to ensure a Medicare patient receives at least two days advance notice about termination of Medicare-covered homecare services.
  
5. Notice of Medicare Provider Noncoverage (CMS-10123), also known as the Generic Notice, is a written document, approved by the Centers for Medicare and Medicaid Services (CMS).
  - 5.1 This notice
    - a. Applies when an agency will discontinue all Medicare services for coverage reasons, e.g., the patient is not homebound or does not need skilled care.
    - b. Does not apply if the patient refuses or cancels services, is unavailable to the agency, e.g., transfers to the hospital, or seeks a higher level of care, e.g., moves into a nursing home.
  - 5.2 The notice informs the patient about his or her right to request an expedited review by the QIO of the noncoverage decision.

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.014.1  
Subject: Generic and Expedited Review Process  
Applies: All Staff    Page: 2 of 6

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- 5.3 The patient must sign this notice and return a copy to the agency.
- 5.4 The effective date for the end of Medicare coverage is the date all covered services will end.
  - a. In cases of planned discharge, the agency will issue the notice at least two days in advance of the effective date.
  - b. If discharge is unexpected, the agency might issue the notice on the effective date and then it will hold discharge processing, e.g., OASIS data transmission, and claim submission, for at least two days.
- 6. Detailed Explanation of Medicare Noncoverage (CMS 10124), also known as the Detailed Notice, is a written document, approved by the CMS.
  - a. The agency provides this notice to the patient and the QIO if the patient requests expedited review.
  - b. No patient signature is necessary.
- 7. Certification of risk statement is a statement signed by a physician that he/she certifies the failure to continue the provision of services may place the patient's health at significant risk.

### Procedure

- 1. The agency protects and promotes the rights of patients by providing appropriate and timely oral and written notice about changes in Medicare coverage and noncoverage decisions in
  - a. A manner the patient can understand.
  - b. English, or utilize the Language Line (1-877-735-9775) for interpretation purposes if needed.
- 2. Reasons for a noncoverage decision include
  - a. The patient does not meet the homebound criteria or is no longer homebound.
  - b. The patient does not need skilled care.

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.014.1

Subject: Generic and Expedited Review Process

Applies: All Staff    Page: 3 of 6

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- c.            The services do not meet the part-time or intermittent requirements and/or are not reasonable and necessary.
  
- 4.            Staff discusses any possible noncoverage situations with a supervisor and the patient's physician as necessary.
  
- 5.            When an agency plans to terminate all Medicare services for coverage reasons (a planned discharge), the primary care provider
  - 5.1            Issues the Generic Notice
    - a              At the start of care if a single visit is planned, or if the duration of services will be two days or less.
    - b              During a visit at least two days before the planned termination.
    - c              And enters the effective date for the end of Medicare coverage as the date all covered services end.
  - 5.2            Provides timely answers to the patient's questions regarding the basis for the assessment and the noncoverage decision.
  - 5.3            Explains to the patient and/or his/her authorized representative
    - a              The noncoverage decision.
    - b              Why the agency believes Medicare will not cover the services.
    - c              That it will be necessary to obtain a certification of risk statement from a physician before moving forward with a request for expedited review.
  - 5.4            Obtains the date and signature of the patient or his/her authorized representative.
    - a              If the patient or his/her representative refuses to sign the notice, the primary care provider documents the circumstances and persons involved, and annotates the agency copy of the notice.
    - b              The patient may still proceed with the request for expedited review even if refusing to sign the notice.
  - 5.5            Provides a copy of the signed Generic Notice to
    - a              The patient.
    - b              The clinical record.
  - 5.6            Documents
    - a              The reasons for noncoverage.

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.014.1  
Subject: Generic and Expedited Review Process  
Applies: All Staff    Page: 4 of 6

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- b Notification and explanation to the patient and/or his/her representative and the physician.
- c Any other pertinent information.
- 5.7 Amends the notice, as necessary, if the effective date for the end of Medicare coverage changes by
  - a Drawing a single line through the date and writing the new date above or beside it.
  - b Writing “Notice Amended” on the document.
  - c Dating and signing the entry.
  - d Verbally notifying the patient about the amendment.
  - e Providing or mailing a copy of the amended notice to the patient.
  - f Filing a copy of the amended notice in the patient’s clinical record.
- 6 When a patient’s termination of Medicare coverage happens unexpectedly, the primary care provider
  - 6.1 Contacts the patient or his/her representative by telephone (a visit to the home is not necessary) immediately to
    - a Discuss the noncoverage decision.
    - b Review the Generic Notice, including the effective date, and the need to obtain a certification of risk statement before requesting expedited review.
    - c Obtain the patient or his/her representative’s understanding about the decision and notice.
  - 6.2 Sends the patient or his/her beneficiary two copies of the Generic Notice by US Mail requesting the patient or his/her representative sign and return a copy to the agency.
  - 6.3 If the patient does not return a copy, the agency
    - a Places a telephone call to the patient and/or caregiver.
    - b Documents the efforts to obtain the signed notice.
- 7 The agency issues the Home Health Advance Beneficiary Notice (HHABN) if the agency will provide any physician-ordered services it believes Medicare will not cover. (See Advance Beneficiary Notice Policy.)

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.014.1

Subject: Generic and Expedited Review Process

Applies: All Staff    Page: 5 of 6

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- 8        If the QIO informs the agency that the patient has requested an expedited review and submitted the certification of risk statement, the case manager
  - 8.1        Completes and sends the Detailed Notice and any additional information requested to the QIO by the close of business on the day of the QIO notification.
  - 8.2        Sends a copy of the Detailed Notice to the patient or his/her beneficiary at the same time.
    - a                The case manager calls the patient or his/her representative to review the detailed notice.
    - b                A visit to the home is not necessary.
- 9        The QIO will inform the patient, the agency, and the physician of its decision within 72 hours.
  - 9.1        If the QIO agrees with the noncoverage decision, the agency can carry through on discharge.
  - 9.2        If the QIO determines that Medicare services should continue, the agency will follow its established process.
    - a                The agency will continue care as ordered by the physician.
- 10       The agency has guidelines for coverage during a QIO review.
  - 10.1       In case of a planned discharge, the agency issues the Generic Notice at least two days prior to the date Medicare coverage ends, so Medicare will cover services through the effective date.
  - 10.2       In cases of unexpected discharge, the agency
    - a                Cannot provide services without physician orders.
    - b                Will not transmit the discharge assessment data or submit the claim for at least two days.
    - c                Will notify a patient about any liability he/she may incur for services provided after the effective date if the QIO agrees with the noncoverage determination.



## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.014.1

Subject: Generic and Expedited Review Process

Applies: All Staff    Page: 6 of 6

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- 11 The agency recognizes other important points.
  - 11.1 The agency is under no obligation to provide new or continuing services simply because the patient has requested an expedited review.
  - 11.2 The agency will not bill a patient for any services provided after the effective date until the expedited review process is completed.
  - 11.3 The agency may be liable if
    - a Notice is flawed or not timely.
    - b It does not respond to the QIO's request for information in a timely manner.
  - 11.4 The agency follows the instructions for submission of claims involved in expedited review.

### Attachments:

Generic and Expedited Review Process

Detailed Explanation of Non Coverage

## Abundant Life Home Health Agency, LLC

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Category: Rights, Responsibilities and Ethics                      Number: 3.015.1

Subject: Ethics Committee

Applies: All Staff    Page: 1 of 1

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**Purpose:** To ensure that Clients and Agency staff have a method to voice ethical and moral questions and concerns.

**Policy:** The Ethics Committee is an advisory group appointed by the Administrator. It reviews, on request, ethical or moral questions that may come up. Staff or patient may submit a written request for a committee review to the Administrator or director of nurses. The committee shall meet to review the issues within 3 business days of receiving the written request.

**Procedure:** At a minimum, the Ethics Committee must consist of at least (1) the Administrator; (2) the supervising nurse; (3) a therapist (one person may represent all therapies, e.g., PT, OT, SLP, SW); (4) representation from an unskilled discipline.

1. To act as patient advocate. The committee will also address, in an advisory capacity, ethical dilemmas presented from groups within the agency and outside the agency.
2. Develop and recommend agency and other clinical policies and guidelines that define ethical principles for conduct within the hospital.
3. Upon request, the committee will provide advisory consultation and review in cases where ethical dilemmas are perceived by the patient/patient's family, surrogate, the physician/medical team, or other agency staff. The primary responsibility will be to encourage dialogue, educate, identify issues offer viable options, seek supplemental resources, and encourage problem resolution.
4. The committee will educate agency personnel, patients, and their families about agency policies regarding ethical issues.
5. Agency staff and patients may request and receive a review of their ethical or moral question at any time.
6. Meeting minutes including final action are submitted for governing body review with 24 hours of the completed committee meeting.

## Abundant Life Home Health Agency, LLC

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Category:	Patient Information	Number:	4.001.1
Subject:	Security of Clinical Information		
Applies:	All Staff	Page:	1 of 5

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**Purpose:** To ensure that patient information is kept confidential and secure.

**Policy:** The Agency will protect the privacy of the patient by maintaining the security and safety of all patient information.

Security standards are established to ensure that patient-identifiable information remains confidential and protected from unauthorized disclosure, alteration, or destruction. The Health Insurance Portability Accountability Act of 1996 mandates the adoption of security standards for all healthcare facilities. Security includes the physical and electronic protection of the integrity, availability, and confidentiality of computer based information and the resources used to enter patient information. The security of the records includes the storing, processing and communication of all patient identifiable data.

The Agency will not disclose patient health information without authorization, except as described below.

***Plan of Care/Treatment:*** The Agency will use patient health information for the plan of care/treatment; for example, information obtained by a nurse will be recorded in the record and used to determine the course of treatment. The nurse and other health care professionals will communicate with one another personally and through the case record to coordinate care provided.

***Payment:*** The Agency will use patient health information for payment for services rendered. For example, the Agency may be required by insurance company to provide information regarding patient health care status so that the insurer will reimburse for the services provided. The Agency may also need to obtain prior approval from the insurer and may need to explain to the insurer the need for home care and the services that will be provided to patient.

***Health Care Operation:*** The Agency will use health information for health care operations. For example, Agency therapist, nurses, field staff, supervisors and support staff may use information in the patient record to assess the care and outcomes of the patient case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of services we provide. Regulatory and



## Abundant Life Home Health Agency, LLC

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Category:	Patient Information	Number:	4.001.1
Subject:	Security of Clinical Information		
Applies:	All Staff	Page:	3 of 5

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### **Patient Notice/ Rights**

Patients have the following rights with respect to their protected health information:

1. The patient may request in writing that the Agency not use or disclose information for treatment, payment or administration purposes or to persons involved in patient care except when specifically authorized, when required by law, or in emergency situations. The Agency will consider the patient request; however, the Agency is not legally required to accept it. The patient has the right to request that health information be communicated to in a confidential manner such as sending mail to an address other than patient home.
2. Within the limits of the statutes and regulations, the patients has the right to inspect and copy their protected health information. If you request copies, the Agency will charge you a reasonable amount, as allowed by statute.
3. If the patient believes that information in the record is incorrect or if important information is missing, the patient has the right to submit a request to the Agency to amend the protected health information by correcting the existing information or adding the missing information.
4. The patient has the right to receive an accounting of disclosures of protected health information made by the Agency for certain reasons, including reason related to public purposes authorized by law and certain research. The request for an accounting must be made in writing to Privacy Officer. The request should specify the time period for the accounting starting on or after April 14, 2003. Accounting request may not be made for periods of time in excess of six (6) years. The Agency would provide the first accounting request during any 12-month period without charge. Subsequent accounting request may be subject to a reasonable cost based fee.

## Abundant Life Home Health Agency, LLC

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Category:	Patient Information	Number:	4.001.1
Subject:	Security of Clinical Information		
Applies:	All Staff	Page:	4 of 5

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### Agency Responsibilities

1. The Agency is required by law to maintain the privacy of protected health information and to provide patients with notice of its legal duties and privacy practices with respect to protected health information.
2. The Agency is required to abide by the terms of this Notice of its duties and privacy practices. The Agency is required to abide by the terms of this Notice as may be amended from time to time.
3. The Agency reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all protected health information that it maintains. Prior to making any significant changes in our policies, Agency will change its Notice and provide the patient with a copy. Patients can also request a copy of our Notice at any time.

### Procedure:

1. Other than described about PHI is only released with the written consent of the patient/responsible party or under written legal directive. Only the Administrator, DON, Case Manager, or Office Manager may release protected health information.
2. Release only copies of the record. The organization retains all original records.
3. Staff members will view the clinical record on a “need to know” basis as determined by the Supervisor, and/or Administrator.
4. Patient information will only be utilized for the purpose of promoting patient care. Any other means requires express written consent.
5. Keep files in a secured area to control access. Non agency personnel such as repair persons will be accompanied by an agency staff member at all times.

**Abundant Life Home Health Agency, LLC**

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Category:	Patient Information	Number:	4.001.1
Subject:	Security of Clinical Information		
Applies:	All Staff	Page:	5 of 5

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6. Discuss patients in private with authorized persons only.
7. Protect written communication regarding patients from being viewed by unauthorized individuals, such as phone messages, communication boards, computer entered data, etc.
8. "Travel files" may be used by staff.
9. Only take the travel file for the particular patient into the home. Travel files that are not contained on the staff personnel (e.g. either in hand or tote bag) must be kept locked up and out of public view at all times.
10. All records will be maintained in a lockable storage area or interior locked room and maintained together.

Attachment:  
Appointment of Clinical Record Manager

APPOINTMENT OF CLINICAL RECORD  
MANAGEMENT

The Chief Executive Officer of  
Abundant Life Home Health Agency, LLC ,  
appoints Traci Brissett, the Administrator as responsible for maintain the  
Clinical Record system of Abundant Life Home Health Agency, LLC .

The Director of Nursing is authorized to act in the absence of the  
Administrator.

ATTEST:

By: \_\_\_\_\_  
CEO Signature

\_\_\_\_\_  
Date

UNDERSTOOD AND ACCEPTED:

\_\_\_\_\_  
Administrator Signature



## Abundant Life Home Health Agency, LLC

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Category:	Patient Information	Number:	4.001.2
Subject:	Data Backups		
Applies:	All Staff	Page:	1 of 1

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**Purpose:** To ensure the continued availability of ePHI, Abundant Life Home Health Agency, LLC routinely performs data backups.

**Policy:** Abundant Life Home Health Agency, LLC performs up to the minute backups of ePHI and other critical data stored on the file server via external hard drive, and retains this data in accordance with commonly accepted backup practices.

**Procedure:**

1. Abundant Life Home Health Agency, LLC performs up to the minute backups of ePHI and other critical data stored on the file server via external hard drive, and retains this data in accordance with commonly accepted backup practices.
2. Backups performed by Abundant Life Home Health Agency, LLC are full backups, which create a copy of every file on a storage device.

The external hard drive is removed from the computer at the end of business day and placed in a fire resistant safe.

## Abundant Life Home Health Agency, LLC

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Category:	Patient Information	Number:	4.002.1
Subject:	Retention of Clinical Records		
Applies:	All Staff	Page:	1 of 2

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**Purpose:** To provide for the retention of the clinical record as required.

**Policy:** The clinical record will be retained as required by law and regulation. Patient records will be locked either in a filing cabinet to interior room of the office space when not in use.

**Procedure:**

1. Retain the clinical record for seven (7) years after the month of the cost report to which the records apply has been filed. Retain the clinical record for seven (7) years after the patient has reached the age of majority if the patient is a minor.
2. If a patient is transferred to another health facility, then a copy of the record may accompany the patient. Note in the record the name and address of the person to who records were sent.
3. The Administrator is responsible for the correct retention of records.
4. Open records will be maintained at the Agency location providing service, and will be made available upon request for survey purpose.
5. Discharge records are stored in the parent office.
6. In the event of litigation Clinical records will be retained for five (5) years after the month of the litigation conclusion.
7. In the event of Agency Closure the agency will maintain Clinical Records in a safe location for seven (7) years past the date of closure. Records related to minors will be kept for seven (7) years after the patient reached the age of majority, regardless of Agency Closure date. Records involved in litigation will be retained for five (5) years after the month of litigation conclusion, regardless of Agency Closure date. Refer to Agency Closure Procedures 1.011.2.
8. Records that have been maintained till the date of requirement may be destroyed utilizing a method assuring prevention of retrieval and subsequent use of information. It is the responsibility of the Administrator to determine the method of destruction and maintain proof of proper record destruction. Only the Administrator may remove or have patient records destroyed.





## Abundant Life Home Health Agency, LLC

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Category:	Patient Information	Number:	4.003.1
Subject:	Timeliness and Accuracy of Entries in the Clinical Record		
Applies:	All Staff	Page:	2 of 4

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- f) anything on which information has been stored or recorded, either mechanically, magnetically, or electronically;

### **Procedure:**

Patient/client records should;

- Be factual, consistent written in a way that the meaning is clear;
- Be recorded as soon as possible after an event has occurred, providing current; information on the care and condition of the patient/client;
- Be recorded clearly and in such a manner that any justifiable alterations or additions are dated, timed and signed or clearly attributed to a named person in an identifiable role in such a way that the original entry can still be read clearly;
- Be accurately dated, timed and signed, with the signature printed alongside the first entry where this is a written record and attributed to a named person in an identifiable role for electronic records.
- Be readable when photocopied or scanned;
- Identify risk and/or problems that have arisen and the action taken to rectify them;
- Provide clear evidence of the care planned, the decisions made, the care delivered and the information shared.

In addition, records should;

- Be recorded, wherever possible, with the involvement of the patient;
- Be recorded in terms that the patient can understand;
- Be consecutive.

All clinicians have a professional and legal duty of care and therefore record keeping should be able to evidence:

- Full account of the assessment and care planned by the clinician
- Relevant information about the condition of the patient at any given time and measures taken to respond to their needs
- Evidence that the clinician has understood and honored their duty of care, taken all reasonable steps to care for the patient and that any action or omission on the part of the registered nurse or midwife has not compromised the patient's safety in any way
- A record of any arrangement made for the continuing care of the patient.















Category: Patient Information

Number: 4.004.1

Subject: Physician Orders/Plan of Care

Applies: Professional Staff

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## **SECTION 1 Policy Information**

### **Sec 1.I. Effective Date**

1.I.A. The effective date of this policy is 03/05/2020

### **Sec 1.II. Tags**

1.II.A. Tags: PC.01.03.01 RC.02.01.01

### **Sec 1.III. Purpose**

1.III.A. Purpose: To ensure that each patient's care is under the direction of the physician.

### **Sec 1.IV. Policy**

1.IV.A. Policy: The agency plans the patient's care, treatment, or services based on needs identified by the patient's assessment.

1.IV.B. The physician establishes and reviews a plan of treatment for the patient. The plan is updated and is maintained as part of the agency's clinical record.

1.IV.C. Orders for all disciplines shall include amount, frequency, and duration.

1.IV.D. Orders for therapy services shall include specific procedures and modalities to be used.

1.IV.E. Orders received by a LPN must be reviewed and signed by the RN.

1.IV.F. The agency's professional staff regularly reviews clinical records to determine adequacy of the plan of treatment and appropriateness of the continuation of care.

## Abundant Life Home Health Agency, LLC

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Category: Patient Information

Number: 4.004.1

Subject: Physician Orders/Plan of Care

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1.IV.G. The agency provides written and oral reports to the physician regarding the patient's plan of treatment and appropriateness of the continuation of care. The agency provides written and oral reports to the physician regarding the patient's condition at least every 60 days. Reports may be more frequent if there is an emergency, a need to alter the plan of care or a need to terminate services.

1.IV.H. This policy is used in conjunction with policy #4.009.5

1.IV.I. This policy is further defined in following sections.

### **Sec 1.V. Plan of Care**

1.V.A. The plan of care is based on the patient's goals and the time frames, settings, and services required to meet those goals.

1.V.B. The physician sets up a plan of care, which includes the diagnosis, prognosis, medications, frequency and type of service, treatments, diet, goals to be accomplished, an order for each service, item of drugs and equipment to be provided by the agency.

1.V.C. All orders on the CMS 485 will be specific to the client condition and needs.

1.V.D. The plan of care specifies the care and services necessary to meet the needs identified in the comprehensive assessment and addresses the following:

1.V.D.1. All pertinent diagnoses

1.V.D.2. Mental, psychosocial, and cognitive status

1.V.D.3. Types of services, supplies, and equipment required

1.V.D.4. The frequency and duration of visits

1.V.D.5. The patient's prognosis

1.V.D.6. The patient's potential for rehabilitation

1.V.D.7. The patient's functional limitations

1.V.D.8. The patient's permitted activities

1.V.D.9. The patient's nutritional requirements

## Abundant Life Home Health Agency, LLC

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1.V.D.10. All medications and treatments

1.V.D.11. Safety measures to protect against injury

1.V.D.12. A description of the patient's risk for emergency department visits and hospital readmission, and all necessary interventions to address the underlying risk factors

1.V.D.13. Patient-specific interventions and education

1.V.D.14. Measurable outcomes and goals identified by the organization and patient as a result of implementing and coordinating the plan of care

1.V.D.15. Patient and caregiver education and training to facilitate timely discharge

1.V.D.16. Information related to any advance directives

1.V.D.17. Identification of the disciplines involved in providing care

1.V.D.18. Any other relevant items, including additions, revisions and deletions

1.V.E. When a physician refers a patient under a plan of care that cannot be completed until after an evaluation visit, the staff consults with the physician to approve additions or modifications to the original plan of care.

1.V.F. The agency's professional staff will review the clinical records regularly to ensure that each POC is specific to the patient and that additional orders for services are present in the clinical record.

1.V.G. The physician and appropriate professional staff will review and recertify the written plan of care, based on the goals established in the patient's plan of care, at least once per episode and as warranted by the patient's condition.

1.V.G.1. The revised plan of care reflects current information from the patient's updated comprehensive assessment and the patient's progress toward goals and measurable outcomes.

### **Sec 1.VI. Verbal Orders**

1.VI.A. Verbal orders may be received by the RN, LPN, PT, OT, ST, and MSW.

## Abundant Life Home Health Agency, LLC

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Category: Patient Information

Number: 4.004.1

Subject: Physician Orders/Plan of Care

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1.VI.B. Verbal orders are put into writing, signed and dated by the person receiving the order at the time of receiving the order.

1.VI.C. Before acting on a verbal order or verbal report of a critical test result, staff uses a record and "read back" process to verify the information.

1.VI.C.1. Staff record the report/order and then read it back to the person providing the report/order for verification. See Policy 4.009.5 related to medication orders.

1.VI.D. Verbal orders must also be signed by the physician. Physician orders received by facsimile transmission (fax) are acceptable.

1.VI.E. When alternative signatures are used, refer to policy 4.004.2.

### **Sec 1.VII. Sending, Receiving, and Recording POC/Orders**

1.VII.A. Sending Orders:

1.VII.A.1. The agency must take steps to ensure confidentiality of the faxed orders is maintained per appropriate fax cover sheet indicating confidential material and request to destroy any misdirected fax.

1.VII.A.2. The agency must ensure that a physician office received the fax via fax verification report (however, retaining the fax verification report is not necessary).

1.VII.A.3. If a determination is made that the fax was misdirected, phone calls should be placed by the agency when possible and request that the confidential misdirected fax be shredded. Stamped orders must be co-signed by the physician.

1.VII.B. Receiving Orders:

1.VII.B.1. If an order is returned via facsimile transmission that is not written on a physician order sheet, then the agency staff must make sure that the ordered is labeled as a physician order. This can be done by file-naming per policy # 10.002.1

1.VII.B.2. Copies of the plan of care and other orders requiring a physician's signature should be filed in the client record within 3 days of receipt in office.

## Abundant Life Home Health Agency, LLC

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Category: Patient Information

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Subject: Physician Orders/Plan of Care

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1.VII.B.3. If the agency does not receive a signed physician's orders within thirty (30) days of the date the order is sent to the physician for signature, the agency contacts the physician's office to obtain the signed document or resends the order(s) to be signed.

- i. All follow-up contacts to obtain signed orders are documented.
- ii. Unclear orders or illegible orders must be clarified with the prescribing physician prior to initiating.



## Abundant Life Home Health Agency, LLC

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Category:	Patient Information	Number:	4.004.2
Subject:	Physician Signatures		
Applies:	Professional Staff	Page:	1 of 1

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**Purpose:** To ensure the authenticity of Physician Signatures.

**Policy:** Stamp signatures are not permissible. If a document is received that requires a physician signature and the signature appears to be stamped. The following steps are required.

Procedures:

1. Call the physician office to determine if the MD utilizes stamp signatures.
2. If a stamp signature is utilized inform the office manager and or nurse that stamp signatures are not permitted due to CMS regulations.
3. Fax or mail the documents back to the physician for signing.



## Abundant Life Home Health Agency, LLC

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Category:	Patient Information	Number:	4.004.4
Subject:	Physician Verification		
Applies:	Office Staff	Page:	1 of 1

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**Purpose:** To ensure patient physicians are currently licensed.

**Policy:** All physicians that work with this agency whether in a medical director capacity, PAC, and/or treatment of an agency patient or referral of a perspective patient must have a current license.

**Definition:** Working with the agency- In this policy it means anytime a physician has contact with the agency in any of the following manners: medical director, PAC member, treatment of an agency patient, or referral source.

### **Procedures:**

1. Physician verification can be obtained from the state Licensing Board of Medicine or other Licensing/Certification Boards, or verification of physician privileges at the local or regional accredited hospital.
2. The verification process will be done anytime a new physician will be working with the agency.
3. Verifications should be completed annually thereafter and an active physician roster will be maintained.
4. If a physician has not worked with the agency in over one (1) year, they may be removed from the roster, but will have to be verified and added to the roster if they return to working with the agency.
5. This agency may only accept orders from currently licensed physicians.

## Abundant Life Home Health Agency, LLC

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Category:	Patient Information	Number:	4.004.5
Subject:	RN Delegation		
Applies:	Professional Staff	Page:	1 of 1

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**Purpose:** To determine what skills can be safely delegated to non-licensed personnel.

**Policy:** The registered nurse may delegate tasks to non-licensed personnel. The non-licensed personnel must be competent and work under the supervision of the registered nurse.

Delegation of tasks depend on the client's condition and needs.

**Delegated Tasks:**

Non-invasive and non-sterile treatments

Collection and documentation of vital signs, height, weight, I/O, environmental situations. client behaviors,

Ambulation, positioning, and turning

Transportation

Personal hygiene and elimination (irritations, enemas)

Feeding

Socialization

ADLS

Health teaching reinforcement that has been planned and reinforced by the RN

The supervising RN is responsible for the care that he/she has delegated.





# Abundant Life Home Health Agency, LLC

## 60 Day Chart Review

Patient Name: \_\_\_\_\_  
 Certification Date: \_\_\_\_\_

MR# \_\_\_\_\_

<b>The 485</b>	Yes	No	N/A	Comments
Is the current 485 signed by the RN and the MD?				
Is there a date stamped on the 485 when returned?				
Are all meds listed with r/d/f/and indicated as new or changed?				
Are the supplies listed?				
Are the goals realistic and measurable?				
Is there an end in sight for daily visits?				
Was the recert signed and returned before the next cert began?				
<b>Orders</b>				
Is there an order for admit/recert?				
Were all disciplines ordered as necessary?				
Is the frequency based on the client's needs?				
Are there signed supplemental orders to reflect changes in condition or care?				
Are all orders signed/cosigned by the RN?				
Are all orders updated with new goals as needed?				
<b>Case Conference</b>				
Is there a case conference at least q 60 days?				
Do the case conferences reflect the status of the patient, plan, treatment, and prognosis of patient?				
Does the cc indicate that the chart was reviewed?				
Is there documentation to support coordination of care between disciplines?				
<b>Nursing Assessment</b>				
Is Oasis completed, signed and dated by assessing nurse?				
Does the diagnosis match the Oasis?				
Does the 485 reflect the assessment?				
Is there an Oasis for each required occurrence?				
Are the dates of onset/exacerbation listed?				
Does the patient meet the criteria for services?				
Is documentation appropriate to show the need for skilled care?				
Was all discipline referrals made and carried through?				
<b>Nurses Notes</b>				
Was the ordered frequency met?				
Were missed visit notes sent to MD as needed?				
Were communication reports sent to MD?				

**Abundant Life Home Health Agency, LLC**

**60 Day Chart Review**

Do the notes reflect the plan of care?				
Is each note billable/skilled?				
Is the patient's response to the intervention noted?				
Is the homebound status documented consistently?				
Are there orders for all skills performed and information taught?				
Was the MD notified of any change in condition?				
Was the RN CM notified of a change in the patient condition?				
Are notes signed and dated by the nurse/staff.				
Is there a weekly wound sheet?				
Medication Profile				
Agree with 485?				
Is there a new med profile with q recert?				
Is there start and dc dates for meds?				
Is the form updated and signed as needed or at least q 62 days?				
Are meds labeled with New or Changed?				
<b>Therapy:</b>				
Ordered				
Were frequencies followed?				
Were missed visit reports sent to MD as needed?				
Is there a sup visit for assistant's q 30 days?				
Is there a therapy related diagnosis on the 485?				
<b>HHA: and other services</b>				
Ordered:				
Frequencies met?				
Missed Visit Reports sent as needed?				
Changes in condition notified to RN?				
Plan of care followed?				

RN Signature: \_\_\_\_\_

Date: \_\_\_\_\_







# Abundant Life Home Health Agency, LLC

## Acceptable Medical Abbreviations

À	Before	Constip	Constipation
@	At	Coord	Coordinated(d)
ABD	Abdominal	Cont(d)	Continued(d)COPD
ABN	Abnormal		Chronic obstructive pulmonary disease
Ac	Before meals	CPR	Cardiopulmonary resuscitation
Accep	Acceptable	CPT	Chest physio therapy
Adeq	Adequate	CRF	Chronic renal failure
ADL	Activities if Daily Living	C & S	Culture and Sensitivity
AKA	Above knees amputation	CSF	Cerebrospinal fluid
ALZ	Alzheimer Disease	CT	Cat scan
Am	Morning	CTA	Clear to auscultation
Amb	Ambulate	CVA	Cerebral vascular accident
Amt	Amount	CXR	Chest X ray
AP	Apical	D/C	Discharge
A & PROM	Active & Passive Range of motion	d/c	Discontinued
Approp	Appropriate	D & C	Dilation & curettage
Appt	Appointment	Decub	Decubitus
ASA	Aspirin	Diam	Diameter
ASAP	As soon as possible	Dimin	Diminished
ASHD	Arterioclerotic Heart Disease	DJD	Degenerative Joint Disease
Assist	Assistance	DM	Diabetes Mellitus
Assoc	Associated	DME	Durable Medical Equipment
B & B	Bed & Bath	DNR	Do not resuscitate
Bg	Blood Glucose FSBS	DOE	Dyspnea on exertion
Bid	Twice a day	Dr./MD	Doctor
Bilat	Bilateral	Drsg	Dressing
BKA	Below knee amputation	DSD	Dry sterile dressing
BM	Bowel movement	DTR	Deep tendon reflex
B/P	Blood pressure	DX	Diagnosis
BR	Bathroom	eg	For Example
BRP	Bathroom privileges	elim	Elimination
BS	Bowel sounds	EOM	Extraocular movement
BSC	Bedside commode	ER	Emergency Room
BUN	Blood urea nitrogen	ESRD	End Stage Renal Disease
C	With	ETOH	Alcohol
CA	Cancer	eval	Evaluate
CAD	Coronary artery disease	exac	Exacerbation
Cap	Capsule	exam	Examination
Cath	Catheter	exer	Exercise
CBC	Complete Blood count	F	Female
CBD	Common bile duct	fc	Foley catheter
CBG	Capillary blood glucose	FOB	Foot of Bed
Cc	Cubic centimeter	Fr	French
CHF	Congestive heart failure	Freq	Frequency
Cg	Caregiver	FSBS	Fingerstick Blood Sugar
Cl	Chloride		
Cm	Centimeter		
CN	Cranial nerve		
c/o	complains of		

## Abundant Life Home Health Agency, LLC

f/u	Follow up	LPT	Licensed Physical Therapist
FUO	Fever of unknown origin	LCTA	Lungs clear to
FWB	Full weight bearing	auscultation	
FX	Fracture	LTG	Long term goal
GB	Gallbladder	LUE	Left upper extremity
GI	Gastrointestinal	LUL	left upper lobeL
gm	Gram	UQ	left upper quadrant
gr	Grain	LPN	Licensed Vocational Nurse
GT	Gastrostomy tube	M	Male
gtt	Drop	MAE(W)	Moves all extremities well
Gt Tr	Gait Training	Max	Maximum
GU	Genitourinary	mcg	microgram
GYN	Gynecology	Med(s)	Medications(s)
HBP	High Blood Pressure	Meq	Milliequivalent
H & H	Hemoglobin & Hematocrit	mg	Milligram
HH	Home Health	mgmt	Management
H2O	Water	MI	Myocardial infarction
H2O2	Hydrogen Peroxide	min	Minute/minimum (based on context)
HA	Headache	ml	Milliliter
HHA	Home Health Aide	mm	Millimeter
HHN	Hand held nebulizer	mod	Moderate
HIV	Human Immunodeficiency Virus	MOM	Milk of magnesia
hx	History of	MR	Mental Retardation
HOB	Head of Bed	MRSA	Methicillin resistant Staphylococcus aureas
HOH	Hard of hearing	MSW	Medical Social Worker
H & P	History & Physical	MT	Mobility Training
hr or h	Hour	MVA	Motor Vehicle Accident
hs	Hour of sleep, bedtime	NA	Sodium
HTN	Hypertension	na	Not applicable
Hx	History	NACL	Sodium Chloride
Hydra	Hydration	n/c	No complaints
ident	Identify(ied)	NCP	Nursing Care Plan
IM	Intramuscular	Neb	Nebulizer
inj	Injection	neg	Negative
J tube	Jejunostomy tube	NKA	No Known Allergies
I & O	Intake & Output	NKDA	No Known Drug Allergies
IV	Intravenous	no. or #	Number
K+	Potassium	noc	Nocturnal
Kg	Kilogram	NPO	Nothing by Mouth
KVO/TKO	Keep vein open	NS or N/S	Normal Saline Rhythm
L	Left	NTG	Nitroglycerin
lab	Laboratory	n/v	Nausea & Vomiting
lac	Laceration	NWB	No Weight Bearing
lb	Pound	O2	Oxygen
LE	Lower extremity(ies)	OASIS	Outcome and Assessment Information Set
LFT	Liver Function Test	OB	Occult Blood
lg	Large	Obs	Observation
liq	Liquid		
LLE	Left Lower extremity		
LLL	left Lower lobe		
LLQ	Left Lower quadrant		
LOC	Level of Consciousness		
LPN	License Practical Nurse		
LPT	License Practical Nurse		

## Abundant Life Home Health Agency, LLC

OD	Right Eye	rehab	Rehabilitation
oint	ointment	req(s)	Require(s)
OOB	Out of Bed	Resp	Respiration
OS	Left eye	Rt	Right
OT	Occupational Therapy	RBC	Red Blood Cells
OU	Both eyes oz	RLE	Right Lower extremity
	ounce	RLL	Right Lower Lobe
PAC	Professional Advisory Committee	RLQ	Right Lower Quadrant
occ	Occasional(ly)	RML	Right Middle Lobe
P	Pulse	RUL	Right Upper Lobe
p	after	RN	Registered Nurse
pc	after meal	R/O	Rule Out
PCC	Patient Care Coordinator	ROS	Review of systems
PCN	Penicillin	ROM	Range of Motion
PICC	Perihperally Inserted Central Catheter	RSR	Regular Sinus Rhythm
Per	Through or by	RUE	Right Upper Extremity
PCS	Patient Care Supervisor	RUL	Right Upper Lobe
perf	perform	RUQ	Right Upper Quadrant
PERL	Pupils equal & reactive to light	Rx	Prescription
		s	without
PERRLA	Pupils equal, round, reactive to light accommodation	s/e	Side Effects
		SL	Sublingual
pers	Personal	SOB	Short of Breath
PI	Performance Improvement	SOC	Start of Care
pm	Night or evening	soln	Solution
PN	Progress Note	SNF	Skilled Nursing Facility
PO	by mouth	S/P	Status Post
POC	Plan of care	spec	specimen
prec	Precautions	SQ	Subcutaneous
PRN	As needed	s/s	signs & symptoms
prog	Program(s)	ss	half
PROM	Passive Range of Motion	ST	Speech Therapy
POT	Plan of Treatment	STG	Short-term goal
PHC	Primary Home Care	stat	immediately
PP	Private Pay	str	Strength
prog	Progress	superv	Supervise
pt	Patient	supp	Suppository
PTA	Physical Therapy Assistant	Sx	Symptom
PUD	Peptic Ulcer Disease	SWA	Social Work Assistant
Pulm	Pulmonary	sz	seizure
PWB	Partial Weight Bearing	T	Temperature
PT	Physical Therapy/ Protime (based on content)	tab	tablet
		TB	Tuberculosis
QA	Quality Assurance	Tbsp	Tablespoon
q	Every	TCDB	Turn Cough Deep Breathe
qam	Every morning	TF	Tube Feeding
qh	Every hour	TIA	Transient ischemic attach
qhs	Every night		
qid	Four times a day	tid	Three times a day
qpm	Every night	TO	Telephone Order
quant	Quantity	tol	Tolerate
Re:	Regarding	TPR	Temperate, pulse, respiration
rec	Receive	Tsp	Teaspoon
recert	Recertification	Tx	Treatment

## Abundant Life Home Health Agency, LLC

UE	Upper extremity	
UR	Utilization Review	
URI	Upper Respiratory Infection	
UTI	Urinary Tract Infection	
vac tubes	Vacutainer tubes	
VO	Verbal Order	
VS or V/S	Vital Signs	
vs	versus	
WC	Wheelchair	
WNL	Within Normal Limits	
x	times	
y/o	years old	

# Abundant Life Home Health Agency, LLC

## “Do Not Use” Abbreviations

<b>Do Not Use</b>	<b>Potential Problem</b>	<b>Use Instead</b>
U (unit)	Mistaken for “O” (zero), the number “4” (four) or “cc”	Write “unit”
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write “International Unit”
Q.D., QD, q.d., qd (daily)	Mistaken for each other	Write “daily”
Q.O.D., QOD, q.o.d, qod (every other day)	Period after the Q mistaken for “I” and the “O” mistaken for “I”	Write “every other day”
Trailing zero (X.0 mg)*	Decimal point is missed	Write X mg
Lack of leading zero (.X mg)		Write 0.X mg
MS	Can mean morphine sulfate or magnesium sulfate	Write “morphine sulfate”
MSO <sub>4</sub> and MgSO <sub>4</sub>	Confused for one another	Write “magnesium sulfate”

- Exception: A “trailing zero” may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.
- The prohibited list applies to all orders, preprinted forms, and medication related documentation. Medication-related documentation can be either handwritten or electronic.

## Abundant Life Home Health Agency, LLC

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Category:	Patient Information	Number:	4.007.1
Subject:	Prohibition on Transporting Patients		
Applies:	All Staff	Page:	1 of 1

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**Purpose:** To prevent staff or other personnel from transporting patients or clients of the Agency in any manner.

**Policy:** All staff members, employees, contractors or other personnel of the Agency are expressly prohibited from transporting any patients or clients of the Agency in a motor vehicle of any kind, including but not limited to, all motor vehicles owned or operated by the Agency, while in the course of their employment with this Agency.

The staff of this Agency may make arrangements for patients or clients requiring transportation in a non-emergency situation with local transportation services and/or family/caregivers.

In the event that a patient or client of the Agency does need immediate transportation to a medical facility, then the emergency procedures policy shall be followed and emergency medical services shall be summoned by the staff member, employee, or other personnel on the scene.

Violation of this policy is grounds for immediate termination of employment with this Agency.

Exception: Only patient's receiving only Aide services are able to have the HHA transport them in employee's vehicle or the patient's vehicle.







## Abundant Life Home Health Agency, LLC

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Category:	Patient Information	Number:	4.009.1
Subject:	Medication Profile		
Applies:	Professional Staff	Page:	1 of 3

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**Purpose:** To list and notify physician of medications that the patient is routinely taking on a PRN basis.

**Policy:** It is the responsibility of the admitting therapist/nurse to record all medications that the patient is currently taking on a routine or PRN basis. Documentation will include upon admission, the medication, route, amount and frequency.

**Procedure:**

Upon admission to the Agency, the admitting RN or therapist is provided in the admission packet a sheet on which to record the medication(s) that the patient is taking on a routine or PRN basis.

Verbal review of medications with the patient or person responsible to ensure knowledge of medication purpose, route, amount and frequency will be compared to the written label on the medication bottle.

This sheet is returned to the office along with other signed documentation for admission.

Nursing staff check all medications a patient may be taking to identify possible effectiveness, ineffectiveness, side effects, toxic effects, desired effects, allergic reactions, unusual / unexpected effects, actual or potential drug interactions, duplicate drug therapy, non-adherence, the need for laboratory monitoring of drug levels, drug allergies, and contraindicated medication and promptly report any problems to the physician

At time of discharge the patient/provider will be provided with a complete and current medication profile. Upon transfer the receiving agency will receive a complete and current medication profile.

Notices about recalled medication will be sent to the prescriber, patient, and those that administer the medication

The medication profile will be updated at least every 60 days or more often as needed. All new medications will be added to the Medication profile and checked for interaction risks by the case manager.

## Abundant Life Home Health Agency, LLC

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Category:	Patient Information	Number:	4.009.1
Subject:	Medication Profile		
Applies:	Professional Staff	Page:	2 of 3

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High-alert medications are drugs that bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more devastating to patients. High-alert medications will be identified on the medication profile and MAR.

The medication Profile must include at least the following:

- a) Current medications
- b) Date prescribed or taken
- c) Name of Medication
- d) Dose
- e) Route
- f) Frequency
- g) Drug Classification
- h) Date discontinued
- i) Drug and/or food allergies
- j) Height and weight (when necessary)
- k) Pregnancy and lactation information (when necessary)
- l) Laboratory results (when necessary)
- m) Any additional information required by the organization

The physician is notified promptly regarding any medication discrepancies, side effects, problems or reactions.

Medication Profile will be updated when the patient's medications change. A change is any/or all of the following related to routine and as needed medications:

- Change in dosage
- Change in frequency
- Addition of medication
- Deletion/discontinuance of medication
- Change in medication directions

## Abundant Life Home Health Agency, LLC

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Category:	Patient Information	Number:	4.009.1
Subject:	Medication Profile		
Applies:	Professional Staff	Page:	3 of 3

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Medication education is an important role of the healthcare professional and this agency will utilize every teachable moment to educate patients and family about the patient's medications. Medication education will be document in the patient record and should at least include the following topics:

- Possible side effects
- Possible adverse effects
- Possible interactions with other medications and alcohol.
- Therapeutic benefits
- Importance of medication education to the patient's own health



## Abundant Life Home Health Agency, LLC

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Category:	Patient Information	Number:	4.009.2
Subject:	Medication Administration Record		
Applies:	Professional Staff	Page:	2 of 3

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Medication must be properly labeled.

Before administration, the individual administering the medication does the following:  
Discusses any unresolved concerns about the medication with the patient's physician, prescriber, and/or staff involved with the patient's care, treatment, or services.

Only nurses may administer medications and must monitor for adverse effects. Nurses may administer medications per physician orders as long as their licenses are current and in good standing with the Nursing State Board and they are working within their respected practice acts, otherwise no special certification is required. This agency will administer all physicians prescribed drugs via the prescribed route with regards to working within the nurse practice act except for IV Chemotherapy medications and first dose medications.

This agency does not administer the first dose of the medications.

To prevent and reduce the likelihood of adverse drug reactions, this agency checks the medication profile for interaction risks. Drug to drug reactions listed as potentially moderate or severe are reported to the prescribing physician prior to administration. Patients are educated on other types of adverse interactions possibilities, such as consuming alcohol while taking certain medications, or food and medication interactions. Education will be documented on the visit note. (See Policy 4.009.8)

Medication error is considered to have happened anytime during administration of medication any of the five rights are violated.

If an adverse reaction occurs, the supervisor must be notified. Documentation must be charted the day of the occurrence. If the occurrence occurs on the weekend, then the reaction must be reported as soon as it is disclosed.

**Abundant Life Home Health Agency, LLC**

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Category:	Patient Information	Number:	4.009.2
Subject:	Medication Administration Record		
Applies:	Professional Staff	Page:	3 of 3

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Medication errors must be reported immediately to the nursing supervisor and the physician. Medication Error Report must be completed.

High-alert medications are drugs that bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more devastating to patients. High-alert medications will be identified on the medication profile and MAR.

Attachment:

Medication Administration Record  
Medication Error Report  
High Alert Medication List



## Abundant Life Home Health Agency, LLC Medication Administration Record (MAR)

Medication	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Start																															
	Stop																															
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	Stop																															
	Start																															
	Stop																															
Diagnosis:	DIET (Special Instructions, e.g. Texture, Bite Size, Position, etc.)															Comments																
Allergies:	Physician Name					<p>A. Put initials in appropriate box when medication is given.            B. Circle initials when not given.            C. State reason for refusal / omission on back of form.            D. PRN Medications: Reason given and results must be noted on back of form.            E. Legend: H.A. = High Alert Medication, E.M. = Emergency Medication</p>																										
	Phone Number																															
NAME:	Record #										Date of Birth:					Sex:																





# ISMP's List of *High-Alert Medications*

**H**igh-alert medications are drugs that bear a heightened risk of causing significant patient harm when they are used in error. Although mistakes may or may not be more common with these drugs, the consequences of an error are clearly more devastating to patients. We hope you will use this list to determine which medications require special safeguards to reduce the risk of errors. This may include strategies like improving access to information about

these drugs; limiting access to high-alert medications; using auxiliary labels and automated alerts; standardizing the ordering, storage, preparation, and administration of these products; and employing redundancies such as automated or independent double-checks when necessary. (Note: manual independent double-checks are not always the optimal error-reduction strategy and may not be practical for all of the medications on the list).

Classes/Categories of Medications
adrenergic agonists, IV (e.g., epinephrine, phenylephrine, norepinephrine)
adrenergic antagonists, IV (e.g., propranolol, metoprolol, labetalol)
anesthetic agents, general, inhaled and IV (e.g., propofol, ketamine)
antiarrhythmics, IV (e.g., lidocaine, amiodarone)
antithrombotic agents (anticoagulants), including warfarin, low-molecular-weight heparin, IV unfractionated heparin, Factor Xa inhibitors (fondaparinux), direct thrombin inhibitors (e.g., argatroban, lepirudin, bivalirudin), thrombolytics (e.g., alteplase, reteplase, tenecteplase), and glycoprotein IIb/IIIa inhibitors (e.g., eptifibatide)
cardioplegic solutions
chemotherapeutic agents, parenteral and oral
dextrose, hypertonic, 20% or greater
dialysis solutions, peritoneal and hemodialysis
epidural or intrathecal medications
hypoglycemics, oral
inotropic medications, IV (e.g., digoxin, milrinone)
liposomal forms of drugs (e.g., liposomal amphotericin B)
moderate sedation agents, IV (e.g., midazolam)
moderate sedation agents, oral, for children (e.g., chloral hydrate)
narcotics/opiates, IV, transdermal, and oral (including liquid concentrates, immediate and sustained-release formulations)
neuromuscular blocking agents (e.g., succinylcholine, rocuronium, vecuronium)
radiocontrast agents, IV
total parenteral nutrition solutions

Specific Medications
colchicine injection***
epoprostenol (Flolan), IV
insulin, subcutaneous and IV
magnesium sulfate injection
methotrexate, oral, non-oncologic use
opium tincture
oxytocin, IV
nitroprusside sodium for injection
potassium chloride for injection concentrate
potassium phosphates injection
promethazine, IV
sodium chloride for injection, hypertonic (greater than 0.9% concentration)
sterile water for injection, inhalation, and irrigation (excluding pour bottles) in containers of 100 mL or more

\*\*\*Although colchicine injection should no longer be used, it will remain on the list until shipments of unapproved colchicine injection cease in August 2008. For details, please visit: [www.fda.gov/bbs/topics/NEWS/2008/NEW01791.html](http://www.fda.gov/bbs/topics/NEWS/2008/NEW01791.html).

Background
Based on error reports submitted to the USP-ISMP Medication Errors Reporting Program, reports of harmful errors in the literature, and input from practitioners and safety experts, ISMP created and periodically updates a list of potential high-alert medications. During February-April 2007, 770 practitioners responded to an ISMP survey designed to identify which medications were most frequently considered high-alert drugs by individuals and organizations. Further, to assure relevance and completeness, the clinical staff at ISMP, members of our advisory board, and safety experts throughout the US were asked to review the potential list. This list of drugs and drug categories reflects the collective thinking of all who provided input.

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## Abundant Life Home Health Agency, LLC

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Category:	Patient Information	Number:	4.009.4
Subject:	Emergency Medication		
Applies:	Professional Staff	Page:	1 of 1

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**Purpose:** To establish an emergency medication administration plan.

**Policy:** Emergency medication will be identified by the nurses and will be noted on the Medication Profile. The emergency medication should be readily available in the patient's home and of sufficient quantity in the event of an emergency requiring usage.

**.Procedure:**

1. The nursing staff will identify and notate on the medication profile which medications are considered emergent. This practice will be continuously performed and updated, to ensure the medication profile remains up to date.
2. The patient should be encouraged to keep the emergency medication in a readily accessible location for adults and in a sufficient quantity.
3. Whenever possible emergency medications should be accessible in the most ready to administer forms.

List of some common emergency medications:

- Humulin R
- Epinephrine
- Nitroglycerin
- Glucagon Injectable





# Abundant Life Home Health Agency, LLC

## Memorandum on Policy

Effective: February 09, 2017

Re: Orders Policy: 4.009.5A Attachment

This document covers instructions for four types of orders (listed below). Please also see attached forms for orders. Use the internal order form to record orders, and submit to office-- this form is for internal use only—do not send or bring to physician's visits. Use the Physician Visit form if you accompany the patient to a visit. Both forms should be kept in the blue file folder.

1. Prescription labels received in home
2. Telephone Orders
3. Other orders needed
4. Orders at Physician's office during visit

1. **Prescription labels received in home:** Please fill out the internal order form completely and then take a photo with the prescription bottle or label on the page (see attached example). You may also send the form and label/orders separately. Text a photo to 727-303-2015, or fax to 727-724-1201. Please remember to fill out all information, including start/end dates, and administration times.
2. **Telephone orders:** Please fill out the internal order form. Text a photo to 727-303-2015, or fax to 727-724-1201. Please remember to fill out all information, including start/end dates, and administration times. At the bottom, remember to write: "T.O. [Physician's Name]/ [Your name, Title]". Read the order back. Check the box for "read back and verified telephone orders"
3. **Other orders needed:** Please fill out the internal order form completely, and submit to the office. Text the photo to 727-303-2015, or fax to 727-724-1201. You may also still send a message to Don and Traci with request for orders. Make sure that all pertinent information is included (see the section below: parts of an order).
4. **Orders at Physician's office during visit:** Take the blank Physician's Visit forms with you. If the physician makes any changes that require orders, you can request that the physician use and sign this form. This, however, is unnecessary if the physician provides prescriptions (see 1)

In any case, after orders will be sent to Physician where necessary, and follow up with the signature and receipt of the order as needed. Once received, Plan of Care/MAR/TAR will be updated, and you will be notified.

**Parts of an order:** All orders should include all the following, with administration times added:

- Patient Name
- Date of Birth
- Date of Order
- Name of Physician (and name of practice, if available)
- Physician Phone/Fax
- Medical Record Number
- Orders (This - information should be clear)
- IF Medication, Drug, Dose, Route, Frequency, Routine/PRN
- Start/End Dates (duration)
- If Telephone order: Type: "T.O. Physician's Name]/ [Nurse Name]
- Titration Information (if applicable)/ Taper/Range

Clearwater Office: 28050 US HWY 19 N St 205 • Clearwater FL, 33761 • Phone: 727-286-8916 • Fax 727-724-1201

Tampa Office: 4511 N Himes Ave Ste 200 • Tampa, FL, 33614 • Phone 813-449-4261 • Fax 877-856 3638

Email: [AbundantlifeHHA@gmail.com](mailto:AbundantlifeHHA@gmail.com) / [AbundantlifeHHAatampa@gmail.com](mailto:AbundantlifeHHAatampa@gmail.com)





# ISMP's List of *Confused Drug Names*

This list of confused drug names, which includes look-alike and sound-alike name pairs, consists of those name pairs that have been involved in medication errors published in the *ISMP Medication Safety Alert!*<sup>®</sup> and the *ISMP Medication Safety Alert!*<sup>®</sup> Community/Ambulatory Care Edition. The errors involving these medications were reported to ISMP through the ISMP Medication Errors Reporting Program (MERP).

This list also contains the names that appear on The Joint Commission's list of look-alike and sound-alike names. The Joint Commission established a National Patient Safety Goal that requires each accredited organization to identify a list of look-alike or sound-alike drugs used in the organization. Those names that appear on The Joint Commission's list have been noted with an asterisk (\*) below.

Drug Name	Confused Drug Name
Abelcet*	amphotericin B*
Accupril	Aciphex
aceta <b>ZOLAMIDE</b> *	aceto <b>HEXAMIDE</b> *
acetic acid for irrigation	glacial acetic acid
aceto <b>HEXAMIDE</b> *	aceta <b>ZOLAMIDE</b> *
Aciphex	Accupril
Aciphex	Aricept
Activase	Cathflo Activase
Activase	TNKase
Actonel	Actos
Actos	Actonel
Adacel (Tdap)	Daptacel (DTaP)
Adderall	Inderal
Adderall	Adderall XR
Adderall XR	Adderall
Advair*	Advicor*
Advicor*	Advair*
Advicor	Altocor
Afrin (oxymetazoline)	Afrin (saline)
Afrin (saline)	Afrin (oxymetazoline)
Aggrastat	argatroban
Aldara	Alora
Alkeran	Leukeran
Alkeran	Myleran
Allegra	Viagra
Alora	Aldara
<b>ALPRA</b> zolam*	<b>LOR</b> azepam*
Altocor	Advicor
amantadine	amiodarone
Amaryl	Reminyl
Ambisome*	amphotericin B*
Amicar*	Omacor*
Amikin	Kineret
a <b>MIL</b> Loride	am <b>LODIP</b> Pine
amiodarone	amantadine

Drug Name	Confused Drug Name
am <b>LODIP</b> Pine	a <b>MIL</b> Loride
amphotericin B*	Abelcet*
amphotericin B*	Ambisome*
Anacin	Anacin-3
Anacin-3	Anacin
antacid	Atacand
Antivert	Axert
Anzemet	Avandamet
Apresoline	Priscoline
argatroban	Aggrastat
argatroban	Orgaran
Aricept	Aciphex
Aricept	Azilect
aripiprazole	proton pump inhibitors
aripiprazole	rabeprazole
Asacol	Os-Cal
Atacand	antacid
Atrovent	Natru-Vent
Avandamet	Anzemet
Avandia	Prandin
Avandia*	Coumadin*
<b>AVIN</b> za	<b>INV</b> anz
<b>AVIN</b> za*	Evista*
Axert	Antivert
aza <b>CITID</b> ine	aza <b>THIO</b> prine
aza <b>THIO</b> prine	aza <b>CITID</b> ine
Azilect	Aricept
B & O (belladonna and opium)	Beano
BabyBIG	HBIG (hepatitis B immune globulin)
Bayhep-B	Bayrab
Bayhep-B	Bayrho-D
Bayrab	Bayhep-B
Bayrab	Bayrho-D
Bayrho-D	Bayhep-B
Bayrho-D	Bayrab

\* These drug names are included on The Joint Commission's list of look-alike or sound-alike drug names from which an accredited organization creates its own list to satisfy the requirements of the National Patient Safety Goals. Visit [www.jointcommission.org](http://www.jointcommission.org) for more information about this Joint Commission requirement.

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## ISMP's List of Confused Drug Names

Drug Name	Confused Drug Name
Beano	B & O (belladonna and opium)
Benadryl	benazepril
benazepril	Benadryl
Benicar	Mevacor
Betadine (with providone-iodine)	Betadine (without providone-iodine)
Betadine (without providone-iodine)	Betadine (with providone-iodine)
Bextra	Zetia
Bicillin C-R	Bicillin L-A
Bicillin L-A	Bicillin C-R
Bicitra	Polycitra
Brethine	Methergine
Brevibloc	Brevital
Brevital	Brevibloc
buPROPion	busPIRone
busPIRone	buPROPion
Capadox [non-US product]	Kapidex
Capex	Kapidex
Carac	Kuric
captopril	carvedilol
carBAMazepine	OXcarbapazine
CARBOplatin	CISplatin
Cardura*	Coumadin*
carvedilol	captopril
Casodex	Kapidex
Cathflo Activase	Activase
Cedax	Cidex
ceFAZolin	cefTRIAXone
cefTRIAXone	ceFAZolin
CeleBREX*	CeleXA*
CeleBREX*	Cerebyx*
CeleXA	ZyPREXA
CeleXA*	CeleBREX*
CeleXA*	Cerebyx*
Cerebyx*	CeleBREX*
Cerebyx*	CeleXA*
cetirizine	sertraline
chlordiazePOXIDE	chlorproMAZINE
chlorproMAZINE	chlordiazePOXIDE
chlorproMAZINE	chlorproPAMIDE
chlorproPAMIDE	chlorproMAZINE
Cidex	Cedax
CISplatin	CARBOplatin
Claritin (loratadine)	Claritin Eye (ketotifen fumarate)
Claritin-D	Claritin-D 24
Claritin-D 24	Claritin-D
Claritin Eye (ketotifen fumarate)	Claritin (loratadine)

Drug Name	Confused Drug Name
Clindesse	Clindets
Clindets	Clindesse
clomiPHENE	clomiPRAMINE
clomiPRAMINE	clomiPHENE
clonazePAM	cloNIDine
clonazePAM	LORazepam
cloNIDine	clonazePAM
cloNIDine*	KlonoPIN*
Clozaril	Colazal
Coagulation factor IX (recombinant)	Factor IX Complex, Vapor Heated
codeine	Lodine
Colace	Cozaar
Colazal	Clozaril
colchicine	Cortrosyn
Comvax	Recombivax HB
Cortrosyn	colchicine
Coumadin*	Avandia*
Coumadin*	Cardura*
Cozaar	Colace
Cozaar	Zocor
cycloSERINE	cycloSPORINE
cycloSPORINE	cycloSERINE
Cymbalta	Symbyax
DACTINomycin	DAPTOmycin
Daptacel (DTaP)	Adacel (Tdap)
DAPTOmycin	DACTINomycin
Darvocet*	Percocet*
Darvon	Diovan
DAUNOrubicin*	DAUNOrubicin citrate liposomal*
DAUNOrubicin*	DOXOrubicin*
DAUNOrubicin*	IDArubicin*
DAUNOrubicin citrate liposomal*	DAUNOrubicin*
Denavir	indinavir
Depakote	Depakote ER
Depakote ER	Depakote
Depo-Medrol	Solu-MEDROL
Depo-Provera	Depo-subQ provera 104
Depo-subQ provera 104	Depo-Provera
desipramine	disopyramide
dexmethylphenidate	methadone
Diabinese	Diamox
Diabeta*	Zebeta*
Diamox	Diabinese
Diffucan*	Diprivan*
Dilacor XR	Pilocar
Dilaudid	Dilaudid-5

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\* These drug names are included on The Joint Commission's list of look-alike or sound-alike drug names from which an accredited organization creates its own list to satisfy the requirements of the National Patient Safety Goals. Visit [www.jointcommission.org](http://www.jointcommission.org) for more information about this Joint Commission requirement.

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## ISMP's List of Confused Drug Names

Drug Name	Confused Drug Name
Dilaudid-5	Dilaudid
dimenhy <b>DRINATE</b>	diphenhydr <b>AMINE</b>
diphenhydr <b>AMINE</b>	dimenhy <b>DRINATE</b>
Dioval	Diovan
Diovan	Dioval
Diovan	Zyban
Diovan	Darvon
Diprivan*	Diffucan*
Diprivan	Ditropan
disopyramide	desipramine
Ditropan	Diprivan
<b>DOBUT</b> amine	<b>DOP</b> amine
<b>DOP</b> amine	<b>DOBUT</b> amine
Doxil	Paxil
<b>DOXO</b> rubicin*	<b>DAUNO</b> rubicin*
<b>DOXO</b> rubicin*	<b>DOXO</b> rubicin liposomal*
<b>DOXO</b> rubicin*	<b>IDA</b> rubicin*
<b>DOXO</b> rubicin liposomal*	<b>DOXO</b> rubicin*
Dulcolax (bisacodyl)	Dulcolax (docusate sodium)
Dulcolax (docusate sodium)	Dulcolax (bisacodyl)
<b>DULO</b> xetine	<b>FLU</b> xetine
Durasal	Durezol
Durezol	Durasal
Duricef	Ultracet
Dynacin	Dynacirc
Dynacirc	Dynacin
edetate calcium disodium	edetate disodium
edetate disodium	edetate calcium disodium
Effexor*	Effexor XR*
Effexor XR*	Effexor*
Enbrel	Levbid
Engerix-B adult	Engerix-B pediatric/adolescent
Engerix-B pediatric/adolescent	Engerix-B adult
Enjuvia	Januvia
e <b>PHED</b> rine*	e <b>PINEPH</b> rine*
e <b>PINEPH</b> rine*	e <b>PHED</b> rine*
Estratest	Estratest HS
Estratest HS	Estratest
ethambutol	Ethmozine
Ethmozine	ethambutol
Evista*	<b>AVINza</b> *
Factor IX Complex, Vapor Heated	Coagulation factor IX (recombinant)
Femara	Femhrt
Femhrt	Femara
fenta <b>NYL</b>	<b>SUF</b> entanil
Fioricet	Fiorinal

Drug Name	Confused Drug Name
Fiorinal	Fioricet
flavoxate	fluvoxamine
Flonase	Flovent
Flovent	Flonase
flumazenil	influenza virus vaccine
<b>FLU</b> xetine	<b>PAR</b> oxetine
<b>FLU</b> xetine	<b>DULO</b> xetine
fluvoxamine	flavoxate
Folex	Foltx
folic acid*	folinic acid (leucovorin calcium)*
folinic acid (leucovorin calcium)*	folic acid*
Foltx	Folex
fomepizole	omeprazole
Foradil	Fortical
Foradil	Toradol
Fortical	Foradil
gentamicin	gentian violet
gentian violet	gentamicin
glacial acetic acid	acetic acid for irrigation
glipi <b>ZIDE</b>	gly <b>BURIDE</b>
gly <b>BURIDE</b>	glipi <b>ZIDE</b>
Granulex	Regranex
guai <b>FEN</b> esin	guan <b>FACINE</b>
guan <b>FACINE</b>	guai <b>FEN</b> esin
HBIG (hepatitis B immune globulin)	BabyBIG
Healon	Hyalgan
heparin*	Hespan*
Hespan*	heparin*
HMG-CoA Reductase Inhibitors ("statins")	nystatin
Huma <b>LOG</b> *	Humu <b>LIN</b> *
Huma <b>LOG</b> *	Novo <b>LOG</b> *
Huma <b>LOG</b> Mix 75/25	Humu <b>LIN</b> 70/30
Humapen Memoir (for use with Huma <b>LOG</b> )	Humira Pen
Humira Pen	Humapen Memoir (for use with Huma <b>LOG</b> )
Humu <b>LIN</b> *	Novo <b>LIN</b> *
Humu <b>LIN</b> *	Huma <b>LOG</b> *
Humu <b>LIN</b> 70/30	Huma <b>LOG</b> Mix 75/25
Hyalgan	Healon
hydr <b>ALAZINE</b> *	hydr <b>OXYzine</b> *
<b>HYDRO</b> codone*	oxy <b>CODONE</b> *
Hydrogesic	hydr <b>OXYzine</b>
<b>HYDRO</b> morphine*	morphine*
hydr <b>OXYzine</b>	Hydrogesic
hydr <b>OXYzine</b> *	hydr <b>ALAZINE</b> *
<b>IDA</b> rubicin*	<b>DAUNO</b> rubicin*
<b>IDA</b> rubicin*	<b>DOXO</b> rubicin*

\* These drug names are included on The Joint Commission's list of look-alike or sound-alike drug names from which an accredited organization creates its own list to satisfy the requirements of the National Patient Safety Goals. Visit [www.jointcommission.org](http://www.jointcommission.org) for more information about this Joint Commission requirement.

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## ISMP's List of Confused Drug Names

Drug Name	Confused Drug Name
Inderal	Adderall
indinavir	Denavir
inFLIXimab	riTUXimab
influenza virus vaccine	flumazenil
influenza virus vaccine	tuberculin purified protein derivative (PPD)
Inspira	Spiriva
<b>INVanz</b>	<b>AVINza</b>
iodine	Lodine
Isordil	Plendil
isotretinoin	tretinoin
Jantoven	Janumet
Jantoven	Januvia
Janumet	Jantoven
Janumet	Januvia
Janumet	Sinemet
Januvia	Enjuvia
Januvia	Jantoven
Januvia	Janumet
K-Phos Neutral	Neutra-Phos-K
Kaopectate (bismuth subsalicylate)	Kaopectate (docusate calcium)
Kaopectate (docusate calcium)	Kaopectate (bismuth subsalicylate)
Kadian	Kapidex
Kaletra	Keppra
Kapidex	Capadex [non-US product]
Kapidex	Capex
Kapidex	Casodex
Kapidex	Kadian
Keflex	Keppra
Keppra	Kaletra
Keppra	Keflex
Ketalar	ketorolac
ketorolac	Ketalar
ketorolac	methadone
Kineret	Amikin
KlonoPIN*	cloNIDine *
Kuric	Carac
Kwell	Qwell
LaMICTal	LamISIL
LamiSIL	LaMICTal
lamiVUDine*	lamoTRiGine*
lamoTRiGine*	lamiVUDine*
lamoTRiGine	levothyroxine
Lanoxin	levothyroxine
Lanoxin	naloxone
lanthanum carbonate	lithium carbonate
Lantus	Lente

Drug Name	Confused Drug Name
Lariam	Levaquin
Lasix	Luvox
Lente	Lantus
leucovorin calcium*	Leukeran*
Leukeran	Alkeran
Leukeran	Myleran
Leukeran*	leucovorin calcium*
Levaquin	Lariam
Levbid	Enbrel
levetiracetam	levofloxacin
levofloxacin	levetiracetam
levothyroxine	lamoTRiGine
levothyroxine	Lanoxin
Lexapro	Loxitane
Lipitor	Loniten
Lipitor	ZyrTEC
lithium carbonate	lanthanum carbonate
Lodine	codeine
Lodine	iodine
Loniten	Lipitor
Lopressor	Lyrica
<b>LORazepam*</b>	<b>ALPRAZolam*</b>
<b>LORazepam</b>	<b>clonazePAM</b>
<b>LORazepam</b>	Lovaza
Lotronex	Protonix
Lovaza	<b>LORazepam</b>
Loxitane	Lexapro
Loxitane	Soriatane
Lunesta	Neulasta
Lupron Depot-3 Month	Lupron Depot-Ped
Lupron Depot-Ped	Lupron Depot-3 Month
Luvox	Lasix
Lyrica	Lopressor
Maalox	Maalox Total Stomach Relief
Maalox Total Stomach Relief	Maalox
Matulane	Materna
Materna	Matulane
Maxzide	Microzide
Menactra	Menomune
Menomune	Menactra
Mephyton	methadone
Metadate	methadone
Metadate CD	Metadate ER
Metadate ER	Metadate CD
Metadate ER	methadone
met <b>FORMIN*</b>	metro <b>NIDAZOLE*</b>

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## ISMP's List of Confused Drug Names

Drug Name	Confused Drug Name
methadone	dexmethylphenidate
methadone	ketorolac
methadone	Mephyton
methadone	Metadate
methadone	Metadate ER
methadone	methylphenidate
Methergine	Brethine
methimazole	metolazone
methylphenidate	methadone
metolazone	methimazole
metoprolol succinate	metoprolol tartrate
metoprolol tartrate	metoprolol succinate
metro <b>NIDAZOLE</b> *	met <b>FORMIN</b> *
Mevacor	Benicar
Micronase	Microzide
Microzide	Maxzide
Microzide	Micronase
midodrine	Midrin
Midrin	midodrine
mifepristone	misoprostol
Miralax	Mirapex
Mirapex	Miralax
misoprostol	mifepristone
morphine*	<b>HYDRO</b> morphine*
morphine - non-concentrated oral liquid*	morphine - oral liquid concentrate*
morphine - oral liquid concentrate*	morphine - non-concentrated oral liquid*
Motrin	Neurontin
MS Contin*	Oxy <b>CONTIN</b> *
Mucinex*	Mucomyst*
Mucinex D	Mucinex DM
Mucinex DM	Mucinex D
Mucomyst*	Mucinex*
Myleran	Alkeran
Myleran	Leukeran
naloxone	Lanoxin
Narcan	Norcuron
Natru-Vent	Atrovent
Navane	Norvasc
Neo-Synephrine (oxymetazoline)	Neo-Synephrine (phenylephrine)
Neo-Synephrine (phenylephrine)	Neo-Synephrine (oxymetazoline)
Neulasta	Lunesta
Neulasta	Neumega
Neumega	Neupogen
Neumega	Neulasta
Neupogen	Neumega
Neurontin	Motrin

Drug Name	Confused Drug Name
Neurontin	Noroxin
Neutra-Phos-K	K-Phos Neutral
Nex <b>AVAR</b>	Nex <b>IUM</b>
Nex <b>IUM</b>	Nex <b>AVAR</b>
ni <b>CARD</b> ipine	<b>NIFE</b> dipine
<b>NIFE</b> dipine	ni <b>CARD</b> ipine
<b>NIFE</b> dipine	ni <b>MOD</b> ipine
ni <b>MOD</b> ipine	<b>NIFE</b> dipine
Norcuron	Narcan
Normodyne	Norpramin
Noroxin	Neurontin
Norpramin	Normodyne
Norvasc	Navane
Novo <b>LIN</b> *	Humu <b>LIN</b> *
Novo <b>LIN</b> *	Novo <b>LOG</b> *
Novo <b>LIN</b> 70/30*	Novo <b>LOG</b> Mix 70/30*
Novo <b>LOG</b> *	Huma <b>LOG</b> *
Novo <b>LOG</b> *	Novo <b>LIN</b> *
Novo <b>LOG</b> FLEXPEN	Novo <b>LOG</b> Mix 70/30 FLEXPEN
Novo <b>LOG</b> Mix 70/30 FLEXPEN	Novo <b>LOG</b> FLEXPEN
Novo <b>LOG</b> Mix 70/30*	Novo <b>LIN</b> 70/30*
nystatin	HMG-CoA Reductase Inhibitors ("statins")
Occlusal-HP	Ocuflox
Ocuflox	Occlusal-HP
<b>OLAN</b> zapine	<b>QUE</b> tiapine
Omacor*	Amicar*
omeprazole	fomepizole
opium tincture*	paregoric (camphorated tincture of opium)*
Oracea	Orencia
Orencia	Oracea
Orgaran	argatroban
Ortho Tri-Cyclen	Ortho Tri-Cyclen LO
Ortho Tri-Cyclen LO	Ortho Tri-Cyclen
Os-Cal	Asacol
<b>OX</b> carbazepine	car <b>BAM</b> azepine
oxy <b>CODONE</b> *	<b>HYDRO</b> codone*
oxy <b>CODONE</b> *	Oxy <b>CONTIN</b> *
Oxy <b>CONTIN</b> *	MS Contin*
Oxy <b>CONTIN</b> *	oxy <b>CODONE</b> *
paclitaxel	paclitaxel protein-bound particles
paclitaxel protein-bound particles	paclitaxel
Pamelor	Panlor DC
Pamelor	Tambocor
Panlor DC	Pamelor
paregoric (camphorated tincture of opium)*	opium tincture*
<b>PAR</b> oxetine	<b>FLU</b> oxetine

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## ISMP's List of Confused Drug Names

Drug Name	Confused Drug Name
Patanol	Platinol
Pavulon	Peptavlon
Paxil	Doxil
Paxil	Taxol
Paxil	Plavix
pemetrexed	pralatrexate
Peptavlon	Pavulon
Percocet*	Darvocet*
Percocet	Procet
<b>PENT</b> obarbital	<b>PHEN</b> obarbital
<b>PHEN</b> obarbital	<b>PENT</b> obarbital
Pilocar	Dilacor XR
Platinol	Patanol
Plavix	Paxil
Plendil	Isordil
pneumococcal 7-valent vaccine	pneumococcal polyvalent vaccine
pneumococcal polyvalent vaccine	pneumococcal 7-valent vaccine
Polycitra	Bicitra
pralatrexate	pemetrexed
Prandin	Avandia
Precare	Precose
Precose	Precare
predni <b>LONE</b>	predni <b>SONE</b>
predni <b>SONE</b>	predni <b>LONE</b>
Pri <b>LOSEC</b> *	<b>PRO</b> zac*
Priscoline	Apresoline
probenecid	Procanbid
Procan SR	Procanbid
Procanbid	probenecid
Procanbid	Procan SR
Procardia XL	Protain XL
Procet	Percocet
Prograf	<b>PRO</b> zac
propylthiouracil	Purinethol
Proscar	Provera
Protain XL	Procardia XL
protamine	Protonix
proton pump inhibitors	aripiprazole
Protonix	Lotronex
Protonix	protamine
Provera	Proscar
Provera	<b>PRO</b> zac
<b>PRO</b> zac	Prograf
<b>PRO</b> zac*	Pri <b>LOSEC</b> *
<b>PRO</b> zac	Provera
Purinethol	propylthiouracil

Drug Name	Confused Drug Name
<b>QU</b> etiapine	<b>OLAN</b> zapine
qui <b>NID</b> ine	qui <b>NINE</b>
qui <b>NINE</b>	qui <b>NID</b> ine
Qwell	Kwell
rabeprazole	aripiprazole
Razadyne	Rozerem
Recombivax HB	Comvax
Regranex	Granulex
Reminyl	Robinul
Reminyl	Amaryl
Renagel	Renvela
Renvela	Renagel
Reprexain	<b>ZyPREXA</b>
Restoril	Risperdal
Retrovir*	ritonavir*
Rifadin	Rifater
Rifamate	rifampin
rifampin	Rifamate
rifampin	rifaximin
Rifater	Rifadin
rifaximin	rifampin
Risperdal	Restoril
risperidone	ropinirole
Ritalin	ritodrine
Ritalin LA	Ritalin SR
Ritalin SR	Ritalin LA
ritodrine	Ritalin
ritonavir*	Retrovir*
<b>riTUX</b> imab	<b>inFLIX</b> imab
Robinul	Reminyl
ropinirole	risperidone
Roxanol	Roxicodone Intensol
Roxanol	Roxicet
Roxicet	Roxanol
Roxicodone Intensol	Roxanol
Rozerem	Razadyne
Salagen	selegiline
<b>SandIMMUNE</b>	<b>SandoSTATIN</b>
<b>SandoSTATIN</b>	<b>SandIMMUNE</b>
saquinavir	<b>SINE</b> quan
saquinavir (free base)	saquinavir mesylate
saquinavir mesylate	saquinavir (free base)
Sarafem	Serophene
selegiline	Salagen
Serophene	Sarafem
<b>SERO</b> quel	<b>SERO</b> quel XR

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## ISMP's List of Confused Drug Names

Drug Name	Confused Drug Name
SEROquel	Serzone
SEROquel	SINEquan
SEROquel XR	SEROquel
sertraline	cetirizine
sertraline	Soriatane
Serzone	SEROquel
Sinemet	Janumet
SINEquan	saquinavir
SINEquan	SEROquel
SINEquan	Singulair
SINEquan	Zonegran
Singulair	SINEquan
sitaGLIPtin	SUMatriptan
Solu-CORTEF	Solu-MEDROL
Solu-MEDROL	Depo-Medrol
Solu-MEDROL	Solu-CORTEF
Sonata	Soriatane
Soriatane	Loxitane
Soriatane	sertraline
Soriatane	Sonata
sotalol	Sudafed
Spiriva	Inspra
Sudafed	sotalol
Sudafed	Sudafed PE
Sudafed PE	Sudafed
SUFentanil	fentaNYL
sulfADIAZINE	sulfISOXAZOLE
sulfISOXAZOLE	sulfADIAZINE
SUMatriptan	sitaGLIPtin
SUMatriptan	zolmitriptan
Symbyax	Cymbalta
Tambocor	Pamelor
Taxol	Taxotere
Taxol	Paxil
Taxotere	Taxol
TEGretol	TEGretol XR
TEGretol	Tequin
TEGretol	TREntal
TEGretol XR	TEGretol
Tequin	TEGretol
Tequin	Ticlid
Testoderm TTS	Testoderm
Testoderm TTS	Testoderm with Adhesive
Testoderm with Adhesive	Testoderm
Testoderm with Adhesive	Testoderm TTS
Testoderm	Testoderm TTS

Drug Name	Confused Drug Name
Testoderm	Testoderm with Adhesive
tetanus diphtheria toxoid (Td)	tuberculin purified protein derivative (PPD)
Thalomid	Thiamine
Thiamine	Thalomid
tiaGABine*	tiZANidine*
Tiazac	Ziac
Ticlid	Tequin
tiZANidine*	tiaGABine*
TNKase	Activase
TNKase	t-PA
Tobradex	Tobrex
Tobrex	Tobradex
TOLAZamide	TOLBUTamide
TOLBUTamide	TOLAZamide
Topamax*	Toprol-XL*
Toprol-XL*	Topamax*
Toradol	Foradil
t-PA	TNKase
Tracleer	Tricor
traMADol*	traZODone*
traZODone*	traMADol*
TREntal	TEGretol
tretinoin	isotretinoin
Tricor	Tracleer
tromethamine	Trophamine
Trophamine	tromethamine
tuberculin purified protein derivative (PPD)	influenza virus vaccine
tuberculin purified protein derivative (PPD)	tetanus diphtheria toxoid (Td)
Tylenol	Tylenol PM
Tylenol PM	Tylenol
Ultracet	Duricef
valacyclovir	valganciclovir
Valcyte	Valtrex
valganciclovir	valacyclovir
Valtrex	Valcyte
Varivax	VZIG (varicella-zoster immunoglobulin)
Vesanoid	Vesicare
Vesicare	Vesanoid
Vexol	Vosol
Viagra	Allegra
vinBLASTine*	vinCRISTine*
vinCRISTine*	vinBLASTine*
Viokase	Viokase 8
Viokase 8	Viokase
Vioux	Zyvox
Viracept	Viramune

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## ISMP's List of Confused Drug Names

Drug Name	Confused Drug Name
Viramune	Viracept
Vosol	Vexol
VZIG (varicella-zoster immunoglobulin)	Varivax
Wellbutrin SR*	Wellbutrin XL*
Wellbutrin XL*	Wellbutrin SR*
Xanax*	Zantac*
Xeloda	Xenical
Xenical	Xeloda
Yasmin	Yaz
Yaz	Yasmin
Zantac*	Xanax*
Zantac*	ZyrTEC*
Zebeta*	Diabeta*
Zebeta	Zetia
Zegerid	Zestril
Zelapar (Zydys formulation)	ZyPREXA Zydys
Zestril	Zegerid
Zestril*	Zetia*
Zestril*	ZyPREXA*
Zetia	Bextra
Zetia	Zebeta
Zetia*	Zestril*
Ziac	Tiazac

Drug Name	Confused Drug Name
Zocor	Cozaar
Zocor*	ZyrTEC*
zolmitriptan	SUMatriptan
Zonegran	SINEquan
Zostrix	Zovirax
Zovirax	Zyvox
Zovirax	Zostrix
Zyban	Diovan
ZyPREXA	CeleXA
ZyPREXA	Reprexain
ZyPREXA*	Zestril*
ZyPREXA*	ZyrTEC*
ZyPREXA Zydys	Zelapar (Zydys formulation)
ZyrTEC	Lipitor
ZyrTEC*	Zantac*
ZyrTEC*	Zocor*
ZyrTEC*	ZyPREXA*
ZyrTEC	ZyrTEC-D
ZyrTEC (cetirizine)	ZyrTEC Itchey Eye Drops (ketotifen fumarate)
ZyrTEC-D	ZyrTEC
ZyrTEC Itchey Eye Drops (ketotifen fumarate)	ZyrTEC (cetirizine)
Zyvox	Vioxx
Zyvox	Zovirax

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## Abundant Life Home Health Agency, LLC

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Category:	Patient Information	Number:	4.009.8
Subject:	Adverse Drug Reactions (ADR)		
Applies:	Professional Staff	Page:	1 of 2

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**Purpose:** Adverse Drug Reactions (ADR) are common, often unrecognized and typically under-reported. The major aim of this policy is to prevent avoidable ADR. Specific aims are to:

- I. ensure that agency staff and other health care professionals have a good understanding of:
  - the nature of adverse drug reactions;
  - major risk factors for adverse reactions;
  - which adverse drug reactions to report;
  - how to report these reactions.
- II. improve the reporting of ADR
- III. establish feedback systems to this agency and other Health Care Professionals about ADR

**Policy:** This policy is aimed at increasing safety in prescribing by the improvement of monitoring, reporting and prevention of Adverse Drug Reactions in patients. It is the responsibility and professional obligation of agency staff to report any suspected adverse drug reaction. Adverse drug reaction monitoring and reporting programs encourage adverse drug reaction surveillance, improve ADR documentation and provide a mechanism for monitoring the safety of drug use in patients, as well as stimulating the education of health professionals regarding potential ADR. This policy includes mechanisms for monitoring, detecting, evaluating, documenting and reporting ADR as well as providing educational feedback to prescribers and other interested health care professionals.

**Definition:** Adverse drug reaction (ADR) is any noxious, unintended, undesirable, or unexpected response to a drug that occurs at doses used in humans for prophylaxis, diagnosis, therapy of disease, or for modification of psychological function. This definition is understood to exclude predictable, dose related side effects due to drugs which result in little or no change in patient management, and in particular, mild extrapyramidal side effects due to neuroleptic drug therapy.

## Abundant Life Home Health Agency, LLC

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Category:	Patient Information	Number:	4.009.8
Subject:	Adverse Drug Reactions (ADR)		
Applies:	Professional Staff	Page:	2 of 2

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Indications of an ADR include anaphylaxis, arrhythmia, convulsions, hallucinations, shortness of breath, rashes, itching, hypotension, dystonia, leukopenia, urinary retention, symptoms associated with neuroleptic malignant syndrome, initial report of tardive dyskinesia, EPS related to nonantipsychotic drugs and also includes true allergic (hypersensitivity) reactions and idiosyncratic reactions.

A significant adverse drug reaction is one that:

- requires discontinuing the drug
- requires large, (greater than 50%) dosage decrease
- necessitates admission to an acute care hospital
- necessitates supportive treatment
- significantly complicates diagnosis
- negatively affects prognosis
- results in temporary or permanent harm, disability, or death.

### **Procedure:**

1. To prevent and reduce the likelihood of adverse drug reactions, this agency checks the medication profile for interaction risks. Drug to drug reactions listed as potentially moderate or severe are reported to the prescribing physician prior to administration. Patients are educated on other types of adverse interactions possibilities, such as consuming alcohol while taking certain medications, or food and medication interactions. Education will be documented on the visit note.
2. Any staff who witnesses a suspected adverse drug reaction will notify the case manager or RN on call.
3. The RN will immediately contact the attending physician and DON to report the possibility of an adverse drug reaction.
4. The RN will complete the nursing section of the Adverse Drug Reaction Report.
5. The RN will present the adverse drug reaction to the QAPI committee for review at the next scheduled meeting.
6. The QAPI will evaluate each report and, when appropriate, will make recommendations for further evaluation by the medical director, to submit significant ADR reports to the FDA, and the manufacturer.

### Attachment:

Adverse Drug Reaction Report







## Abundant Life Home Health Agency, LLC

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Category:	Patient Information	Number:	4.009.9
Subject:	Vaccine Storage and Transportation		
Applies:	Professional Staff	Page:	1 of 4

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**Purpose** To ensure this agency properly stores and handles vaccines.

**Policy:** There are few immunization issues more important than the appropriate storage and handling of vaccines. The success of efforts against vaccine-preventable diseases is attributable in part to proper storage and handling of vaccines. Vaccines must be stored properly from the time they are manufactured until they are administered. Proper maintenance of vaccines during transport is known as the cold chain. A proper cold chain is a temperature-controlled supply chain that includes all equipment and procedures used in the transport and storage and handling of vaccines from the time of manufacturer to administration of the vaccine. Vaccines must be stored properly from the time they are manufactured until they are administered. Proper maintenance of vaccines during transport is known as the cold chain. A proper cold chain is a temperature-controlled supply chain that includes all equipment and procedures used in the transport and storage and handling of vaccines from the time of manufacturer to administration of the vaccine.

**Procedure:** Vaccines are stored in accordance with manufacturer recommendation in a designated refrigerator. Only vaccines and cold packs may be stored in this refrigerator. The refrigerator/ freezer will be locked and access restricted to the DON and Administrator. The temperature of the refrigerator and freezer will be recorded daily and any out of range temperatures will be corrected. In the event of a refrigerator/freezer malfunction the vaccines will be relocated to an ice chest with cold packs for not longer than 9 hours while a replacement refrigerator is secured. Beyond 9 hours and the vaccines must be destroyed. The refrigerator must be labeled Vaccines and a have a Do Not Unplug signed placed on the front.

**All refrigerator units must:**

- Maintain required vaccine storage temperatures (35°F – 46°F) year-round. With a focus on maintaining 40 °F.
- Be automatic defrost (frost-free) and free of any frost, ice, water or coolant leaks. Manual defrost (cyclic defrost) refrigerators with visible cooling plates/ coiling in the internal back wall are not acceptable.



**Abundant Life Home Health Agency, LLC**

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Category: Patient Information Number: 4.009.9

Subject: Vaccine Storage and Transportation

Applies: Professional Staff Page: 2 of 4

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- Provide enough space to store the largest number of doses expected at one time (including influenza season), allowing for vaccine storage at least 2-3 inches away from walls, floor, and other boxes, and away from cold air vents.
- Be reliable (with a quiet compressor) and has not needed frequent repairs. Replacement should be considered for household refrigerator/freezer combination units over 10 years old.
- Have doors that seal tightly and close properly
- Have separate temperature controls for refrigerator and freezer for combination units.
- Not have convertible features that switch to an all-freezer unit.
- Have a working thermometer placed centrally in the unit. Thermometers must be certified in accordance with National Institute of Standards and Technology (NIST).
- Be used only for vaccine storage. In limited circumstance, and as space allows, other medications may be stored in the same units.

**All Freezer units must:**

- Maintain required vaccine storage temperatures (5°F or below) year-round.
- Provide enough space to store vaccines along with sufficient frozen cold packs.
- Have an automatic defroster. (Manual defrosters are acceptable only if the office has an alternate place to store vaccines when defrosting the unit.)

**Storage Procedure:** Vaccines should be placed in breathable plastic mesh baskets and clearly label baskets by type of vaccine.

Keep vaccines with shorter expiration dates to front of shelf.

This agency shall maintain a vaccine inventory log that we use to document the following:

- a. Vaccine name and number of doses received
- b. Date we received the vaccine
- c. Condition of vaccine when we received it
- d. Vaccine manufacturer and lot number
- e. Vaccine expiration date

A sign is posted on the doors of the refrigerator and freezer that indicate which vaccines should be stored in the refrigerator and which in the freezer.

## Abundant Life Home Health Agency, LLC

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Category:	Patient Information	Number:	4.009.9
Subject:	Vaccine Storage and Transportation		
Applies:	Professional Staff	Page:	3 of 4

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This agency **Does NOT** store any food or drink in any vaccine storage unit.

This agency stores vaccines in the middle of the refrigerator or freezer (never in the doors), with room for air to circulate.

This agency stores vaccines in their original packaging in clearly labeled uncovered containers with slotted sides that allow air to circulate.

### **Transportation Procedure:**

The procedure below for packing vaccine will keep all vaccines (**except varicella vaccine**) within recommended temperatures for 12 hours during transport and/or storage at room temperatures (inside a car, building, etc.). It will also maintain recommended temperatures if the cooler is exposed to outside temperatures as low as -4°F for one of those 12 hours.

- If the vaccine will be stored in refrigerators after transport, be sure those refrigerators have maintained temperatures between 35°F and 46°F for at least 3 to 5 days.

### **Assemble packing supplies**

1. **Cooler.** Use hard plastic Igloo-type coolers. Attach a “Vaccines: Do Not Freeze” label to the cooler.
2. **“Conditioned” cold packs.** Condition frozen gel packs by leaving them at room temperature for 1 to 2 hours until the edges have defrosted and packs look like they’ve been “sweating.” Cold packs that are not conditioned can freeze vaccine. **Do not use dry ice.**
3. **Thermometer.** Prepare the thermometer by placing it in the refrigerator at least 2 hours before you pack the vaccine.
4. **Packing material.** Use two 2-inch layers of bubble wrap. Not using enough bubble wrap can cause the vaccine to freeze.

### **Packing the Vaccine**

1. Spread conditioned cold packs to cover only half of the bottom of the cooler.
2. Spread conditioned cold packs to cover only half of the bottom of the cooler.
3. Stack layers of vaccine boxes on the bubble wrap. Do not let the boxes of vaccine touch the cold packs.
4. Completely cover the vaccine with another 2-inch layer of bubble wrap.

**Abundant Life Home Health Agency, LLC**

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Category:	Patient Information	Number:	4.009.9
Subject:	Vaccine Storage and Transportation		
Applies:	Professional Staff	Page:	4 of 4

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5. Spread “conditioned” cold packs to cover only half of the bubble wrap. Make sure that the cold packs do not touch the boxes of vaccine.
6. Fill the cooler to the top with bubble wrap. Place the thermometer’s digital display and the Return or Transfer of Vaccines Report form on top. It’s ok if temperatures go above 46°F while packing.

**As soon as you reach the destination site, check the vaccine temperature. If the vaccine is:**

- Between 35°F and 46°F, put it in the refrigerator.
- Below 35°F or above 46°F, contact your VFC Rep or the VFC program immediately at 1-877-243-8832. For H1N1 vaccine, call 1-888-867-6319. Then label the vaccine “Do Not Use” and put it in the refrigerator.

Attachment:

Do Not Unplug Sign  
Temperature Log



## Abundant Life Home Health Agency, LLC

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Category:	Client Information	Number:	4.010.1
Subject:	Medication Reminding		
Applies:	All Staff	Page:	1 of 2

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**Purpose:** To provide for safe medication reminding to all clients.

**Policy:** A home health aide may assist a client with medication reminding only when medications have been pre-selected by the client, a family member, a nurse, or a pharmacist and are stored in containers other than the prescription bottles, such as medication minders. Medication minder containers shall be clearly marked as to day and time of dosage. Medication reminding includes: inquiries as to whether medications were taken; verbal prompting to take medications; handing the appropriately marked medication minder container to the client; and opening the appropriately marked medication minder container for the client if the client is physically unable to open the container. These limitations apply to all prescription and all over-the-counter medications. The home health aide shall immediately report to the supervisor, and to the client or the client's advocate or designee, any irregularities noted in the pre-selected medications, such as medications taken too often or not often enough, or not at the correct time as identified in the written instructions.

This agency will not provide respiratory care. Respiratory care is skilled and includes postural drainage; cupping; adjusting oxygen flow within established parameters; nasal, endotracheal and tracheal suctioning; and turning off or changing tanks. However, home health aides may temporarily remove and replace a cannula or mask from the client's face for the purposes of shaving or washing a client's face and may provide oral suctioning.

The agency educates patients and families involved in self-administration about the following: Medication name, type, and reason for use. The agency educates patients and families involved in self-administration about the following: How to administer medication, including process, time, frequency, route, and dose. The agency educates patients and families involved in self-administration about the following: Anticipated actions and potential side effects of the medication administered. The agency educates patients and families involved in self-administration about the following: Monitoring the effects of the medication. The agency supervises patients and families until they determine the patient and family can safely and competently administer medications.

## Abundant Life Home Health Agency, LLC

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Category:	Client Information	Number:	4.010.1
Subject:	Medication Reminding		
Applies:	All Staff	Page:	2 of 2

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Assistance with self-administration does not include:

- (a) Mixing, compounding, converting, or calculating medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
- (b) The preparation of syringes for injection or the administration of medications by any injectable route.
- (c) Administration of medications through intermittent positive pressure breathing machines or a nebulizer.
- (d) Administration of medications by way of a tube inserted in a cavity of the body.
- (e) Administration of parenteral preparations.
- (f) Irrigations or debriding agents used in the treatment of a skin condition.
- (g) Rectal, urethral, or vaginal preparations.
- (h) Medications ordered by the physician or health care professional with prescriptive authority to be given “as needed,” unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent patient.
- (i) Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

## Abundant Life Home Health Agency, LLC

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Category:	Non-Clinical	Number:	5.001.1
Subject:	Billing		
Applies to:	Billing Staff/Administrator	Page:	1 of 3

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**Purpose:** To ensure accurate submission of billing and insurance claims.

**Policy:** The Agency will submit accurate and timely billing information to the billing department.

**Procedure:**

Under the direction of the Administrator:

1. The Intake Coordinator will validate payer on each patient.
2. As notes are turned in, the Intake Coordinator will:
  - a. Verify them against master schedule.
  - b. Log visits and supplies into the computer system.
  - c. Consumable Medical Supplies are billed using the applicable HCPCS code(s) at the usual and customary rate.

The Administrator (and/or designee) will:

1. Run patient billing logs from the computer system and check against clinical notes.
2. Correct any errors identified above.
3. Check that signed orders are on the chart for all services to be billed at the end of an episode. **HOLD** any billing for which there is no signed order.
4. Billing information is encoded into the billing system for processing.
5. Bills submitted to the payment source will be itemized with services, supplies, and their respective charges.

The Billing Department will submit billing to the appropriate payer via electronic data processing or claim forms.

Upon receipt of payment, the Accounting Department and Intake Coordinator will check payment against billing and adjust overpayments and/or underpayments. Payments will be applied to the invoice for which it was billed. Revenue will be assigned to the appropriate program.

**Abundant Life Home Health Agency, LLC**

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Category:	Non-Clinical	Number:	5.001.1
Subject:	Billing		
Applies to:	Billing Staff/Administrator	Page:	2 of 3

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Claims Must Contain at least the following information:

1. The recipient's full name;
2. The recipient's medical record number;
3. Third-party liability information;
4. Date of service;
5. Place of service;
6. The provider's usual and customary charge;
7. The procedure codes for services;
8. The applicable diagnostic codes as contained in the International Classification of Diseases;
9. The units of service furnished, if more than one; and
10. The provider's name and medical assistance identification number.

A separate claim must be submitted for each recipient.



## Abundant Life Home Health Agency, LLC

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Category: Non-Clinical Number: 5.001.1

Subject: Billing

Applies to: Billing Staff/Administrator Page: 3 of 3

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This agency does not accept gifts or contributions. All gifts and contributions will be returned. If it is not able to find the benefactor for the purpose of returning the contribution/gift, the agency will donate the gift/contribution to a charity.

The agency must inform a patient orally and in writing of any changes in these charges as soon as possible, but no later than five (5) days from the date the home health agency provider becomes aware of the change;

If an agency is implementing a scheduled rate increase to all clients, the agency shall provide a written notice to each affected consumer at least 30 days before implementation.

This agency does not extend credit.

A patient cannot be transferred for non-payment if the bill has been submitted to a third-party payer for payment. Non-payment occurs if a third-party payer, including Medicare or Medicaid, denies the claim, or a private pay patient fails to pay claims and the patient, after being properly notified and advised of his or her right to appeal and exhaust all appeals, refuses to pay for his or her care, may then be transferred/discharged.

### **Delinquent Accounts**

All accounts that are not paid within sixty days from the billing date become subject to collections. The agency may enter into a payment agreement with the client and provided all provisions of said agreement are met, no further action will be taken by the agency. If the provisions of the agency payment agreement are not met, the account becomes subject to collection. The agency will move forward with taking actions to collect the debt as allowed by state laws and city codes. All fees for collection shall be paid by the defaulting party.

### **Overpayment/Refund**

In the event of overpayment or billing error that results in overcharging the overage in payment will be refund to the payer within 5 business days of detecting the overpayment. An itemized statement will be included with the refund.

### **Financial Hardship**

This agency bills all clients exactly the same regardless of financial situation. This agency does not use a sliding fee schedule.

## Abundant Life Home Health Agency, LLC

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Category:	Non-Clinical	Number:	5.001.2
Subject:	Referrals		
Applies to:	Office Staff/Administrator	Page:	1 of 2

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**Purpose:** To ensure referrals are processed correctly and efficiently.

**Policy:** Referrals intake is an integral process of this agency. This process whenever possible should be performed by the Administrator or the person designated by the Administrator.

**Procedure:**

1. Whenever possible the Administrator or the designee should be the person accepting the referral.
2. Upon a referral, the Referral Sheet must be filled out. At a minimum the referral intake information must include the following:
  - Prospective patients full name,
  - Address,
  - Telephone (if available),
  - Sex,
  - Date of birth,
  - Caregiver/Emergency Contact information,
  - Physician's name and telephone,
  - Emergency contact information,
  - Services requested,
  - Social security number,
  - Payer Source and,
  - Referral source name and telephone,
  - Date and Time of Referral.
3. When a staff member other than the Administrator or designee is accepts the referral, they should complete the referral intake form as completely as possible. The staff member should acquire the referral source name and number so that the Administrator/designee may contact the referral source if needed.

**Abundant Life Home Health Agency, LLC**

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Category: Non-Clinical

Number: 5.001.2

Subject: Referrals

Applies to: Office Staff/Administrator

Page: 2 of 2

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The DON is responsible for determining admission eligibility based on multiple factors including at least the following criteria:

- Target Population
- Geographic area served
- Service limitations
- Method of payment

## Abundant Life Home Health Agency, LLC

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Category:	Non-Clinical	Number:	5.001.3
Subject:	Medical Supplies		
Applies to:	Billing Staff/Administrator	Page:	1 of 2

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**Purpose:** To define medical supply usage and availability.

**Policy:** This agency does not provide durable medical equipment. This agency does use consumable medical supplies during the course of providing care and treatment services to patients and seeks reimbursement for these items as defined below.

**Definition:**

Consumable medical supplies are non-durable medical supplies that:

- are usually disposable in nature;
- cannot withstand repeated use by more than one individual;
- are primarily and customarily used to serve a medical purpose;
- generally are not useful to a person in the absence of illness or injury;
- may be ordered and/or prescribed by a physician.

**Procedure:**

1. Durable medical supply needs will be referred to the durable medical equipment company that the patient chooses.
2. Staff will document consumable medical supplies that are used during each patient visit.
3. The following items are considered incidental to the patient treatment and will not be billed.
  - Alcohol Prep Pads
  - Non sterile gloves
  - Thermometer probe covers
  - Band-Aids
  - Lubricating jelly
  - Cotton swabs
  - Wound cleanser
  - Iodine swipes

## Abundant Life Home Health Agency, LLC

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Category: Non-Clinical Number: 5.001.3

Subject: Medical Supplies

Applies to: Billing Staff/Administrator Page: 2 of 2

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4. This agency does not provide consumable medical supplies for use when the staff is not present (unless required by Medicare).
5. Medical supplies and surgical dressings reimbursement will be sought when all of the following criteria are met:
  - they are medically necessary; and
  - they are prescribed by a physician; and
  - they are appropriate for the treatment of the patient's condition; and
  - they are used primarily for the supervised treatment of a medical illness or injury.
6. Reimbursement for medical supplies includes, but is not limited to, the following items:
  - Ostomy supplies
  - Urological supplies
  - Diabetic supplies
  - Sterile syringes, not related to diabetic supplies
  - Surgical dressings
  - Decubitis dressings
7. This agency follows Medicare PPS bundling requirements when caring for a Medicare Beneficiary.

## Abundant Life Home Health Agency, LLC

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Category: Non-Clinical Number: 5.002.1

Subject: Verification of Primary Payer

Applies to: Billing Staff/Admissions Staff Page: 1 of 1

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**Purpose:** To assure accurate billing through proper identification of the patient's primary payer.

**Policy:** Each patient's insurance information will be verified.

**Procedure:**

1. Ask the patient, family and/or referral source for all coverage information.
2. If patient states that he/she has Medicare, ask if there is any other coverage such as:
  - a) Employee Group Health Plan
  - b) Large Group Health Plan
  - c) End Stage Renal Disease
  - d) Automobile or other liability
  - e) Workers' Compensation
  - f) Department of Labor's Black Lung Program
  - g) Department of Veteran's Administration

Follow instructions from the Intermediary Manual in regards to the determination of the Primary Payer.

3. Ask if they are a member of an HMO or Managed Care Group.
4. Document the following information on the Intake Form:
  - a) Name of insurance company
  - b) Name of insured
  - c) Policy number
  - d) Social security number
  - e) Telephone number of insurance company, if available
5. A representative from the Agency calls the Insurance Verification Nurse at the insurance company with the above information to determine which is primary payer.



## Abundant Life Home Health Agency, LLC

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Category:	Non-Clinical	Number:	5.003.1
Subject:	OASIS Corrections		
Applies to:	Data Entry Staff	Page:	2 of 2

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There is no defined endpoint at which the Agency may no longer submit corrections. Corrections are made as soon as possible following discovery of the error. Key Field and Non-Key Field Correction forms will be maintained in a binder and periodically reviewed for compliance.

### Deleting Assessment:

- a) If an assessment is discovered that was sent to the State data base that should never have been sent. For example, if MO150 payer source was marked 1, 2, 3, or 4, and it is discovered that the patient was not a Medicare or Medicaid patient.
- b) If a test file and/or batch have been erroneously submitted as production fields and/or batches in error, they must be deleted.

In order to delete a file/batch, the Agency must contact the State OASIS Coordinator for instruction.

Documentation for any deletion will be placed in the binder with the Key Field and Non-Key Field Correction Forms.

### Attachments:

Non-Key field Correction Form  
Key Field Correction Form  
Key Fields and Non Key Fields



# Abundant Life Home Health Agency, LLC

## KEY FIELD CORRECTION FORM

Medicare Provider Number \_\_\_\_\_

Patient Last Name \_\_\_\_\_

Patient First Name \_\_\_\_\_ Patient Middle Initial \_\_\_\_\_

Patient Social Security Number \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

Date of Correction: \_\_\_\_\_

1.	Key Field	_____	Old Value	_____	New Value	_____
2.	Key Field	_____	Old Value	_____	New Value	_____
3.	Key Field	_____	Old Value	_____	New Value	_____
4.	Key Field	_____	Old Value	_____	New Value	_____
5.	Key Field	_____	Old Value	_____	New Value	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Abundant Life Home Health Agency, LLC

## NON-KEY FIELD CORRECTION FORM

Medicare Provider Number \_\_\_\_\_

Patient Last Name \_\_\_\_\_

Patient First Name \_\_\_\_\_ Patient Middle Initial \_\_\_\_\_

Patient Social Security Number \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

Date of Correction: \_\_\_\_\_

1.	Non Key Field	_____	Old Value	_____	New Value	_____
2.	Non Key Field	_____	Old Value	_____	New Value	_____
3.	Non Key Field	_____	Old Value	_____	New Value	_____
4.	Non Key Field	_____	Old Value	_____	New Value	_____
5.	Non Key Field	_____	Old Value	_____	New Value	_____

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Key Fields and Non-Key Fields

A description of key fields is below. Non-key fields are all other fields making up the OASIS data set that are not key fields.

### Key Fields

<b><u>Patient Identifiers:</u></b>	
M0040_PAT_LNAME	Patient last name
M0040_PAT_FNAME	Patient first name
M0064_SSN	Patient social security number
M0066_PAT_BIRTH_DT	Patient date of birth
M0069_PAT_GENDER	Patient gender
<b><u>HHA Identifiers:</u></b>	
HHA_AGENCY_ID	Unique Agency ID code
<b><u>Assessment Event Identifiers:</u></b>	
M0100_ASSMT_REASON	Reason for completing assessment
M0090_INFO_COMPLETED_DT	Date assessment information completed (This is a key field only on recertification or follow-up assessments where RFA=04 or 05)
M0030_START_CARE_DT	SOC date (This is a key field only on SOC assessments where RFA = 01 or 02)
M0032_ROC_DT	ROC date (This is a key field only on ROC assessments where RFA = 03)
M0906_DC_TRAN_DTH_DT	Discharge, transfer, death date (This is a key field only on transfer to inpatient facility assessments where RFA = 06 or 07, death at home assessments where RFA = 08 and discharge assessments where RFA = 09 or 10)



## Abundant Life Home Health Agency, LLC

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Category:	Non- Clinical	Number:	5.004.1
Subject:	Staffing Issues		
Applies to:	All Staff	Page:	2 of 2

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reason for the denial of admittance and remedy the situation to avoid future missed visits. The case manager will also attempt to ensure the safety of the client even when staff admittance has been denied. All attempts will be documented.

- H) This agency welcomes caring for individuals of all cultures and backgrounds, but realizes that sometimes staff and patient cultural differences may present a problem. Staff is encouraged to discuss with their supervisor any cultural/belief issues they believe may interfere with caring for a patient. If a problem is perceived the supervisor will attempt to change the staffing assignment.
- I) The Director of Nurses is responsible for the direction, coordination, and supervision of services takes steps to assure:
- The quality of services is maintained
  - Staffing of the program is appropriate
  - Services are available
- J) A client roster will be maintained:
- The list will include all services being delivered by the agency and services being delivered under contract.
  - The client list will include the client's name, identification or clinical record number, start of care date or admission date, certification period (if applicable), diagnosis(es) or functional assessment (as appropriate), and the disciplines that are providing services.
  - The list will include a current prioritized list of those patients who need continued services during an emergency. The list will include how those services will be continued and which patients will be transferred to a special needs shelter. This list shall contain the patient's medication and equipment needs. This list shall be made available to the county health departments and local emergency management agencies upon request.
- K) If a nurse is not comfortable on a case, we remove the nurse from the case. In unique situations where the nurse is not comfortable going to a parent's home but is okay with the other parent, the nurse will be kept on to work only at the one parent's home until the case can be restaffed for both to keep continuity of care for the client.

## Abundant Life Home Health Agency, LLC

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Category:	Non- Clinical	Number:	5.005.1
Subject:	Faxing		
Applies to:	All Staff	Page:	1 of 5

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**Purpose:** Fax machines provide a useful mechanism for rapidly and cost-effectively conveying information and documents within the organization and to outside entities with which Abundant Life Home Health Agency, LLC does business. Nonetheless, the transmission of PHI by fax poses significant privacy risks associated with misdirected faxes and the delivery to or receipt of faxes in unsecured locations. The purpose of this policy is to describe the procedures that should be used to help to preserve the privacy and security of PHI transmitted to or from Abundant Life Home Health Agency, LLC by fax.

**Policy:** Employees of Abundant Life Home Health Agency, LLC will protect the confidentiality of Protected Health Information (PHI) when transmitting or receiving it by facsimile (fax).

### Procedures:

#### 1. Sending Faxes.

Employees will transmit PHI by fax only when the transmission is time-sensitive and delivery by regular mail will not meet the reasonable needs of the sender or recipient.

Employees will take reasonable steps to ensure that a fax transmission is sent to and received by the intended recipient. When the fax transmission includes PHI, "reasonable steps" include, but are not limited to, the following:

- Employees will confirm with the intended recipient that the receiving fax machine is located in a secure area or that the intended recipient is waiting by the fax machine to receive the transmission.
- Fax machines will be pre-programmed with the fax numbers of those recipients to whom PHI is frequently sent so errors associated with misdialing can be minimized or avoided. Pre-programmed fax numbers will be tested frequently to confirm they are still valid.

## Abundant Life Home Health Agency, LLC

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Category:	Non- Clinical	Number:	5.005.1
Subject:	Faxing		
Applies to:	All Staff	Page:	2 of 5

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- When a fax number is entered manually (because it is not one of the pre-programmed numbers) the employee entering the number will visually check the recipient's fax number on the fax machine prior to starting the transmission.
- Employees will use Abundant Life Home Health Agency, LLC standard fax cover sheet (see Page 5) that contains the following PHI statement:

**Confidentiality Notice:** Unless otherwise indicated or obvious from the nature of this transmittal, the information contained in this facsimile message is attorney privileged and confidential information intended for the use of the individual or entity named above. If the reader of this message is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error; please immediately notify the sender by telephone and return the original message to Abundant Life Home Health Agency, LLC at the above address via the U.S. Postal service at our expense. Thank you.

- The name, business affiliation, telephone and fax number of the intended recipient as well as the number of pages contained in the transmission will also appear on the cover sheet.
- Fax confirmation sheets will be checked immediately or as soon as possible after the fax has been transmitted, to confirm the material was faxed to the intended fax number. If the intended recipient notifies the sender that the fax was not received, the sender will use best efforts to determine whether the fax was inadvertently transmitted to another fax number by checking the fax confirmation sheet and/or the fax machine's internal logging system.

## Abundant Life Home Health Agency, LLC

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Category:	Non- Clinical	Number:	5.005.1
Subject:	Faxing		
Applies to:	All Staff	Page:	3 of 5

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- If an employee becomes aware that a fax was sent to the wrong fax number, the employee will immediately attempt to contact the recipient by fax or telephone and request that the faxed documents, and any copies of them, be immediately returned to Abundant Life Home Health Agency, LLC or destroyed. The employee's supervisor or the HIPAA Privacy Officer will also be notified of the miss-directed fax.
- Those recipients who regularly receive PHI via fax will be periodically reminded to notify Abundant Life Home Health Agency, LLC of any change to the recipient's fax number.
- Sensitive PHI (such as HIV/AIDS results or status or substance abuse and mental health treatment records) should never be sent by fax.
- When faxing PHI, employees will comply with all other Abundant Life Home Health Agency, LLC privacy policies.

### 2. Receiving Faxes

Employees who are intended recipients of faxes that contain PHI will take reasonable steps to minimize the possibility those faxes are viewed or received by someone else. These "reasonable steps" include, but are not limited to, the following:

- Fax machines that receive faxes that include PHI will be located in Secure Areas. If an employee receives a fax containing PHI on a fax machine that is not in a Secure Area, the recipient of the fax will promptly advise the sender that the receiving fax machine should not be used for the transmission of such information.
- Fax machines will be checked on a regular basis to minimize the amount of time incoming faxes that contain PHI are left on the machines. Employees who monitor the fax machines, or the employee who sees such a fax on the machine, will promptly remove incoming faxes and deliver them to the proper person.



## Abundant Life Home Health Agency, LLC

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Category:	Non- Clinical	Number:	5.005.1
Subject:	Faxing		
Applies to:	All Staff	Page:	4 of 5

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- If an employee receives a fax addressed to someone other than the employee and the person to whom the fax is addressed is someone at Abundant Life Home Health Agency, LLC , the employee will promptly notify the individual to whom the fax was addressed and deliver or make arrangements to deliver the miss-directed fax as directed by the intended recipient.
- If an employee receives a fax addressed to someone other than the employee and the person to whom the fax is addressed is NOT affiliated with Abundant Life Home Health Agency, LLC , the employee will promptly notify the sender, and destroy or return the faxed material as directed by the sender.
- Employees who routinely receive faxes containing PHI from other individuals or organizations (either internal or external sources) will promptly advise those regular senders of any changes to the employee's fax number.
- Employees who receive faxes that contain Sensitive PHI (such as HIV/AIDS results or status or substance abuse and mental health treatment records) will promptly advise the senders of such faxes that it is the policy of Abundant Life Home Health Agency, LLC not to accept transmissions of Sensitive PHI by fax.

### 3. Enforcement

Employees who do not comply with this policy will be subject to disciplinary action. Depending on the facts and circumstances of each case. Abundant Life Home Health Agency, LLC may reprimand, suspend, dismiss or refer for criminal prosecution any employee who fails to comply with this policy.

## Abundant Life Home Health Agency, LLC

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Category:	Non- Clinical	Number:	5.005.1
Subject:	Faxing		
Applies to:	All Staff	Page:	5 of 5

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### 4. Definitions

Protected Health Information (PHI) means information that relates to the past, present or future physical or mental health or condition of an individual, the provision of health care to an individual or the past, present or future payment for the provision of health care to an individual and identifies or could reasonably be used to identify the individual.

Sensitive Protected Health Information (Sensitive PHI) means Protected Health Information that pertains to (i) an individual's HIV status or treatment of an individual for an HIV-related illness or AIDS, (ii) an individual's substance abuse condition or the treatment of an individual for a substance abuse disorder or (iii) an individual's mental health condition or treatment of an individual for mental illness.

Secure Area means a location that is not accessible to the general public.

**RESPONSIBILITY:** Departments, HIPAA Privacy Officer

## Abundant Life Home Health Agency, LLC

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Category:	Non- Clinical	Number:	5.006.1
Subject:	Protected Health Information Applications Username/Password		
Applies to:	All Staff	Page:	1 of 3

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**Purpose:** To protect PHI from unauthorized users.

**Policy:** The policy applies to all clinical information generated in the context of patient care, all patient data, all medical business enterprise and support functions such as accounting, payroll, personnel, purchasing, and other activities related to the management of the institution are included in the policy. Password security and verification of access are major keys to the success of computer security. Access to applications that contain patient data must be verified at least every 180 days, usually during the months of January and July. The verification notice and the nondisclosure statement must be signed by the user. These computer systems and networks must also require that all users change their passwords at least every 180 days and verify that the change has taken place. Users are allowed and encouraged by Abundant Life Home Health Agency, LLC to change their passwords at more frequent intervals than the 180-day mandatory period. Users who do not change their passwords must have their access denied until such time as the password is changed. All covered computer systems and networks must suspend the access of a user when the user has not used the account for 180 days. Passwords must be strictly controlled to prevent their disclosure or misuse.

Patient information in any form is confidential information. Only persons who need the information to perform their job functions may access this information. Using another person's password to access or enter information into a patient's clinical record constitutes falsification of the medical record.

Passwords or other forms of digital identification may NOT be shared with anyone under any circumstances. Employees are responsible for logging off applications that contain PHI (protected health information) prior to leaving their work area. No one may attempt to access systems on the network without proper authorization from the appropriate system Administrator.

Upon termination of a Abundant Life Home Health Agency, LLC employee their access to PHI applications will be terminated by the privacy officer.

## Abundant Life Home Health Agency, LLC

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Category:	Non- Clinical	Number:	5.006.1
Subject:	Protected Health Information Applications Username/Password		
Applies to:	All Staff	Page:	2 of 3

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Disciplinary or corrective action up to, and including, termination may be instituted for, but is not limited to, the following:

- Unauthorized disclosure of a sign-on code (user ID) or password.
- Obtaining or attempting to obtain a sign-on code or password that belongs to another person.
- Using or attempting to use another person's sign-on code or password.
- Unauthorized use of authorized password to invade patient or employee privacy by examining records or information for which there has been no request for review.
- The intentional, unauthorized destruction of Abundant Life Home Health Agency, LLC information.
- Attempting to gain access to sign-on codes for purposes other than official Abundant Life Home Health Agency, LLC business, including completing fraudulent documentation to gain access.
- Unauthorized use of a log-in code for access to confidential information.
- Attempting to access a secured application, file, or database without proper authorization.
- Trying passwords and log-in codes to gain access to an authorized area of the computer system.
- Using a co-worker's application for which you do not have access after he or she is logged in.
- Allowing a co-worker to use your secured application for which he or she does not have access after you have logged in.
- Accessing information that you do not need to know for the proper execution of your job functions.
- Disclosing to another person your sign-on code and password for accessing electronic or computerized records.

## Abundant Life Home Health Agency, LLC

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Category:	Non- Clinical	Number:	5.006.1
Subject:	Protected Health Information Applications Username/Password		
Applies to:	All Staff	Page:	3 of 3

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- Telling a co-worker your password so that he or she can log in to your work.
- Leaving a secured application unattended while signed on.
- Being away from your desk or workstation while you are logged into an application.
- Refusal or delinquency in signing the Information Systems Security Acknowledgment and Nondisclosure Agreement.

All users have the responsibility to report any discovered or suspected unauthorized access attempts or other improper usage of computers, networks, or other information processing equipment. If you observe, or have reported to you, a security or abuse problem, including violations of the policy, report the situation to at least one of the following: the privacy officer, Administrator. When there is an indication of a violation of state or federal law, the appropriate agency will be contacted.

If an employee is contacted by a representative from an external organization conducting an investigation of an alleged violation involving information resources, immediately inform the privacy officer and Administrator. Refer the requesting agency to the office of the privacy officer or Administrator. That office will provide guidance and coordination regarding the appropriate actions to be taken.

## Abundant Life Home Health Agency, LLC

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Category:	Non- Clinical	Number:	5.007.1
Subject:	Red Flag Rules		
Applies to:	All Staff	Page:	1 of 4

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**Purpose:** Identity theft prevention and detection and Red Flags Rule compliance

**Policy:** It is the policy of this Agency to follow all federal and state laws and reporting requirements regarding identity theft. Specifically, this policy outlines how Abundant Life Home Health Agency, LLC will (1) identify, (2) detect and (3) respond to “red flags.” A “red flag” as defined by this policy includes a pattern, practice, or specific account or record activity that indicates possible identity theft.

It is the policy of Abundant Life Home Health Agency, LLC that this Identity theft prevention and detection and Red Flags Rule compliance program is reviewed no less than annually.

The Administrator is assigned the responsibility of implementing and maintaining the Red Flags Rule requirements. It is the policy of Abundant Life Home Health Agency, LLC that, pursuant to the existing HIPAA Security Rule, appropriate physical, administrative and technical safeguards will be in place to reasonably safeguard protected health information and sensitive information related to patient identity from any intentional or unintentional use or disclosure.

All members of our workforce have been trained by the June 1, 2010 compliance date on the policies and procedures governing compliance with the Red Flags Rule. New members of our workforce receive training on these matters within a reasonable time after they have joined the workforce. Training will be documented, indicating participants, date and subject matter.

**Procedure: I. Identify red flags.** In the course of caring for patients, Abundant Life Home Health Agency, LLC may encounter inconsistent or suspicious documents, information or activity that may signal identity theft. Abundant Life Home Health Agency, LLC identifies the following as potential red flags, and this policy includes procedures describing how to detect and respond to these red flags below:

1. A complaint or question from a patient based on the patient’s receipt of:
  - A bill for another individual;
  - A bill for a product or service that the patient denies receiving;
  - A bill from a health care provider that the patient never patronized; or
  - A notice of insurance benefits (or explanation of benefits) for health care services never received.

## Abundant Life Home Health Agency, LLC

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Category:	Non- Clinical	Number:	5.007.1
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2. Records showing medical treatment that is inconsistent with a physical examination or with a medical history as reported by the patient.
3. A complaint or question from a patient about the receipt of a collection notice from a bill collector.
4. A patient or health insurer report that coverage for legitimate hospital stays is denied because insurance benefits have been depleted or a lifetime cap has been reached.
5. A complaint or question from a patient about information added to a credit report by a health care provider or health insurer.
6. A dispute of a bill by a patient who claims to be the victim of any type of identity theft.
7. A patient who has an insurance number but never produces an insurance card or other physical documentation of insurance.
8. A notice or inquiry from an insurance fraud investigator for a private health insurer or a law enforcement agency, including but not limited to a Medicare or Medicaid fraud agency.

**II. Detect red flags.** Abundant Life Home Health Agency, LLC staff will be alert for discrepancies in documents and patient information that suggest risk of identity theft or fraud. This Agency will verify patient identity, address and insurance coverage at the time of patient admission.

1. Upon admission the patient will be asked to present the following
  - Driver's license or other photo ID;
  - Current health insurance, Medicaid, Medicare card; and
  - If the patient is a minor, the patient's parent or guardian should bring the information listed above.
2. Staff should be alert for the possibility of identity theft in the following situations:
  - The photograph on a driver's license or other photo ID submitted by the patient does not resemble the patient.
  - The patient submits a driver's license, insurance card, or other identifying information that appears to be altered or forged.
  - Information on one form of identification the patient submitted is inconsistent with information on another form of identification or with information already in the patient's records.

## Abundant Life Home Health Agency, LLC

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Category:	Non- Clinical	Number:	5.007.1
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- An address or telephone number is discovered to be incorrect, non-existent or fictitious.
- The patient fails to provide identifying information or documents.
- The patient's signature does not match a signature in the practice's records.

**III. Respond to Red Flags.** If an employee of Abundant Life Home Health Agency, LLC detects fraudulent activity or if a patient claims to be a victim of identity theft, Abundant Life Home Health Agency, LLC will respond to and investigate the situation. If the fraudulent activity involves protected health information (PHI) covered under the HIPAA security standards, Abundant Life Home Health Agency, LLC will also apply its existing HIPAA security policies and procedures to the response.

If potentially fraudulent activity (a red flag) is detected by an employee:

1. The employee should gather all documentation and report the incident to his or her immediate supervisor or designated security officer.
2. The supervisor or designated security officer will determine whether the activity is fraudulent or authentic.
3. If the activity is determined to be fraudulent, then Abundant Life Home Health Agency, LLC should take immediate action. Actions may include:
  - Notify appropriate law enforcement;
  - Notify the affected patient;
  - Notify affected physician(s); and
  - Assess impact to practice.

**If a patient claims to be a victim of identity theft:**

1. The patient should be encouraged to file a police report for identity theft if he/she has not done so already.
2. The patient should be encouraged to complete the ID Theft Affidavit developed by the FTC, along with supporting documentation.
3. Abundant Life Home Health Agency, LLC will compare the patient's documentation with personal information in the practice's records.
4. If following investigation, it appears that the patient has been a victim of identity theft; Abundant Life Home Health Agency, LLC will promptly consider what further remedial act/notifications may be needed under the circumstances.



## Abundant Life Home Health Agency, LLC

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Category:	Non- Clinical	Number:	5.007.1
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5. The Administrator will review the affected patient's medical record to confirm whether documentation was made in the patient's medical record that resulted in inaccurate information in the record. If inaccuracies due to identity theft exist, a notation should be made in the record to indicate identity theft.

6. If following investigation, it does not appear that the patient has been a victim of identity theft; Abundant Life Home Health Agency, LLC will take whatever action it deems appropriate.

Attachments:  
ID Theft Affidavit



## Identity Theft Victim's Complaint and Affidavit

A voluntary form for filing a report with law enforcement, and disputes with credit reporting agencies and creditors about identity theft-related problems. Visit [ftc.gov/idtheft](http://ftc.gov/idtheft) to use a secure online version that you can print for your records.

### Before completing this form:

1. Place a fraud alert on your credit reports, and review the reports for signs of fraud.
2. Close the accounts that you know, or believe, have been tampered with or opened fraudulently.

### About You (the victim)

#### Now

- (1) My full legal name: \_\_\_\_\_  
First Middle Last Suffix
- (2) My date of birth: \_\_\_\_\_  
mm/dd/yyyy
- (3) My Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- (4) My driver's license: \_\_\_\_\_  
State Number
- (5) My current street address:  
 \_\_\_\_\_  
Number & Street Name Apartment, Suite, etc.  
 \_\_\_\_\_  
City State Zip Code Country
- (6) I have lived at this address since \_\_\_\_\_  
mm/yyyy
- (7) My daytime phone: (\_\_\_\_) \_\_\_\_\_  
 My evening phone: (\_\_\_\_) \_\_\_\_\_  
 My email: \_\_\_\_\_

Leave (3) blank until you provide this form to someone with a legitimate business need, like when you are filing your report at the police station or sending the form to a credit reporting agency to correct your credit report.

#### At the Time of the Fraud

- (8) My full legal name was: \_\_\_\_\_  
First Middle Last Suffix
- (9) My address was: \_\_\_\_\_  
Number & Street Name Apartment, Suite, etc.  
 \_\_\_\_\_  
City State Zip Code Country
- (10) My daytime phone: (\_\_\_\_) \_\_\_\_\_ My evening phone: (\_\_\_\_) \_\_\_\_\_  
 My email: \_\_\_\_\_

Skip (8) - (10) if your information has not changed since the fraud.

**About You (the victim) (Continued)**

**Declarations**

- (11) I  did OR  did not authorize anyone to use my name or personal information to obtain money, credit, loans, goods, or services — or for any other purpose — as described in this report.
- (12) I  did OR  did not receive any money, goods, services, or other benefit as a result of the events described in this report.
- (13) I  am OR  am not willing to work with law enforcement if charges are brought against the person(s) who committed the fraud.

**About the Fraud**

(14) I believe the following person used my information or identification documents to open new accounts, use my existing accounts, or commit other fraud.

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Suffix

Address: \_\_\_\_\_  
                                    Number & Street Name                                    Apartment, Suite, etc.

\_\_\_\_\_ City                                    State                                    Zip Code                                    Country

Phone Numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Additional information about this person: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(14):  
Enter what you know about anyone you believe was involved (even if you don't have complete information).

(15) Additional information about the crime (for example, how the identity thief gained access to your information or which documents or information were used):

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(14) and (15):  
Attach additional sheets as needed.

**Documentation**

(16) I can verify my identity with these documents:

- A valid government-issued photo identification card (for example, my driver's license, state-issued ID card, or my passport).  
*If you are under 16 and don't have a photo-ID, a copy of your birth certificate or a copy of your official school record showing your enrollment and legal address is acceptable.*
- Proof of residency during the time the disputed charges occurred, the loan was made, or the other event took place (for example, a copy of a rental/lease agreement in my name, a utility bill, or an insurance bill).

(16): Reminder:  
Attach copies of your identity documents when sending this form to creditors and credit reporting agencies.

**About the Information or Accounts**

(17) The following personal information (like my name, address, Social Security number, or date of birth) in my credit report is inaccurate as a result of this identity theft:

(A) \_\_\_\_\_

(B) \_\_\_\_\_

(C) \_\_\_\_\_

(18) Credit inquiries from these companies appear on my credit report as a result of this identity theft:

Company Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

(19) Below are details about the different frauds committed using my personal information.

Name of Institution	Contact Person	Phone	Extension
Account Number	Routing Number	Affected Check Number(s)	
Account Type: <input type="checkbox"/> Credit <input type="checkbox"/> Bank <input type="checkbox"/> Phone/Utilities <input type="checkbox"/> Loan <input type="checkbox"/> Government Benefits <input type="checkbox"/> Internet or Email <input type="checkbox"/> Other			
Select ONE: <input type="checkbox"/> This account was opened fraudulently. <input type="checkbox"/> This was an existing account that someone tampered with.			
Date Opened or Misused (mm/yyyy)	Date Discovered (mm/yyyy)	Total Amount Obtained (\$)	

Name of Institution	Contact Person	Phone	Extension
Account Number	Routing Number	Affected Check Number(s)	
Account Type: <input type="checkbox"/> Credit <input type="checkbox"/> Bank <input type="checkbox"/> Phone/Utilities <input type="checkbox"/> Loan <input type="checkbox"/> Government Benefits <input type="checkbox"/> Internet or Email <input type="checkbox"/> Other			
Select ONE: <input type="checkbox"/> This account was opened fraudulently. <input type="checkbox"/> This was an existing account that someone tampered with.			
Date Opened or Misused (mm/yyyy)	Date Discovered (mm/yyyy)	Total Amount Obtained (\$)	

Name of Institution	Contact Person	Phone	Extension
Account Number	Routing Number	Affected Check Number(s)	
Account Type: <input type="checkbox"/> Credit <input type="checkbox"/> Bank <input type="checkbox"/> Phone/Utilities <input type="checkbox"/> Loan <input type="checkbox"/> Government Benefits <input type="checkbox"/> Internet or Email <input type="checkbox"/> Other			
Select ONE: <input type="checkbox"/> This account was opened fraudulently. <input type="checkbox"/> This was an existing account that someone tampered with.			
Date Opened or Misused (mm/yyyy)	Date Discovered (mm/yyyy)	Total Amount Obtained (\$)	

(19):  
 If there were more than three frauds, copy this page blank, and attach as many additional copies as necessary.

Enter any applicable information that you have, even if it is incomplete or an estimate.

If the thief committed two types of fraud at one company, list the company twice, giving the information about the two frauds separately.

*Contact Person:*  
 Someone you dealt with, whom an investigator can call about this fraud.

*Account Number:*  
 The number of the credit or debit card, bank account, loan, or other account that was misused.

*Dates:* Indicate when the thief began to misuse your information and when you discovered the problem.

*Amount Obtained:*  
 For instance, the total amount purchased with the card or withdrawn from the account.

## Your Law Enforcement Report

(20) One way to get a credit reporting agency to quickly block identity theft-related information from appearing on your credit report is to submit a detailed law enforcement report ("Identity Theft Report"). You can obtain an Identity Theft Report by taking this form to your local law enforcement office, along with your supporting documentation. Ask an officer to witness your signature and complete the rest of the information in this section. It's important to get your report number, whether or not you are able to file in person or get a copy of the official law enforcement report. Attach a copy of any confirmation letter or official law enforcement report you receive when sending this form to credit reporting agencies.

Select ONE:

- I have not filed a law enforcement report.
- I was unable to file any law enforcement report.
- I filed an automated report with the law enforcement agency listed below.
- I filed my report in person with the law enforcement officer and agency listed below.

(20):  
Check "I have not..." if you have not yet filed a report with law enforcement or you have chosen not to. Check "I was unable..." if you tried to file a report but law enforcement refused to take it.

*Automated report:*  
A law enforcement report filed through an automated system, for example, by telephone, mail, or the Internet, instead of a face-to-face interview with a law enforcement officer.

\_\_\_\_\_  
Law Enforcement Department State

\_\_\_\_\_  
Report Number Filing Date (mm/dd/yyyy)

\_\_\_\_\_  
Officer's Name (please print) Officer's Signature

\_\_\_\_\_  
Badge Number (\_\_\_\_) Phone Number

Did the victim receive a copy of the report from the law enforcement officer?  Yes OR  No

Victim's FTC complaint number (if available): \_\_\_\_\_

**Signature**

**As applicable, sign and date *IN THE PRESENCE OF* a law enforcement officer, a notary, or a witness.**

(21) I certify that, to the best of my knowledge and belief, all of the information on and attached to this complaint is true, correct, and complete and made in good faith. I understand that this complaint or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may violate federal, state, or local criminal statutes, and may result in a fine, imprisonment, or both.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

**Your Affidavit**

(22) If you do not choose to file a report with law enforcement, you may use this form as an Identity Theft Affidavit to prove to each of the companies where the thief misused your information that you are not responsible for the fraud. While many companies accept this affidavit, others require that you submit different forms. Check with each company to see if it accepts this form. You should also check to see if it requires notarization. If so, sign in the presence of a notary. If it does not, please have one witness (non-relative) sign that you completed and signed this Affidavit.

\_\_\_\_\_  
Notary

**Witness:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

Category: Non-Clinical

Number: 5.008.1

Subject: Financial Information Non-Disclosure Agreement

Applies: Office Staff

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## **SECTION 1 Policy Information**

### **Sec 1.I. Effective Date**

1.I.A. The effective date of this policy is 10/01/2020

### **Sec 1.II. Purpose**

1.II.A. Purpose: The purpose of this agreement is to maintain the confidentiality of all Accounting Information provided by the company.

## **SECTION 2 Definitions**

### **Sec 2.I. Definitions**

2.I.A. Confidential Information means all data relating to Accounting Information which included, without limitation, all financial statements, annual reports, balance sheets, company asset information, company liability information, revenue and expense reporting, profit and loss reporting, cash flow reporting, account receivable, account payable, inventory reporting, purchasing information, payroll information and any other materials or information provided or shown to the Receiving Party (The Employee) irrespective of the form or medium, and includes all documents, records, notes, or other material containing or based in information included in the foregoing.

## **SECTION 3 Policy**

### **Sec 3.I. Policy**

3.I.A. All employees with the access to any accounting information will sign the Non-Disclosure agreement.

## **SECTION 4 References**

### **Sec 4.I. Attachments**

4.I.A. Financial Information Non-Disclosure Agreement



# FINANCIAL INFORMATION NON-DISCLOSURE

This FINANCIAL INFORMATION NON-DISCLOSURE AGREEMENT (hereinafter the "Agreement") is entered into by and between

Nely Nida Villavicencio of  
Abundant Life Home Health Agency  
20850 US HWY 19 N STE 205 Clearwater, FL 34698  
(hereinafter the "Disclosing Party")

-And-

\_\_\_\_\_ of  
\_\_\_\_\_  
(hereinafter the "Receiving Party")

collectively known as the "Parties", as of this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

## Article I: Confidential Information

**A. Definitions.** For the purposes of this Agreement, Confidential Information means all data relating to Accounting Information of the Disclosing Party which includes, without limitation, all financial statements, annual reports, balance sheets, company asset information, company liability information, revenue and expense reporting, profit and loss reporting, cash flow reporting, account receivable, account payable, inventory reporting, purchasing information, payroll information and any other materials or information provided or shown to the Receiving Party irrespective of the form or medium, and includes all documents, records, notes, or other material containing or based in information included in the foregoing.

**B. Exceptions.** Except as laid out in subsection (A) of this article, information is not deemed confidential if, through clear and convincing evidence, the Receiving Party establishes that the information:

- (i) was public knowledge at the time the Receiving Party obtained such information;
- (ii) becomes public knowledge after Receiving Party obtains such information, through no wrongful act or breach of agreement by the Receiving Party; or
- (iii) is required to be disclosed under applicable law.

**C. Copies.** Any and all summaries, documents, notes or materials regarding Confidential Information created or gathered by the Receiving Party shall also be considered Confidential Information and shall be subject to the terms of this Agreement.

## Article II: Property Rights

Receiving Party Acknowledges and agrees that the Confidential Information is and shall remain the exclusive, valuable property of the Disclosing Party.

## Article III: Non-Disclosure

**A. Purpose.** Receiving Party acknowledges and agrees that Confidential Information supplied by the Disclosing Party is being made accessible solely on the understanding that the knowledge derived therefrom is to be used exclusively for the purpose of evaluating the business for a potential proposal, transaction, negotiation, investment, or other business opportunity and the terms thereof shall be written out in a separate agreement.

**B. Confidentiality.** Receiving Party agrees not to disclose Confidential Information to any third party (individual, company, corporation, or other entity) or to use Confidential Information for any purpose other than the reasons mentioned in section (A) of this article. Receiving Party further agrees not to disclose the fact that Confidential Information has been exchanged, that discussions or negotiations are taking place concerning any potential transaction or investment, or any of the terms or conditions of this Agreement.

**C. Representatives.** Receiving Party shall limit the availability of Confidential Information to its employees and representatives who have a need to know, and who are directly involved in the evaluation of the business and any potential transaction. It is the duty and responsibility of the Receiving Party to inform each person to whom Confidential Information is transmitted that the information is confidential and that its use and disclosure are subject to the terms and conditions of this Agreement.

**D. Legal Disclosure.** Receiving Party may be required by law (through court or administrative order, subpoena or other such legal proclamation) to disclose Confidential Information for the purposes of aiding or taking part in a case involving a violation of the law. Receiving Party shall, if legally permissible, promptly notify the Disclosing Party of any such demand for disclosure so that the Disclosing Party may seek to make such disclosure subject to a protective order or other appropriate remedy to preserve the confidentiality of the Confidential Information. Notwithstanding the foregoing, if the Disclosing Party is unable to obtain a protective order, the Receiving Party may be compelled to disclose such Confidential Information and will not be held liable.

## Article IV: Breach of Agreement

**A. Indemnity.** Receiving Party hereby agrees to hold the Disclosing Party harmless from any damages, costs or liabilities and agrees to keep the Disclosing Party indemnified with respect to damages arising out of or resulting from any unauthorized use or disclosure of the Confidential Information or other violation of this Agreement.

**B. Injunctive Relief.** Receiving Party understands and agrees that a breach of this Agreement on their part could cause the Disclosing Party irreparable harm, the extent of which would be insurmountable, and the Disclosing Party is therefore entitled to equitable relief, including injunctive relief and specific performance. Such remedies shall not be the exclusive remedies for any breach of this Agreement but shall be in addition to all other remedies available at law or in equity.

## Article V: Survival

**A. Termination.** In the event of a successful transaction, upon termination of any relationship between the Parties, or at any time upon the request of the Disclosing Party, the Receiving Party shall promptly return and/or destroy all Confidential Information in its possession without retaining any copies thereof. If the Disclosing Party requested the return of all Confidential Information, and whether a transaction did or did not take place, the Receiving Party remains bound to the terms and conditions of this Agreement in perpetuity.

**B. Severability.** Should any provision within this Agreement be found by a court of competent jurisdiction to be invalid or unenforceable, such provision shall be modified, rewritten or interpreted to include as much of its nature and scope as will render it enforceable. If the provision cannot be modified to be enforceable in any respect, it will not be given effect, and the remainder of the Agreement will be enforced as if such provision was not included.

## Article VI: Entire Agreement

This Agreement constitutes the entire understanding between the Parties and supersedes any and all prior or contemporaneous understandings and agreements, whether oral or written, between the Parties, with respect to the subject matter hereof. This Agreement can only be modified by a written amendment signed by the party against whom enforcement of such modification is sought.

## Article VII: Governing Law

The validity, construction and performance of this Agreement shall be governed and construed in accordance with the laws of the State of \_\_\_\_\_ without giving effect to any conflict of laws provisions thereof.

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the dates below.

**Disclosing Party Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Disclosing Party Printed Name \_\_\_\_\_

**Receiving Party Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Receiving Party Printed Name \_\_\_\_\_

Category: Clinical

Number: 6.001.1

Subject: In-Service Education

Applies: All Staff

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## **SECTION 1 Policy Information**

### **Sec 1.I. Effective Date**

1.I.A. The effective date of this policy is 03/05/2020

### **Sec 1.II. Tags**

1.II.A. Tags: HR.01.05.03 FL 400.4785

### **Sec 1.III. Purpose**

1.III.A. Purpose: To provide staff members with information, to improve the agency's performance, and to ensure the competency of the agency's staff.

### **Sec 1.IV. Policy**

1.IV.A. The agency provides in-service education programs for its staff.

1.IV.B. The director of nursing is responsible for the in-service calendar, and tracks staff compliance with in-service requirements.

1.IV.C. The director of nursing reports on in-service education at least quarterly at meetings.

1.IV.D. The agency may use live-contact, distance learning platforms, written assignments, or other methods to conduct in-service education.

1.IV.E. This policy is detailed further in the following sections.

### **Sec 1.V. In- Service Calendar**

1.V.A. The director of nursing plans annual in-service calendar based on:

1.V.A.1. Needs assessment including QA follow-up

1.V.A.2. Agency program objectives

1.V.A.3. Regulatory requirements

## Abundant Life Home Health Agency, LLC

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Category: Clinical

Number: 6.001.1

Subject: In-Service Education

Applies: All Staff

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- 1.V.A.4. Patient care policies and procedures
- 1.V.A.5. Infection control policies and procedures
- 1.V.A.6. Incident/Accident Reporting
- 1.V.A.7. Patient rights and responsibilities
- 1.V.A.8. Safety testing on equipment used in the work environment
- 1.V.A.9. Work-place and patient safety
- 1.V.A.10. Cultural awareness
- 1.V.A.11. EOP/Emergency/Disaster Preparedness
- 1.V.A.12. Patient Complaints
- 1.V.A.13. Ethics and Ethical Issues
- 1.V.A.14. Services provided
- 1.V.A.15. Communication Barriers
- 1.V.A.16. OSHA (Right to Know Laws)
- 1.V.A.17. Payer requirements
- 1.V.A.18. Other training requirements per agency policy
- 1.V.A.19. Reporting requirements for suspected abuse, neglect and exploitation annually

### **Sec 1.VI. Education Requirements**

- 1.VI.A. The director may assign in-service agency wide for all staff based on need per 1.V.A.
- 1.VI.B. Home health aides and other non-licensed direct care staff must attend at least twelve (12) hours of in-service during each twelve (12) month period. The 12-month period shall begin on the date of hire.
  - 1.VI.B.1. Annual HHA training must include at least 1 hour HIV training.

## Abundant Life Home Health Agency, LLC

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Category: Clinical

Number: 6.001.1

Subject: In-Service Education

Applies: All Staff

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1.VI.C. The agency understands that licensed staff completes CEU credits based on their state license requirements. The agency encourages staff to submit those CEU certificates or transcripts for the HR Record.

1.VI.D. All staff must complete two hours ADRD training pursuant to FL 400.4785 and Policy #2.003.7 within 9 months of hire date.

1.VI.E. Staff are required to complete all assigned education. The agency may enforce requirements pursuant to policy #2.014.1

### **Sec 1.VII. In-Service Education Records**

1.VII.A. The agency may use any of the following methods to maintain education records:

1.VII.A.1. Records/reports from training vendor platform.

1.VII.A.2. Signature on in-service attendance log.

1.VII.A.3. Signature of attendance after reading/viewing material and discussing with supervisor.

1.VII.A.4. Copies of certificate of attendance at outside professional continuing education programs.

1.VII.A.5. Other forms/records

1.VII.B. The agency may store in-service records in the EMR in the HR record or in another location, as long as they are accessible.

### **Sec 1.VIII. Reimbursement for In-service Education**

1.VIII.A. Each staff member has agreed to a training rate in their wage agreement.

1.VIII.B. The agency reimburses all mandatory live-contact in-service at training rate. This includes in-services held in office or elsewhere.

1.VIII.C. The agency expects staff to complete distance learning in-service during downtime and does not reimburse staff for this training. The agency must allow 7 days per hour of in-service to be completed during downtime.

## Abundant Life Home Health Agency, LLC

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Category: Clinical

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Subject: In-Service Education

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1.VIII.C.1. If the agency cannot provide at least a 7 day notice for each hour of in-service, it will reimburse staff at the training rate.

1.VIII.C.2. The DON or administrator may reimburse some or all staff for in-service education despite giving the required notice based on extenuating circumstances.

1.VIII.D. The DON or administrator may choose to offer other incentive or reimbursement for in-service training. This can include offering rewards to the staff who finish within an allotted time.

# Abundant Life Home Health Agency, LLC

## Individual Inservice Minutes

Title of Inservice Program: \_\_\_\_\_  
\_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Length of Inservice: \_\_\_\_\_

\_\_\_\_\_  
Signature of Inservice Provider

\_\_\_\_\_  
Date

"By my signature below, I certify that I have attended the above listed inservice session. I have been given an opportunity to ask questions and have received clarification about the subject matter or policy/procedure involved. I understand how the materials presented apply to my work and agree to implement them to the best of my ability."

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Abundant Life Home Health Agency, LLC

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Category: Clinical

Number: 6.002.1

Subject: Patient Education

Applies: Clinical Staff

Page: 1 of 1

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**Purpose:** To clearly define the educational responsibilities of direct care staff.

**Policy:** All patients will be educated at every teachable moment. Education procedures will take into account the cultural background, learning or knowledge deficiencies and possible barriers to learning. Education should reflect improving knowledge about the client's personnel diagnosis and treatments.

**Procedure:**

1. Education will be provided by all clinical staff and may include many formats such as:
  - a) written instructions
  - b) verbal instructions
  - c) demonstrations
2. Common topics to be covered during the education process (not an inclusive list):
  - a) What to do in the event of services interruption related to a disaster
  - b) Proper medication usage
  - c) Infection prevention and control
  - d) Pain management
  - e) Hygiene
  - f) Disease management
  - g) Plan of care
  - h) How notify the company of problems, concerns, and complaints
  - i) Emergency preparedness
  - j) Discharge teaching
  - k) Oral health
  - l) Safety and safe home environment as well as usage of equipment
  - m) Disposal of hazardous waste
  - n) Rehab techniques
3. Competency evaluation will include:
  - a) documentation
  - b) proficiency in performing the task
  - c) return demonstrations from the caregiver/patient
  - d) on-going assessment of patient/caregiver compliance with therapy will be done at periodic intervals.
4. Staff will have access to the Knowledgebase/Resource Center.

## Abundant Life Home Health Agency, LLC

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Category:	Clinical	Number:	6.004.1
Subject:	Wound Care Management		
Applies to:	All Clinical Staff	Page:	1 of 2

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**Purpose:** To ensure the appropriateness of wound care provided by Agency staff.  
To provide wound assessment documentation guidelines for reimbursement.

**Policy:** Nursing staff will obtain specific physician orders to perform wound care for Agency clients. Orders shall at a minimum contain the specific protocol, technique to be observed, supplies, frequency, duration and any adverse events to report to the physician. WOCN guidance on skin and wound status will be followed by professional staff. Wound care will be taught to the patient and/or caregiver whenever possible.

**Procedure:**

1. During the admission process, the RN/PT will assess the integumentary system to determine the need for wound care.
2. If the Agency has standing wound care orders from specific physicians, these orders may be used until specific orders can be obtained.
3. Documentation of wounds must include type of wound, measurements including length, depth and width, description of the wound bed, surrounding area, undermining, staging, color, odor and estimated amount of drainage.
4. Wound care photos may be taken at the beginning of treatment and repeated as often as determined by the skilled agency staff. The patient or responsible party must sign the photograph release form prior to photos being taken. This consent form will be filed in the client's record. Photos will be labeled with the date, patient's name, wound description and signature of the person taking the photo.
5. Agency RN or PT shall perform/teach wound care as ordered by the physician. In the event the patient/caregiver has been instructed by other professionals (hospitals, rehab), then Agency staff will observe/assess procedure for compliance with physician's order.
6. Wound status, measurements and/or photographs will be documented/taken at a minimum of once a week.

## Abundant Life Home Health Agency, LLC

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Category: Clinical Number: 6.004.1

Subject: Wound Care Management

Applies to: All Clinical Staff Page: 2 of 2

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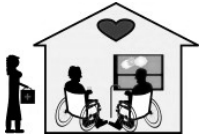
7. Patient/caregiver is to be instructed on s/s of wound infection, nutritional status/diet and when and how to report problems to the home care Agency or physician.
8. Complications will be reported to the physician immediately for additional orders. Wounds not responding to current wound care protocol should be discussed with the primary physician for a possible change in protocol and/or supplies. Documentation should reflect coordination of care with physician and/or other health care providers.
9. Wound care supplies will be furnished by or through arrangements from the home health Agency as long as the client is a patient of the Agency.
10. Upon discharge from services, if wound care is to continue, the patient/caregiver will receive instructions related to procedure, where to obtain supplies, complications to report and follow up with physician.

### Attachments:

Photograph consent

Wound care assessment

Discharge instructions



# Abundant Life Home Health Agency, LLC

## Consent to Photograph

I, \_\_\_\_\_, a current patient  
(Patient)  
of Abundant Life Home Health Agency, LLC hereby authorize the  
attending physician, assigned nurse or other designated person(s) to take:

1. Photographs of me for identification purpose.       Yes       No
2. Photographs of appropriate parts of my body  
in order to provide supporting documentation of  
my medical condition. (I understand that any  
photographs taken will be placed in and remain  
part of my medical record.)       Yes       No
3. Photographs of me for the purpose of (specify):       Yes       No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Resident: \_\_\_\_\_

Name – Last	First	Middle	Attending Physician	MR #

Abundant Life Home Health Agency, LLC

**Patient Discharge Teaching**

**Patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician: (follow-up information):**

\_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Diet:** \_\_\_\_\_

**Activity:** \_\_\_\_\_

\_\_\_\_\_

**Special Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Nurse:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Abundant Life Home Health Agency, LLC

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Category: Clinical Number: 6.006.1

Subject: Pain Management

Applies: All Staff Page: 1 of 3

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Purpose: To establish a pain management plan.

Policy: All patients should be assessed for pain factors and history, initially upon presentation to the facility, then subsequently thereafter according to assessment finding. All patients should receive treatment for pain relief as warranted and monitored for effectiveness.

### Procedure:

1. The R.N. should assess the patient for pain factors and history upon presentation during the initial assessment and document findings.
2. When pain is identified, either acute or chronic, a more comprehensive assessment should be performed and pain management implemented in the patient's multidisciplinary plan of care.
3. Pain intensity should be measured with appropriate measurement tool.  
A pain scale of 0 – 10 (0 = no pain, 10 = worst pain) should be utilized for adult patient. \* If they cannot understand or are unwilling to use the scale the following tools may be utilized. Wong Baker FACES pain scale (smile-frown). Behaviors and/or symptoms should be evaluated regarding presence of pain on patients who are cognitively impaired or unable to communicate.
4. Description(s) of pain, noting patients personal words, should be documented including:
  - Location of pain area(s)
  - Quality, and/or patterns of radiation.
  - Onset, duration and/or precipitating factors
  - Pain management history and effectiveness:
5. Consider personal values, beliefs and culture.
6. Evaluate myths about opioid analgesics regarding addiction, physical dependence and/or tolerance to this type of medication.
7. Evaluate the type of communication the patient utilizes to report pain. (verbal or behavioral).
8. Utilize family input if appropriate. The patients personal interview should always be considered first if able to communicate and not cognitively impaired.
9. Effects of pain on daily life – level of impact
10. Patients pain goal. (What level is acceptable?)

## Abundant Life Home Health Agency, LLC

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Category: Clinical Number: 6.006.1

Subject: Pain Management

Applies: All Staff Page: 2 of 3

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11. Patient's knowledge level of disease process(s) related to pain, medications and/or alternative treatment prescribed.
12. Either a R.N. or a L.V.N. may perform the reassessment utilizing the Pain Assessment Tool for documentation.
13. Reassessments should be performed according to type of pain and level of effectiveness regarding medication and or treatment utilized. The physician should be notified when any type of prescribed pain management regimen is not effective in relieving patient's pain.

### Interventions:

1. Analgesics and treatments should be administered as prescribed.
2. PRN medications/treatments should be offered when the patients personal pain goal is exceeded or their pain is greater than four (4) on the pain scale.
3. Analgesics ordered should be administered by the least painful route, if possible.
4. Reassess the effectiveness according to the type of pain and the treatment rendered.
5. Non-pharmacological interventions should be offered and taught:
  - Heat/cold packs as prescribed
  - Repositioning, turning and/or ambulating as tolerated.
  - Relaxation exercises i.e.: deep breathing, rhythmic breathing and/or "peaceful past" memory meditation.
  - Distraction
6. The physician should be notified for any type of pain management, which is not effective.

### Age Related Considerations:

1. Geriatric:
  - Drug metabolism is slower in the elderly due to decreased hepatic and renal function.
  - At greater risk for drug-drug and drug-disease interactions due to multiple diseases and medications.
  - Barriers to pain assessment include cognitive, visual, hearing and motor impairments.
  - NSAIDS increase the risk of renal toxicity
  - Opioids have a higher peak and last longer leading to prolonged sedation and respiratory depression.



## Abundant Life Home Health Agency, LLC

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Category: Clinical Number: 6.006.1

Subject: Pain Management

Applies: All Staff Page: 3 of 3

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### 2. Pediatric:

- More frequent assessment/reassessment and intervention are required due to a higher metabolic rate.
- Emotional distress accentuates pain.
- Children in pain may regress.
- Observation of behavior and self-report are the primary methods for assessment.

### Patient Education:

1. Patient and/or family teaching should begin after initial pain assessment with identified knowledge deficit areas.
2. The Patient Education Record should reflect the type of teaching performed and patient/family response.
3. The Care Plan should reflect knowledge deficit areas and evaluated once a day for progress toward stated goals.
4. The Physician should be notified for multiple, different interventions that are not effective, and/or patient/family is non-compliant.

### Staff Education:

1. Direct care employees should receive education/training regarding pain assessment and management initially during new employee hospital orientation then thereafter annually through hospital orientation.
2. After receiving education/training the employee should be able to:
  - Perform appropriate pain assessment and reassessments
  - Render appropriate pain management regimens through multidisciplinary efforts.
  - Teach patient/family appropriate pain management on individualized basis.

## Abundant Life Home Health Agency, LLC

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Category: Clinical Number: 6.011.1

Subject: Emergencies in the Home/  
Reporting Patient Problems

Applies to: All Field Staff Page: 1 of 3

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**Purpose:** To establish guidelines for staff members to identify and report patient problems.

**Policy:** All staff members report identified clinical problems to appropriate person(s), document their findings and any actions taken. Patient problems are classified as *Extreme Emergencies*, *Moderate Emergencies* or *Minor Emergencies*.

### **Procedure:**

An **EXTREME EMERGENCY** may be, but is not limited to:

- 1) Unresponsiveness (except in a known comatose patient).
- 2) Severe chest pain with diaphoresis, nausea, radiation of pain to neck or arm or cardiac arrest.
- 3) Signs and symptoms of hemorrhage or acute bleeding (G.I.), vomiting or diarrhea.
- 4) Extreme respiratory distress, duskiness with impending arrest.
- 5) Fall with obvious fracture.

In the event of an **EXTREME EMERGENCY**:

1. Call for emergency transfer to hospital immediately.
2. Call physician.
3. Stay with the patient until emergency medical personnel arrive.
4. Document exactly what happened on the visit slip, appearance of the patient when first seen by Agency personnel on the day the emergency was discovered and all steps and actions taken.
5. Complete verbal orders for transfer.
6. Initiate CPR if no MD orders or DNR in place to prevent it and patient status indicates CODE. (All field staff may perform CPR)

A **MODERATE EMERGENCY** may be, but is not limited to:

- 1) Change in pulse, such as threadiness, irregularity, tachycardia or bradycardia
- 2) Blood pressure with systolic less than 90 or diastolic greater than 110
- 3) Shortness of breath with dusky appearance, change in breath sounds
- 4) Decreased urinary output over twenty-four (24) hours
- 5) Blood sugar via glucometer greater than 250 or less than 60 (or anything abnormal for given patient)

## Abundant Life Home Health Agency, LLC

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Category: Clinical Number: 6.011.1

Subject: Emergencies in the Home/  
Reporting Patient Problems

Applies to: All Field Staff Page: 2 of 3

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- 6) Vomiting or diarrhea with potential for dehydration
- 7) Temperature > 101 degree p.o.
- 8) Signs/symptoms of infection of wound or decubitus not previously identified
- 9) Fall with suspicion of injury
- 10) Medication irregularities, i.e., questionable dosages or potential interactions between medications prescribed

In the event of a **MODERATE EMERGENCY**:

1. Stay with the patient until you are satisfied that appropriate follow-up has been initiated.
2. Call the office and report to the person taking your call that this is a *moderate emergency*, and the name of the patient.
3. Call the physician if directed to do so.
4. Document exactly what happened on the visit slip, appearance of the patient when first seen by Agency personnel on the day the emergency was discovered, and all steps and actions taken. Complete any verbal orders, which may have been received.

A **MINOR EMERGENCY** may be, but is not limited to:

- 1) Fluctuation in vital signs, which are not life-threatening
- 2) Medication irregularities, i.e., questionable dosages or potential interactions between medications prescribed (but patient is in no immediate danger)
- 3) Complaints of pain, weakness, diaphoresis, upset stomach, unexpected weight loss greater than 5 lbs., UTI, GI symptoms indicating impending illness.
- 4) Falls without apparent injury
- 5) Change in wound or decubitus size

In the event of a **MINOR EMERGENCY**:

1. Call the office
2. Document exactly what happened on the visit slip, appearance of patient when first seen by Agency personnel on the day the emergency was discovered, and all steps and actions taken. Complete any verbal orders, which were received.
3. It is not necessary to stay with the patient until resolved (except see below).

## Abundant Life Home Health Agency, LLC

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Category: Clinical Number: 6.011.1

Subject: Emergencies in the Home/  
Reporting Patient Problems

Applies to: All Field Staff Page: 3 of 3

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**NOTE:** As with all written guidelines, certain situations do not fit the criteria listed. When unusual situations occur, **DO NOT HESITATE** to call the office and/or nurse on call for advice. Field staff can tell the physician directly when it would cause a delay to call the office first. If you call the physician, report the conversation and any change to the plan of care to the supervising nurse as soon as possible. Also, remember to document the situation thoroughly as soon as possible on the visit slip and clinical record.

Be aware that patients living alone or those without responsible family/caregivers present may need to be attended to until resolution is met.

## Abundant Life Home Health Agency, LLC

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Category:	Clinical	Number:	6.012.1
Subject:	Cardiopulmonary Resuscitation (CPR)		
Applies to:	All Field Staff	Page:	1 of 2

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**Purpose:** National guidelines for the management of cardiopulmonary resuscitation exist; however, it is essential that Abundant Life Home Health Agency, LLC has its own cardiopulmonary resuscitation policy to provide guidance for staff on the rapid and effective response to such events. The purpose of this policy is not to define how to perform CPR. All staff should follow the training they received when acquiring their CPR certification. Online CPR certification is not accepted.

The aim of the policy is to ensure that the optimum management of adults with cardio-respiratory arrests. This will be achieved through:

- Requiring staff with direct patient contact be certified in CPR;
- Suitable equipment being available (such as barrier masks);
- The monitoring and review of resuscitation process.

Cardiac arrest can be defined as the abrupt cessation of Cardiac function that is potentially reversible. Respiratory arrest is a sudden unexpected cessation of breathing producing similar signs although the arterial pulses are still present. Indications of cardiac arrest may include:

- The patient rapidly becomes unconscious pale and cyanosed with absence of pulse in the major vessels;
- Respirations may become slow and stertorous (snoring sound) or absent;
- The pupils may become dilated and are unresponsive.

Cardiopulmonary resuscitation therefore is an attempt to revive the patient whose heartbeat and breathing has effectively stopped by applying chest compressions effectively and artificial respirations.

**Policy:** It is the Abundant Life Home Health Agency, LLC 's policy that CPR will be attempted for all persons requiring help due to a medical emergency of cardiac and/or respiratory arrest, unless there is an established 'Do Not Resuscitation (DNR) Order' in place (please refer to the Do Not Resuscitation Policy). If a member of staff is unsure if a DNR order exists, the CPR policy must be followed.

All arrests should result in emergency services being called as soon as possible.

## Abundant Life Home Health Agency, LLC

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Category:	Clinical	Number:	6.012.1
Subject:	Cardiopulmonary Resuscitation (CPR)		
Applies to:	All Field Staff	Page:	2 of 2

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Where an individual's medical history has not been established CPR must be initiated, this is in accordance with both professional responsibilities and legal obligations.

All field staff has a responsibility to understand and implement this policy. All field staff is required to be currently certified in CPR.

### **Basic life support (BLS)**

Comprises of the elements:

- Initial assessment
- Airway maintenance
- Chest compressions
- Expired air ventilation (rescue breathing).

Basic life support implies that no equipment is required other than protective device. The purpose of basic life support is to maintain adequate ventilation and circulation until the emergency services arrive. It is therefore essential that staff should seek to commence life support as soon as possible on finding the person in a collapsed state as this is essential to the improved outcome for the collapsed person.

### **Procedure:**

#### **Alerting Emergency Services (Initiation of resuscitation, including system for summoning help)**

Following cardiac arrest in addition to basic life support the next most important intervention which will improve the survival of the individual is early defibrillation. On commencement of CPR the staff must ensure that early emergency support is sought to enable patients to have access to early defibrillation and other secondary forms of resuscitation from skilled practitioners.

In the patient's own home where there is not rapid access to medical coverage (as a hospital). Abundant Life Home Health Agency, LLC staff should immediately call 911 or have a caregiver call 911 to ensure emergency support is sought through the ambulance service. Staff will maintain basic life support until emergency services have arrived.

Relevant clinical staff will be required to be competent to perform basic life support

(BLS) whenever called upon to do so.

**Abundant Life Home Health Agency, LLC**

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Category:	Clinical	Number:	6.014.1
Subject:	Conservative Sharp Debridement with Corporate approval of Non-Viable Tissue		
Applies to:	Qualified RNs and Trained Therapists	Page:	1 of 1

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**Purpose:** To ensure that only Trained Therapists perform sharp debridement according to accepted standards of practice.

**Policy:** Sharp debridement is appropriate for select wounds covered fully or partially with necrotic/non-viable tissue. Physical therapists trained in the technique of instrument debridement of non-viable tissue may perform sharp debridement following the policy and procedure (if it is in the realm of the individuals state practice act). A physician order is required for conservative sharp debridement.

**Procedure:** Refer to attached procedure guideline.

**Indications:**

1. Signs of advancing cellulites
2. Situations where rapid debridement is imperative.

**Contraindications:**

Systemic Infections, arterial insufficiency, clotting disorders and/or anticoagulation therapy, viable tissue.

**Training:**

Physical Therapist who has successfully completed a wound debridement course and who has demonstrated competency in sharp debridement.

Clinician demonstrates satisfactory skills in wound assessment and demonstration of technique in sharp debridement satisfactorily.

## Abundant Life Home Health Agency, LLC

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Category: Clinical Number: 6.015.1

Subject: Clinical Procedures

Applies to: Skilled Staff Page: 1 of 1

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**Purpose:** To provide guidance to Agency staff for the implementation of clinical procedures. To provide educational material for skilled staff related to direct patient care.

**Policy:** Agency skilled staff will refer to and follow an approved and published Home Health Procedures manual that contains at a minimum:

- the purpose of each procedure
- specific step by step instructions
- equipment needed
- general information related to the procedure
- nursing considerations and,
- documentation guidelines

for all procedures that may be performed in the home environment. Staff are only allowed to perform those procedures that fall within their established State Licensure Board of approved procedures. LPN/LPNs may perform nursing procedures under the supervision of a RN or qualified therapist and according to physician orders.



## Abundant Life Home Health Agency, LLC

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Category: Clinical Number: 6.016.1

Subject: Care Planning

Applies to: Skilled Staff Page: 1 of 6

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**Purpose:** To define a systematic process to the clinicians for planning, reviewing and revising patient/client care or services either directly or through a written agreement.

**Policy:**

- A. It is the policy of this Agency to provide individualized, planned, appropriate care, treatment, and/or service based on the patient's needs and goals with the input of the patient for the purpose of achieving positive outcomes.
- B. Care planning is performed to ensure that care and services are appropriate to each patient/client's specific needs and problems.
- C. The care planning process will include the following:
  - 1. Formulation of care based on the patient assessment function.
  - 2. Identification of patient goals and interventions to resolve the patient/client's problems and/or needs.
  - 3. Implementation of the planned care or services by appropriate clinicians and/or the patient/family.
  - 4. Monitoring the patient's response to the care provided and/or the outcome of the care provided will be ongoing.
  - 5. Modification of the planned care based on reassessment of the patient/client's continual need for care or services.
- D. Input/collaboration of other health care team members may occur at any point within the care planning process.
- E. The following documents will collectively be known as the care planning process, including but not limited to:
  - 1. Plan of Care/Treatment, or payer-specific Plan of Care forms
  - 2. Clinical notes
  - 3. Medication profile
  - 4. Clinical Care Conference/Summary forms
  - 5. Communication Forms
  - 6. Discharge/Transfer summaries
  - 7. Teaching guides
  - 8. Clinical Pathways (when necessary)

## Abundant Life Home Health Agency, LLC

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Category: Clinical Number: 6.016.1

Subject: Care Planning

Applies to: Skilled Staff Page: 2 of 6

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F. The care planning process will be documented on the Plan of Care/Treatment, or payer specific Plan of Care forms, individualized discipline specific care plans (if applicable), clinical notes, medication profiles, case conference/summary forms, discharge/clinical summaries and documentation care planning instruments as provided and required by the Agency.

H. The plan of care, developed in accordance with the referring physician's orders, shall include, but not limited to:

- Name of the patient
- Start of care date
- Certification period
- Patient demographics
- Principle diagnoses and other pertinent diagnoses
- Medications: dose/frequency/route
- Supervision of self-administered medication;
- Allergies
- Treatment goals stated in measurable terms and Prognosis
- Orders for therapy services, include specific procedures and modalities to be used
- Orders for all disciplines include amount, frequency, duration
- Equipment and supply needs
- Caregiver needs
- The plan of care includes: functional limitations, diet and nutritional needs, and safety measures
- Measurable goals
- Problems/needs
- Interventions
- Expected patient outcomes/goals
- Treatments/orders
- Mental Status
- Activities permitted
- Instructions, if any, to patient and/or family
- Rehab Potential
- Instructions for timely discharge or referral
- Date plan was initiated and dates of subsequent review and discharge planning



## Abundant Life Home Health Agency, LLC

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Category: Clinical Number: 6.016.1

Subject: Care Planning

Applies to: Skilled Staff Page: 4 of 6

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- D. The Plan of Care will be developed during and based on the initial and on-going assessments, including:
1. Identification of appropriate patient/client problems and/or needs.
  2. Measurable and individualized goals.
  3. Specific services to be provided.
  4. Actions to be taken to meet the patient/client goals.
  5. Type, frequency and duration of the above actions.
  6. Equipment and supplies.
  7. Prognosis.
- E. The admitting SN/PT will initiate the written Plan of Care at the start of care, and the plan will be updated at least every sixty (60) days or as needed. A summary of care will be sent every 60 days thereafter or more often as needed.
- F. The patient/client Plan of Care will be revised promptly upon reassessment of status changes in the patient/client.
- G. All qualified professionals involved in the patient/clients care, either directly or indirectly, will contribute to the Plan of Care, including consideration of the patient's problems, needs, condition and wishes and the patient's ability to respond to care services.
- H. The patient/client/family/caregiver participates in decisions regarding his/her Plan of Care whenever possible.
- I. The care planning decisions will be reflected in the specific services provided and the designated actions planned and implemented to meet individualized patient/client problems and goals.
- J. The Plan of Care is based upon the physician's orders and encompasses the equipment, supplies, disciplines, and services required to meet the patient/client's needs.
- K. The Plan of Care is revised as frequently as deemed necessary by the DON/Case Manager/Therapist and the qualified professional based on on-going assessments of the patient/client.

## Abundant Life Home Health Agency, LLC

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Category: Clinical Number: 6.016.1

Subject: Care Planning

Applies to: Skilled Staff Page: 5 of 6

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- L. The frequency of the review of the Plan of Care is based on changes in the patient/client's health status, needs and the environmental factors affecting care. The primary Case Manager or Therapist is responsible for revising the Plan of Care or updating the Plan every 60 days if skilled care is determined to be needed.
- M. The primary Therapist, in collaboration with the other involved disciplines or other involved health care professionals, will participate in Clinical Case Conferences every 60 days, PRN, or as status changes.
- N. Collaborating for continuity will occur for the following among the primary Therapist, DON/Case Manager, and/or other involved health care professionals, when documenting any change in the Plan of Care:
- 1) Assessment and reassessment findings.
  - 2) Goals and progress toward established goals.
  - 3) Current status and problems.
  - 4) Medication profiles and issues; include drug/drug, drug/food interactions manifest.
  - 5) Verbal Orders: Changes In Regimen.
  - 6) Teaching Guide: Educational needs and readiness; topics taught.
  - 7) Anticipated plan for future care, modified by patient status changes.
  - 8) Patient education should always be evident during skilled visits.
- O. Clinicians will inform the patient/client's physician of any changes that suggest a need to alter the Plan of Care. Changes will be written, dated and signed by the qualified clinician and physician making the changes.
- P. The needs of the patient/client will be prioritized in order to identify the level of services to be provided.
- Q. If a physician or intermediate care provider refers a consumer under a plan of care that cannot be completed until after an evaluation visit, the attending physician or attending intermediate care provider shall be consulted to approve additions or modifications to the original plan. Orders for therapy services shall include the specific procedures and modalities to be used and the amount, frequency and duration. The therapist, other agency personnel and external home care providers (where applicable) shall participate in developing the plan of care.

**Abundant Life Home Health Agency, LLC**

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Category: Clinical Number: 6.016.1

Subject: Care Planning

Applies to: Skilled Staff Page: 6 of 6

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R. If person-to-person contact was not completed or if awaiting a return response, all contacts and interactions shall be documented. The agency shall have a written policy regarding how the agency will intervene if the attending care provider cannot be contacted or does not respond timely.

- 1) All orders shall contain sufficient information to carry out the order, name of the physician, intermediate care provider and, if appropriate, representative conferring the order to the agency.

## Abundant Life Home Health Agency, LLC

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Category: Clinical Number: 6.017.1

Subject: RN Pronouncement

Applies to: Skilled Staff Page: 1 of 1

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**Purpose:** To state that the agency does not pronounce death if it so arises.

**Policy:** Abundant Life Home Health Agency, LLC nursing staff does not pronounce death. If a death should occur while a patient is on services, then the nurse should do the following:

- a) Attempt CPR and notify 911 unless patient is a in home DNR
- b) If patient is a in home DNR, then call local police
- c) notify family of change in condition
- d) notify doctor

## Abundant Life Home Health Agency, LLC

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Category: Safety/Infection Control Number: 7.001.1

Subject: Infection/Exposure Control Plan

Applies to: All Staff Page: 1 of 6

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**Purpose:** To define the mechanism that the organization will use to address surveillance, prevention, identification and control of infections among the staff and patients.

**Policy:**

A. The home care Agency will design, measure, assess and improve the function of surveillance, prevention and control of infections monthly through its Performance Improvement Plan.

B. The intent of the Infection/Exposure Control Plan is to:  
Give direction to Agency personnel in the care/service(s) they provide in relation to infection control practices.

Educate Agency personnel, patients/clients, families/caregivers and others in the prevention and control of infections.

Provide for surveillance systems to track the occurrence and transmission of infections.  
(See “Patient Infection Control Log and Employee Infection Control Log.”)

Ensure compliance with the Communicable Disease Prevention and Control Act, Health and Safety Code, Chapter 81.

Ensure compliance with Occupational Safety and Health Administration (OSHA), 29 CFR Part 1910.1030 relating to Bloodborne Pathogens and Appendix A to 1910.1030.

Require documentation of infections that are acquired while the client is receiving services from the Agency. Documentation must include the date that the infection was detected, the client/employee’s name, primary diagnosis, signs/symptoms, type of infection, pathogens identified and treatment.

Ensure compliance of the Agency and its employees and contractors concerning the prevention of the transmission of human immunodeficiency virus and Hepatitis B virus.





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Contaminated Sharps: any object that is capable of cutting or penetrating the skin and has been in contact with blood or body fluids including, but not limited to, needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires.

Contaminated Wastes: those disposable materials, which have been exposed to or contaminated by blood or body fluids.

Decontamination: the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

Engineered sharps injury protection: a physical attribute that is built into a needle device used for withdrawing body fluids, accessing a vein or artery or administering medications or other fluids and that effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal, retraction, destruction, or another effective mechanism; or a physical attribute built into any other type of needle device that effectively reduces the risk of an exposure incident.

Engineering Controls: controls that isolate or remove the bloodborne pathogens hazard from the workplace (e.g., sharps disposal containers, self-sheathing needles, needleless IV systems).

Exposure Incident: a specific eye, mouth or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material(s) that occurs during the course of an Agency personnel's duties.

Handwashing Facilities: a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Infectious Wastes are defined as:

Sharps: Any waste capable of producing injury including, but not limited to, contaminated needles, syringes, scalpels and disposable instruments.

Blood, Blood Products and Bloody Fluids: All waste blood, blood products and body fluids greater than 20 ml. (2/3 ounce) in volume that exists in a free liquid state and cannot be carefully poured down a drain.



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the Agency personnel's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. General work clothes, (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard, are not considered to be personal protective equipment.

Regulated Waste: liquid or semi-liquid blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Source Individual: any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to personnel.

Sterilize: the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Body Substance Precautions: an approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens (often referred to as "Universal Precautions).

Work Practice Controls: controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

### **Procedure:**

- A. The director of nurses is responsible for leading the infection prevention and control team. The director of nurses assigns other RNs to assist with the infection prevention and control process as necessary.
- B. All personnel will be educated on infection control policies and procedures and their responsibilities for implementation as contained throughout this section. New personnel shall receive training on the Universal Body Substance Precautions in their orientation.



## Abundant Life Home Health Agency, LLC

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Category:	Safety/Infection Control	Number:	7.001.2
Subject:	CLIA Waiver		
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**Purpose:** To identify CLIA Waived Tests

**Policy:** The person listed on the CLIA Waiver is responsible for the waived testing program.

Below is the list of CLIA Waived Tests this agency may perform.

1. Dipstick or Tablet reagent urinalysis (non automated) for the following:

- Bilirubin
  - Glucose
  - Hemoglobin
  - Ketone
  - Leukocytes
  - Nitrite
  - pH
  - Protein
  - Specific gravity
  - Urobilinogen
2. Fecal occult blood
  3. Ovulation tests - visual color comparison tests for luteinizing hormone
  4. Urine pregnancy tests - visual color comparison tests
  5. Erythrocyte sedimentation rate-non-automated
  6. Hemoglobin-copper sulfate - non-automated
  7. Blood glucose by glucose monitoring devices cleared by the FDA specifically for home use
  8. Spun microhematocrit
  9. Hemoglobin by single analyte instruments with self-contained or component features to perform specimen/reagent interaction, providing direct measurement and readout
  10. The certificate of waiver will be renewed as directed.
  11. The certificate of waiver will be displayed in a prominent place at the agency.

B. Education and skill testing:

1. All direct care staff that has been designated to perform waived testing will be oriented and trained by the person listed on the CLIA Waiver for each test prior to performing those procedures utilizing test materials or instruments.

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2. The direct care staff will perform an adequate amount of procedures to prove competency with a preceptor before performing on their own.
3. Continued competency testing will be performed on an as needed basis, but at least a review or training session will occur annually.
4. If a direct care staff has not completed a waived testing procedure within the last 9 months, the staff will be re-trained and determined to be competent before performing the test.
5. Education and competency testing results will be current and maintained with the agency.
6. All education and competency testing will be readily available upon request.

### C. Process and results of testing:

1. All waived tests will be performed according to procedure dictated by the, person listed on the CLIA Wavier, nursing procedure manual and testing equipment manufacture instruction.
2. Questions or concerns regarding testing will be addressed by the appropriate supervisor.
3. Results of all waived tests will be documented and kept in the patient's medical record and reported to the appropriate individuals, such as physician and case manager.
4. Repeat testing related to out of range results will be performed when necessary.
5. Specimens will be labeled accurately and legibly.

### D. Equipment performance evaluation:

1. Equipment utilized in waived testing (e.g., glucometer, etc.) will be maintained according to the manufacturer's manual, to include quality control checks. This will be completed for each procedure/instrument.
2. The testing timeline will be no greater than as suggested by the manufacture.
2. The manufacturer's manual will be kept in a centralized and easily accessible location.
3. Test components will be stored as directed by the manufacture.

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4. Expiration dates will be checked prior to testing material usage and expired materials will be disposed of properly.

5. Quality control results will be documented and kept for at least 2 years.

**Contracted Laboratories:**

Reference and Contract Laboratories this agency utilizes must meet the federal regulations for clinical laboratories and maintain evidence of the same.



## Abundant Life Home Health Agency, LLC

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Category: Safety/Infection Control    Number: 7.002.1  
Subject: Universal Body Substance Precautions  
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**Purpose:** To reduce the risk of exposure to and transmission of infections when caring for patients/clients.

### **Policy:**

- A. Under Universal Body Substance Precautions, blood and certain body fluids of all patients/clients are considered potentially infectious for bloodborne pathogens such as human immunodeficiency virus (HIV), and hepatitis B virus (HBV). Universal Body Substance Precautions apply to blood and other body fluids potentially containing blood or bloodborne pathogens.
- B. These body fluids include emesis, sputum, feces, urine, semen, vaginal secretions, cerebrospinal fluid (CSF), synovial fluid, pleural fluid, pericardial fluid and amniotic fluid.
- C. Universal Body Substance Precautions should be used with other fluids, such as nasal secretions, saliva, sweat and tears.
- D. Agency personnel will adhere to the following precautions and will instruct patients/clients/families/caregivers in infection control precautions as appropriate to the patient/client's needs.

### **PERSONAL PROTECTIVE EQUIPMENT**

(See "Personal Protective Equipment," Policy No. 7.004.1)

- A. On home care assignments where personnel have a risk of occupational exposure, the home health organization will furnish, at no cost to personnel, appropriate personal protective equipment so that barrier precautions can be observed and compliance with this policy can be maintained. Personal protective equipment may include, but is not limited to, gloves, gowns, face shields or masks, eye protection, mouthpieces and pocket masks. Personal protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to or reach the Agency personnel's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.



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- d) After contact with soiled or contaminated items (i.e., bedpans, urinals, catheter, linens)
  - e) Before and after administering medications into eyes, mucous membranes, tissues, etc.
  - f) Before and after eating and smoking
  - g) After use of toilet or wiping nose
  - h) Before preparation and serving of meals
2. Use antimicrobial soap, warm water and friction for hand washing. Lather and scrub for twenty (20) seconds. Rinse well, beginning at fingertips so dirty water runs off at wrists. Dry hands on paper towels. Use dry paper towels to turn off faucets. (See “Handwashing,” Policy No. 7.005.1)
  3. If soap and warm running water is not available, a waterless antiseptic solution shall be used for hand cleansing until soap and warm running water is available.
  4. The client and/or caregiver will be taught hand-washing prior to instructions on care procedures.
  5. Gloves: The use of gloves (intact latex or latex-free if person is allergic) of appropriate size and quality) is important where the worker has cuts, abraded skin, chapped hands, dermatitis, etc, during instrument examination of oropharynx, gastrointestinal tract and genitourinary tract; when examining abraded or non-intact skin or patients/clients with active bleeding; during invasive procedures; during all cleaning of body fluids and decontamination procedures.
    - a) Gloves are to be worn by the family/caregiver when direct contact with any body substances is anticipated (blood, urine, pus, feces, saliva, drainage of any kind).
    - b) Gloves are to be worn when contact with non-intact skin is anticipated.
    - c) Gloves are to be worn when handling soiled linen.
    - d) Sterile gloves are to be worn for sterile procedures
    - e) Changes gloves between patient/client contacts.
    - f) Gloves should not be washed or disinfected for reuse.

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- g) Gloves are not necessarily needed for general care or during casual contact such as bathing of intact skin or assisting with ambulation.
- h) Non-latex gloves will be available for employees with latex allergy.
- 6. Gowns: Disposable impervious gowns shall be worn when a possibility exists that clothing may be soiled with blood or body fluids.
- 7. Mask/Protective Eyewear: Masks, protective eye wear or face shields are required when contamination of mucosal membranes, eyes, mouth or nose is possible, such as splashes or aerosolization of material. They are not required for routine care.
- 8. Resuscitation Equipment: CPR microshield or other ventilation devices may be provided to key personnel where the need for emergency mouth-to-mouth resuscitation would be required.
- 9. Needles, Syringes and Sharps: After use, needles and other sharps are placed directly into a puncture-proof container (with rigid lid) located at the patient/client's bedside. Needles must not be recapped, bent, broken or clipped.
- 10. Laboratory Specimens: Laboratory specimens should be transported in a Biohazard or a zip lock bag or other leak-proof container. The leak-proof container must be transported to the office or alternate lab site in an opaque and puncture resistant container. The container must have biohazard labeling on its outside. Specimens transported to the office are placed in the stationary storage container marked with the biohazard label.
- 11. Labels: Biohazard labels shall be used to prevent accidental injury or illness to personnel exposed to hazardous or potentially hazardous conditions which are out of the ordinary, unexpected or not readily apparent.
  - a) Labels shall contain a signed work and major message – BIOHAZARD – or the hazard symbol, readable at the minimum distance of five feet.
  - b) All personnel shall be informed as to the meaning of the labels.
  - c) Labels shall be affixed as close as possible to respective hazards.

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- d) Labels shall be used to identify equipment, containers and rooms, contained with hazardous agents.
- e) If labels are not used, other effective means shall be used, such as RED bagging. Red bags will manifest the biohazard symbol.

### B. Housekeeping and Hygiene

#### 1. Housekeeping

- a) Good common sense practices provide an environment that is safe for everybody.
- b) A good disinfectant (e.g., household bleach 5.25% mixed 1:10 with water) should be used to clean floors, toilet bowl, tub, shower, sink, countertops and obviously soiled furniture.
- c) Sponge and mops used to clean up body fluid spills may not be rinsed out in the kitchen sink or used where food is prepared.
- d) Dirty mop water should be poured down the toilet, rather than the sink.
- e) Keep rooms well aired to decrease the risk of colds, flu and other airborne communicable diseases.
- f) Since infectious organisms may be found in animal wastes, bird cages, cat litter boxes and fish tanks, they should be maintained by someone other than a person with HIV disease or other causes of immunosuppression.
- g) Humidifiers and air conditioners can harbor infectious organisms. These should be cleaned and serviced regularly.

#### 2. Blood/Body Fluid Spills

- a) Personal items such as toothbrushes, razors and enema equipment should not be shared.
- b) Maintaining a state of personal cleanliness is the key to reducing infection transmission from person to person. This includes bathing regularly and washing hands after use of bathroom facilities or contact with one's own body fluids and before preparing food.

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### C. Waste Disposal

1. Flushable Waste: Body wastes are flushed down the toilet.
2. Non-flushable Disposables: Non-flushable items contaminated with blood or body substances should be placed in a leak proof plastic bag which is tied securely at the neck. This bag should then be placed in a second sealed plastic bag to afford extra strength and protection against breakage and spillage. The bag is then disposed of in the home trash receptacle.
3. Syringe/Sharps Disposal
  - a) In the home setting, a sharps disposal container is to be brought to the point of use by the clinicians who will be administering the injection or drawing the blood sample. The uncapped needle is to be placed directly into the disposal container. Staff is encouraged to use needle devices with safety features. When  $\frac{3}{4}$  full, the disposal container is to be sealed and discarded (See “C” #2 above). A new container should be obtained for any future use. Never reach into a sharps container. The family may be taught to employ devices such as a rigid bleach bottle.
    - a.1. If the home is a potential chemical-dependency site, the Agency may supply sharps containers which will be transported back to the office for collection by a waste management vendor.

### D. Laundry

1. Handling and Changing of Linens
  - a) Towels and wash cloths should not be shared by different users.
  - b) Gloves are to be worn when handling soiled linen.
  - c) Soiled clothing and linens should be washed as promptly as possible. Ideally, they should be machine washed in hot (160° F) soapy water for 25 minutes. If appropriate, (e.g., colorfast material), a cup of bleach may be added to the water. If low temperature (less than 150° F) laundry cycles are used, chemicals suitable for low temperature washing at proper use concentration should be used.

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- d) If a washing machine is not available, soiled linens should be soaked in cold water (to lift stains) containing bleach (1:10 dilution) for 15-20 minutes. Wearing gloves, work out any stains. Rewash with hot soapy water.
- e) Commercial or home clothes dryers are the preferred method of drying linens. If not available, air dry linens, preferably in the sun.

**E. Equipment/Non-disposable Instruments**

1. Bedpans/Urinals/Commodes
  - a) Bedpans and urinals should be used by only one patient/client and should be cleaned on a regular basis with household detergents.
  - b) Shared commodes do not require special precautions unless blood or contaminated body substance or fluid is present. If this is the case, clean and disinfect with a 1:10 dilution of bleach after each use. If soiled, the commode should be cleaned with a 1:10 dilution of bleach.
2. Thermometers
  - a) Electronic thermometers with disposable sheaths require no special precautions unless they become visibly soiled. When thermometers are soiled, they should be wiped with a disinfectant solution. Thermometers should be wiped clean between uses.
  - b) Mercury thermometers may not be used unless distributed to each individual patient. Mercury thermometers must be cleaned with alcohol and maintained between uses.
3. Medical Equipment/Supplies:
  - a) Any non-disposable equipment returned to the Agency will be thoroughly decontaminated with an Agency-approved disinfectant. After proper cleaning, the equipment may be returned to stock for patient/client use. (i.e. scales, returned glucometers)
  - b) In the event a non-disposable piece of equipment (e.g., stethoscope, blood pressure apparatus, bandage scissors) comes in contact with blood or body fluids, a 1:10 dilution of bleach or other Agency-approved disinfectant is used to clean it. Soiled blood pressure cuffs are to be washed in hot, soapy water.
  - c) Dressing supplies contaminated with the patient/client's blood or body fluids should be double bagged in plastic bags, tied securely and then placed with household trash for garbage pickup.

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### F. Kitchen/Food Preparation

1. Hand-washing: Proper hand-washing techniques should be observed prior to touching food.
2. General Hygiene: “Tasting” of food during cooking should be done with a clean spoon each time. Wash the spoon immediately after “tasting”.
3. Cleaning of Kitchen: Counters, sinks and floors in the kitchen should be free from food particles and cleaned with a disinfectant regularly.
4. Refrigerator: The interior of the refrigerator should be cleaned with soap and warm water regularly to control molds.
5. Food Freshness: Observe expiration dates and general freshness of food. Do not use cracked eggs due to the likelihood of salmonella contamination.
6. Food Storage: Store open packages of food (e.g., sugar) in covered containers to discourage infestation.
7. Food Preparation: Pork, poultry and eggs should be thoroughly cooked before eating. Porous (e.g., wood) cutting boards used for poultry should not also be used for fruits and vegetables. All cutting boards should be immediately, thoroughly washed after use with any meat or egg.
8. Dishes/Utensils: Wash dishes and utensils in hot soapy water. The water should be hot enough to require the use of lined gloves. Allow dishes to air dry. Known infected persons do not need separate dishes or utensils provided they are washed as described.
9. Sponges: Sponges used to clean in the kitchen should not be the same sponges used to clean bathrooms and body fluid spills. Sponges used to clean bathrooms and body fluid spills should be disinfected with bleach and changed periodically. Counter sponges/cloths are significant sources of contamination. Soak them in bleach diluted daily, for ten (10) minutes.



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### 10. Special Considerations for a Person with HIV disease:

- a) Unpasteurized milk, raw eggs, products containing raw eggs or cracked or non-intact eggs should be avoided. They have been associated with Salmonella infections and may be problematic for the person with HIV disease.
  - b) If organically grown food is used (composted with human or animal feces), food should be washed thoroughly.
  - c) Raw shellfish or rare meats of any type should be avoided.
- G. Eating, drinking, smoking, applying make-up or lip-balm or handling contact lenses should be avoided in work areas and patient homes when there is a reasonable chance of exposure.
- H. Sterile technique will be employed for sterile dressing changes, IV insertion, IV site care, phlebotomy, tracheal suctioning, insertion of a urinary catheter and whenever appropriate to prevent infection.
- I. Disinfectants

HIV is inactivated rapidly after being exposed to chemical germicides. HIV can be inactivated after exposure for ten minutes to any of the following:

1. Chlorine bleach (1:10 dilution)
2. Sanzide
3. Any disinfectant as recommended by the Centers for Disease Control (CDC).



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- b) Identification and documentation of the source individual, unless this identification is not feasible or prohibited by state or local law.
  - c) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine the level of infectivity. If consent is not obtained, then it will be established that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
  - d) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's HBV or HIV status need not be repeated.
  - e) Results of the source individual's testing shall be made available to the exposed Agency personnel, and the Agency personnel shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
  - f) Post-exposure prophylaxis will be provided when medically indicated, and as recommended by the U.S. Public Health Service.
  - g) Post-exposure counseling will be provided when medically indicated.
2. The home health Agency will provide to the healthcare professional evaluating Agency personnel after an exposure incident:
    - a) A copy of the federal regulation #1910.1030 Bloodborne Pathogens, as necessary.
    - b) A description of the exposed Agency personnel's duties as they relate to the exposure incident.
    - c) Documentation of the route(s) of exposure and circumstances under which exposure occurred.
    - d) Results of the source individual's blood testing, if available.
- B. Personnel restriction due to illness or special conditions:
1. Home care personnel who have been exposed to or who exhibit signs and symptoms of potentially transmissible conditions who have responsibilities for patient/client care should report promptly to their direct Clinical Supervisor. The direct Clinical Supervisor may exclude these individuals from direct patient/client contact. These conditions might include, but are not limited to the following:

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- a) Diarrhea: Personnel with diarrhea that is severe, and is accompanied by other symptoms (such as fever, abdominal cramps, or bloody stools) or lasts longer than twenty-four (24) hours, should be excluded from direct patient/client contact pending evaluation by a physician.
- b) Herpes Simplex Infections: Personnel with primary, recurrent or facial herpes simplex infections should be excluded from direct patient/client contact with high risk patients/clients, (e.g., newborns, patients/clients with burns or immuno-compromised patients/clients until the lesions are healed. Personnel with herpes simplex infections of the fingers or hands (herpetic whitlow) should be excluded from direct patient/client contact until lesions are healed.
- c) Respiratory Infections: Personnel with respiratory infections should be excluded from direct patient/client contact with high risk patients/clients (e.g., neonates, patients/clients with chronic obstructive lung disease or immuno-compromised patients/clients).
- d) Streptococcal Disease: If a group A streptococcal disease is suspected, appropriate cultures should be taken, and personnel should be excluded from direct patient/client contact until they have received adequate therapy for twenty-four (24) hours or until streptococcal infection has been ruled out.
- e) Other Diseases: Personnel exhibiting symptoms of other infectious diseases may be excluded from direct patient/client care pending examination by a physician.

### 2. Management of Personnel Who Are Potential Carriers:

Personnel who are linked to an increase in bacterial infections caused by a pathogen associated with a carrier state should be cultured. If cultures are positive, personnel should be excluded from direct/patient/client contact until the pathogen is eradicated or the risk of disease transmission is eliminated.

### 3. Management of Personnel with Tuberculosis:

The management of tuberculosis (TB) in the workplace shall consist of the following areas: medical surveillance (at no cost to the Agency clinical personnel), evaluation and management of personnel, exposure management, training and information, respiratory protection and accurate record-keeping.







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- b) Personnel who are known carriers of hepatitis B surface antigen (HbsAG) should be counseled about precautions to minimize their risk of infecting others and must strictly adhere to Universal Body Substance Precautions at all times.
  - c) Pregnant personnel are at particular risk and should be protected from Varicella exposure.
6. Management of Personnel with HIV:
- a) Personnel with an impaired immune system resulting from HIV infection should be counseled about the potential risk associated with taking care of patients/ clients with transmissible infections.  
  
Personnel with impaired immune systems from HIV infections are at an increased risk of acquiring/experiencing serious complications of infectious diseases (measles, Varicella, hepatitis); therefore, they must continue to strictly adhere to Universal Body Substance Precautions.
  - b) Whether personnel can adequately and safely perform patient/client care duties should be determined on an individual basis with the decision being made by the Agency personnel's physician in conjunction with the Agency personnel medical director and the director of nurses. Personnel may be excluded from direct patient/client contact for high risk patients/clients (e.g., newborns, patient/client with burns or immuno-compromised patients/clients).
7. Management of Personnel Following Possible Exposure to HIV and/or HBV:
- a) Personnel infected with HIV usually develop the antibody against the virus within six (6) to twelve (12) weeks after infection. The testing sequence of a repeatedly active EIA and positive Western Blot Test is highly predictive of HIV infections.
  - b) Serological testing should be done if any personnel are concerned that they may have been infected with HIV.



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- b.1) If Agency personnel have a parenteral (e.g., needle stick or cut) or mucous membrane (e.g., splash to the eye or mouth), exposure to blood or other body fluids or has a cutaneous exposure involving large amounts of blood or prolonged contact with blood – especially when the exposed skin is chapped, abraded or afflicted with dermatitis, the source patient/client should be informed of the incident and tested for serologic evidence of HIV and HBV infection after consent is obtained.
- b.2) If the source patient/client has AIDS/HBV, is positive for HIV/HBV antibody, or refuses to be tested, personnel should be counseled by their Administrator/ DOPS regarding the risk of infection and evaluated clinically and serologically for evidence of HIV/HBV infection as soon as possible after the exposure by their physician.
- b.3) Personnel are advised to report and seek medical evaluation for any acute febrile illness (particularly one characterized by fever, rash, or lymphadenopathy) that occurs within twelve (12) weeks after exposure.
- b.4) HIV seronegative personnel should be retested six (6) weeks post-exposure and on a periodic basis thereafter (e.g., twelve weeks and six months after exposure) to determine whether transmission has occurred. No further follow-up of persons exposed to infection described above is necessary if the source patient/client is seronegative unless the source patient/client is at high risk of HIV infection. In the latter case, a subsequent specimen (e.g., twelve weeks following exposure) may be obtained from personnel for antibody testing.
- b.5) Follow-up procedures shall be taken for personnel exposed or potentially exposed to HBV. The types of procedures depend on the immunization status of the worker and HBV serologic status of the source patient/client (e.g. CDC Immunization Practices recommendations). Consult the Medical Director.

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- b.6) If the worker refuses to submit to the procedures when such procedures are medically indicated, no adverse action can be taken on that ground alone.
- b.7) Document worker's refusal, obtain signature, and submit to personnel record.
- 8. If an employee is medically removed under the medical surveillance requirements of an OSHA standard, you must record the case on the OSHA 300 Log.
- 9. Basic requirement. If an employee's hearing test (audiogram) reveals that the employee has experienced a work-related Standard Threshold Shift (STS) in hearing in one or both ears, and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS, you must record the case on the OSHA 300 Log.
- 10. See also: Policy No. 7.016.1, Hepatitis B Vaccine.

Attachments:  
OSHA 300



# OSHA Forms for Recording Work-Related Injuries and Illnesses

## Dear Employer:

This booklet includes the forms needed for maintaining occupational injury and illness records. Many but not all employers must complete the OSHA injury and illness recordkeeping forms on an ongoing basis. Employers in State Plan States should check with their State Plan to see if the exemptions below apply.

Employers with 10 or fewer employees throughout the previous calendar year do not need to complete these forms. In addition to the small employer exemption, there is an exemption for establishments classified in certain industries. A complete list of exempt industries can be found on the OSHA web page at <https://www.osha.gov/recordkeeping>.

Establishments normally exempt from keeping the OSHA forms must complete the forms if they are informed in writing to do so by the Bureau of Labor Statistics or OSHA.

All employers, including those partially exempted by reason of company size or industry classification, must report to OSHA any workplace incident that results in a fatality, in-patient hospitalization, amputation, or loss of an eye. You can report to OSHA by calling OSHA's free and confidential number at 1-800-321-OSHA (6742); calling your closest Area Office during normal business hours; or by using the online reporting form at <https://www.osha.gov/pls/ser/serform.html>.

Starting in 2017, many employers will be required to electronically submit their injuries and illnesses records to OSHA. To see if your establishment is required to submit the information, visit <https://www.osha.gov/recordkeeping/finalrule/>.

The Occupational Safety and Health Administration shares with you the goal of preventing injuries and illnesses in our nation's workplaces. Accurate injury and illness records will help us achieve that goal.

Occupational Safety and Health Administration  
U.S. Department of Labor

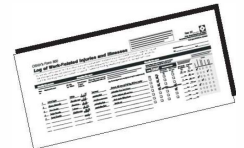
## What's Inside...

In this package, you'll find everything you need to complete OSHA's *Log* and the *Summary of Work-Related Injuries and Illnesses* for the next several years. On the following pages, you'll find:

▼ **An Overview: Recording Work-Related Injuries and Illnesses** — General instructions for filling out the forms in this package and definitions of terms you should use when you classify your cases as injuries or illnesses.

▼ **How to Fill Out the Log** — An example to guide you in filling out the *Log* properly.

▼ **Log of Work-Related Injuries and Illnesses** — A copy of the *Log* (but you may make as many copies of the *Log* as you need.) Notice that the *Log* is separate from the *Summary*.



▼ **Summary of Work-Related Injuries and Illnesses** — Removable *Summary* pages for easy posting at the end of the year. Note that you post the *Summary* only, not the *Log*.



▼ **Worksheet to Help You Fill Out the Summary** — A worksheet for figuring the average number of employees who worked for your establishment and the total number of hours worked.

▼ **OSHA's 301: Injury and Illness Incident Report** — A copy of the OSHA 301 to provide details about the incident. You may make as many copies as you need or use an equivalent form.



Take a few minutes to review this package. If you have any questions, visit us online at [www.osha.gov](http://www.osha.gov) or call your local OSHA office. We'll be happy to help you.



# An Overview: Recording Work-Related Injuries and Illnesses

The Occupational Safety and Health (OSH) Act of 1970 requires certain employers to prepare and maintain records of work-related injuries and illnesses. Use these definitions when you classify cases on the Log. OSHA's recordkeeping regulation (see 29 CFR Part 1904) provides more information about the definitions below.

The *Log of Work-Related Injuries and Illnesses* (Form 300) is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened. The *Summary* — a separate form (Form 300A) — shows the totals for the year in each category. At the end of the year, post the *Summary* in a visible location so that your employees are aware of the injuries and illnesses occurring in their workplace.

Employers must keep a *Log* for each establishment or site. If you have more than one establishment, you must keep a separate *Log* and *Summary* for each physical location that is expected to be in operation for one year or longer.

Note that your employees have the right to review your injury and illness records. For more information, see 29 Code of Federal Regulations Part 1904.35, *Employee Involvement*.

Cases listed on the *Log of Work-Related Injuries and Illnesses* are not necessarily eligible for workers' compensation or other insurance benefits. Listing a case on the *Log* does not mean that the employer or worker was at fault or that an OSHA standard was violated.

## When is an injury or illness considered work-related?

An injury or illness is considered work-related if an event or exposure in the work environment caused or contributed to the condition or significantly aggravated a preexisting condition. Work-relatedness is

presumed for injuries and illnesses resulting from events or exposures occurring in the workplace, unless an exception specifically applies. See 29 CFR Part 1904.5(b)(2) for the exceptions. The work environment includes the establishment and other locations where one or more employees are working or are present as a condition of their employment. See 29 CFR Part 1904.5(b)(1).

## Which work-related injuries and illnesses should you record?

Record those work-related injuries and illnesses that result in:

- ▼ death,
- ▼ loss of consciousness,
- ▼ days away from work,
- ▼ restricted work activity or job transfer, or
- ▼ medical treatment beyond first aid.

You must also record work-related injuries and illnesses that are significant (as defined below) or meet any of the additional criteria listed below.

You must record any significant work-related injury or illness that is diagnosed by a physician or other licensed health care professional. You must record any work-related case involving cancer, chronic irreversible disease, a fractured or cracked bone, or a punctured eardrum. See 29 CFR 1904.7.

## What are the additional criteria?

You must record the following conditions when they are work-related:

- ▼ any needlestick injury or cut from a sharp object that is contaminated with another person's blood or other potentially infectious material;
- ▼ any case requiring an employee to be medically removed under the requirements of an OSHA health standard;
- ▼ tuberculosis infection as evidenced by a positive skin test or diagnosis by a physician or other licensed health care professional after exposure to a known case of active tuberculosis;
- ▼ an employee's hearing test (audiogram) reveals 1) that the employee has experienced a Standard Threshold Shift (STS) in hearing in one or both ears (averaged at 2000, 3000, and 4000 Hz) and 2) the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 Hz) in the same ear(s) as the STS.

## What is medical treatment?

Medical treatment includes managing and caring for a patient for the purpose of combating disease or disorder. The following are not considered medical treatments and are NOT recordable:

- ▼ visits to a doctor or health care professional solely for observation or counseling;

## What do you need to do?

1. Within 7 calendar days after you receive information about a case, decide if the case is recordable under the OSHA recordkeeping requirements.
2. Determine whether the incident is a new case or a recurrence of an existing one.
3. Establish whether the case was work-related.
4. If the case is recordable, decide which form you will fill out as the injury and illness incident report.

You may use *OSHA's 301: Injury and Illness Incident Report* or an equivalent form. Some state workers compensation, insurance, or other reports may be acceptable substitutes, as long as they provide the same information as the OSHA 301.

## How to work with the Log

1. Identify the employee involved unless it is a privacy concern case as described below.
2. Identify when and where the case occurred. Also describe the case, as specifically as you can.
3. Classify the seriousness of the case by recording the **most serious outcome** associated with the case, with column G (Death) being the most serious and column J (Other recordable cases) being the least serious.
4. Enter the number of days the injured or ill worker was away from work or was on job transfer or restricted work activity.
5. Identify whether the case is an injury or illness. If the case is an injury, check the injury category. If the case is an illness, check the appropriate illness category.



- ▼ diagnostic procedures, including administering prescription medications that are used solely for diagnostic purposes; and
- ▼ any procedure that can be labeled first aid. (See below for more information about first aid.)

#### **What is first aid?**

If the incident required only the following types of treatment, consider it first aid. Do NOT record the case if it involves only:

- ▼ using non-prescription medications at non-prescription strength;
- ▼ administering tetanus immunizations;
- ▼ cleaning, flushing, or soaking wounds on the skin surface;
- ▼ using wound coverings, such as bandages, BandAids™, gauze pads, etc., or using SteriStrips™ or butterfly bandages;
- ▼ using hot or cold therapy;
- ▼ using any totally non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc.;
- ▼ using temporary immobilization devices while transporting an accident victim (splints, slings, neck collars, or back boards);
- ▼ drilling a fingernail or toenail to relieve pressure, or draining fluids from blisters;
- ▼ using eye patches;
- ▼ using simple irrigation or a cotton swab to remove foreign bodies not embedded in or adhered to the eye;
- ▼ using irrigation, tweezers, cotton swab or other simple means to remove splinters or foreign material from areas other than the eye;

- ▼ using finger guards;
- ▼ using massages;
- ▼ drinking fluids to relieve heat stress.

#### **How do you decide if the case involved restricted work?**

Restricted work activity occurs when, as the result of a work-related injury or illness, an employer or health care professional keeps, or recommends keeping, an employee from doing the routine functions of his or her job or from working the full workday that the employee would have been scheduled to work before the injury or illness occurred.

#### **How do you count the number of days of restricted work activity or the number of days away from work?**

Count the number of calendar days the employee was on restricted work activity or was away from work as a result of the recordable injury or illness. Do not count the day on which the injury or illness occurred in this number. Begin counting days from the day **after** the incident occurs. If a single injury or illness involved both days away from work and days of restricted work activity, enter the total number of days for each. You may stop counting days of restricted work activity or days away from work once the total of either or the combination of both reaches 180 days.

#### **Under what circumstances should you NOT enter the employee's name on the OSHA Form 300?**

You must consider the following types of injuries or illnesses to be privacy concern cases:

- ▼ an injury or illness to an intimate body part or to the reproductive system,
- ▼ an injury or illness resulting from a sexual assault,
- ▼ a mental illness,
- ▼ a case of HIV infection, hepatitis, or tuberculosis,
- ▼ a needlestick injury or cut from a sharp object that is contaminated with blood or other potentially infectious material (see 29 CFR Part 1904.8 for definition), and
- ▼ other illnesses, if the employee independently and voluntarily requests that his or her name not be entered on the log.

You must not enter the employee's name on the OSHA 300 Log for these cases. Instead, enter "privacy case" in the space normally used for the employee's name. You must keep a separate, confidential list of the case numbers and employee names for the establishment's privacy concern cases so that you can update the cases and provide information to the government if asked to do so.

If you have a reasonable basis to believe that information describing the privacy concern case may be personally identifiable even though the employee's name has been omitted, you may use discretion in describing the injury or illness on both the OSHA 300 and 301 forms. You must enter enough information to identify the cause of the incident and the general severity of the

injury or illness, but you do not need to include details of an intimate or private nature.

#### **What if the outcome changes after you record the case?**

If the outcome or extent of an injury or illness changes after you have recorded the case, simply draw a line through the original entry or, if you wish, delete or white-out the original entry. Then write the new entry where it belongs. Remember, you need to record the most serious outcome for each case.

#### **Classifying injuries**

An injury is any wound or damage to the body resulting from an event in the work environment.

**Examples:** Cut, puncture, laceration, abrasion, fracture, bruise, contusion, chipped tooth, amputation, insect bite, electrocution, or a thermal, chemical, electrical, or radiation burn. Sprain and strain injuries to muscles, joints, and connective tissues are classified as injuries when they result from a slip, trip, fall or other similar accidents.



## Classifying illnesses

### Skin diseases or disorders

Skin diseases or disorders are illnesses involving the worker's skin that are caused by work exposure to chemicals, plants, or other substances.

**Examples:** Contact dermatitis, eczema, or rash caused by primary irritants and sensitizers or poisonous plants; oil acne; friction blisters, chrome ulcers; inflammation of the skin.

### Respiratory conditions

Respiratory conditions are illnesses associated with breathing hazardous biological agents, chemicals, dust, gases, vapors, or fumes at work.

**Examples:** Silicosis, asbestosis, pneumonitis, pharyngitis, rhinitis or acute congestion; farmer's lung, beryllium disease, tuberculosis, occupational asthma, reactive airways dysfunction syndrome (RADS), chronic obstructive pulmonary disease (COPD), hypersensitivity pneumonitis, toxic inhalation injury, such as metal fume fever, chronic obstructive bronchitis, and other pneumoconioses.

### Poisoning

Poisoning includes disorders evidenced by abnormal concentrations of toxic substances in blood, other tissues, other bodily fluids, or the breath that are caused by the ingestion or absorption of toxic substances into the body.

**Examples:** Poisoning by lead, mercury, cadmium, arsenic, or other metals; poisoning by carbon monoxide, hydrogen sulfide, or other gases; poisoning by benzene, benzol, carbon tetrachloride, or other organic solvents; poisoning by insecticide sprays, such as parathion or lead arsenate; poisoning by other chemicals, such as formaldehyde.

### Hearing Loss

Noise-induced hearing loss is defined for recordkeeping purposes as a change in hearing threshold relative to the baseline audiogram of an average of 10 dB or more in either ear at 2000, 3000 and 4000 hertz, and the employee's total hearing level is 25 decibels (dB) or more above audiometric zero (also averaged at 2000, 3000, and 4000 hertz) in the same ear(s).

### All other illnesses

All other occupational illnesses.

**Examples:** Heatstroke, sunstroke, heat exhaustion, heat stress and other effects of environmental heat; freezing, frostbite, and other effects of exposure to low temperatures; decompression sickness; effects of ionizing radiation (isotopes, x-rays, radium); effects of nonionizing radiation (welding flash, ultra-violet rays, lasers); anthrax; bloodborne pathogenic diseases, such as AIDS, HIV, hepatitis B or hepatitis C; brucellosis; malignant or benign tumors; histoplasmosis; coccidioidomycosis.

## When must you post the Summary?

You must post the *Summary* only — not the *Log* — by February 1 of the year following the year covered by the form and keep it posted until April 30 of that year.

## How long must you keep the Log and Summary on file?

You must keep the *Log* and *Summary* for 5 years following the year to which they pertain.

## Do you have to send these forms to OSHA at the end of the year?

Starting in 2017, many employers will be required to electronically submit their injuries and illnesses records to OSHA. To see if your establishment is required to submit the information, visit <https://www.osha.gov/recordkeeping/finalrule/>.

## How can we help you?

If you have a question about how to fill out the *Log*,

▼ visit us online at [www.osha.gov](http://www.osha.gov) or

▼ call your local OSHA office.



## Optional

# Calculating Injury and Illness Incidence Rates

**Note: You can type input into this form and save it.** Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

### What is an incidence rate?

An incidence rate is the number of recordable injuries and illnesses occurring among a given number of full-time workers (usually 100 full-time workers) over a given period of time (usually one year). To evaluate your firm's injury and illness experience over time or to compare your firm's experience with that of your industry as a whole, you need to compute your incidence rate. Because a specific number of workers and a specific period of time are involved, these rates can help you identify problems in your workplace and/or progress you may have made in preventing work-related injuries and illnesses.

### How do you calculate an incidence rate?

You can compute an occupational injury and illness incidence rate for all recordable cases or for cases that involved days away from work for your firm quickly and easily. The formula requires that you follow instructions in paragraph (a) below for the total recordable cases or those in paragraph (b) for cases that involved days away from work, and for both rates the instructions in paragraph (c).

(a) To find out the total number of recordable injuries and illnesses that occurred during the year, count the number of line entries on your OSHA Form 300, or refer to the OSHA Form 300A and sum the entries for columns (G), (H), (I), and (J).

(b) To find out the number of injuries and illnesses that involved days away from work, count the number of line entries on your OSHA Form 300 that received a check mark in column (H), or refer to the entry for column (H) on the OSHA Form 300A.

(c) The number of hours all employees actually worked during the year. Refer to OSHA Form 300A and optional worksheet to calculate this number.

You can compute the incidence rate for all recordable cases of injuries and illnesses using the following formula:

$$\text{Total number of injuries and illnesses} \times 200,000 \div \text{Number of hours worked by all employees} = \text{Total recordable case rate}$$

(The 200,000 figure in the formula represents the number of hours 100 employees working 40 hours per week, 50 weeks per year would work, and provides the standard base for calculating incidence rates.)

You can compute the incidence rate for recordable cases involving days away from work, days of restricted work activity or job transfer (DART) using the following formula:

$$\text{Number of entries in column H} + \text{Number of entries in column I} \times 200,000 \div \text{Number of hours worked by all employees} = \text{DART incidence rate}$$

You can use the same formula to calculate incidence rates for other variables such as cases involving restricted work activity (column (I) on Form 300A), cases involving skin disorders (column (M-2) on Form 300A), etc. Just substitute the appropriate total for these cases, from Form 300A, into the formula in place of the total number of injuries and illnesses.

### What can I compare my incidence rate to?

The Bureau of Labor Statistics (BLS) conducts a survey of occupational injuries and illnesses each year and publishes incidence rate data by

various classifications (e.g., by industry, by employer size, etc.). You can obtain these published data at [www.bls.gov/iif](http://www.bls.gov/iif) or by calling a BLS Regional Office.

### Worksheet

Total number of injuries and illnesses	X 200,000	÷	_____	=	_____
_____					

Number of entries in Column H + Column I	X 200,000	÷	_____	=	_____
_____					

Save Input

Reset



# How to Fill Out the Log

**Note:** Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

The *Log of Work-Related Injuries and Illnesses* is used to classify work-related injuries and illnesses and to note the extent and severity of each case. When an incident occurs, use the *Log* to record specific details about what happened and how it happened.

If your company has more than one establishment or site, you must keep separate records for each physical location that is expected to remain in operation for one year or longer.

If you need additional copies of the *Log*, you may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need.

The *Summary* — a separate form — shows the work-related injury and illness totals for the year in each category. At the end of the year, count the number of incidents in each category and transfer the totals from the *Log* to the *Summary*. Then post the *Summary* in a visible location so that your employees are aware of injuries and illnesses occurring in their workplace.

**You don't post the Log. You post only the Summary at the end of the year.**

## OSHA's Form 300 Log of Work-Related Injuries and Illnesses

Note: You can type input into this form and save it. Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

Attention: This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Year 20  
U.S. Department of Labor  
Occupational Safety and Health Administration



Form approved OMB no. 1218-0176

### Please Record:

- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

### Reminders:

- Complete an injury and illness incident report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Establishment name XYZ company

City Anywhere State MA

### Step 1. Identify the person

(A) Case no.	(B) Employee's name	(C) Job title (e.g., Welder)	(D) Date of injury or onset of illness (e.g., 2/10)	(E) Where the event occurred (e.g., Loading dock north end)	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill (e.g., Second degree burns on right forearm from acetylene torch)
RESET 1	Mark Bagin	Welder	5 / 25 month / day	basement	fracture, left arm and left leg, fell from ladder
RESET 2	Suana Alexander	Foundry man	7 / 12 month / day	pouring deck	poisoning from lead fumes
RESET 3	Sam Sauder	Electrician	8 / 5 month / day	2nd floor storeroom	broken leg, fell over box
RESET 4	Ralph Boccella	Laborer	9 / 17 month / day	packaging department	back strain lifting a box
RESET 5	Jarrod Daniels	Machine opr.	10 / 23 month / day	production floor	dust in left eye
RESET			/ / month / day		
RESET			/ / month / day		
RESET			/ / month / day		

### Step 2. Describe the case

(A)	(B)	(C)	(D)	(E)	(F)

### Step 3. Classify the case

SELECT ONLY ONE circle based on the most serious outcome:

Remained at Work				Days away from work	Job transfer or restriction	Death
(I)	(J)	(K)	(L)	(M)	(N)	(O)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Step 4.

Enter the number of days the injured or ill worker was:

Days away from work	Job transfer or restriction
(K)	(L)
12 days	15 days
days	30 days
7 days	30 days
days	days
days	days
days	days
days	days

### Step 5.

Select one column:

Illness					
(1)	(2)	(3)	(4)	(5)	(6)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Be as specific as possible. You can use two lines if you need more room.

Revise the log if the injury or illness progresses and the outcome is more serious than you originally recorded for the case. Cross out, erase, or white-out the original entry if hard copy. (If using the PDF's fillable form feature, simply change your selections. You can also clear the entire case entry from the log using the Reset button.)

Choose ONLY ONE of these categories. Classify the case by recording the most serious outcome of the case, with column G (Death) being the most serious and column J (Other recordable cases) being the least serious.

Note whether the case involves an injury or an illness.





# Log of Work-Related Injuries and Illnesses

**Note: You can type input into this form and save it.** Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.

Form approved OMB no. 1218-0176

**Please Record:**

- Information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid.
- Significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional.
- Work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12.

**Reminders:**

- Complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.
- Feel free to use two lines for a single case if you need to.
- Complete the 5 steps for each case.

Establishment name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**Step 1. Identify the person**

**Step 2. Describe the case**

**Step 3. Classify the case**

**Step 4.**

**Step 5.**

**SELECT ONLY ONE circle based on the most serious outcome:**

**Enter the number of days the injured or ill worker was:**

**Select one column:**

(A) Case no.	(B) Employee's name	(C) Job title <i>(e.g., Welder)</i>	(D) Date of injury or onset of illness <i>(e.g., 2/10)</i>	(E) Where the event occurred <i>(e.g., Loading dock north end)</i>	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill <i>(e.g., Second degree burns on right forearm from acetylene torch)</i>
Reset	_____	_____	____/____ month / day	_____	_____
Reset	_____	_____	____/____ month / day	_____	_____
Reset	_____	_____	____/____ month / day	_____	_____
Reset	_____	_____	____/____ month / day	_____	_____
Reset	_____	_____	____/____ month / day	_____	_____
Reset	_____	_____	____/____ month / day	_____	_____
Reset	_____	_____	____/____ month / day	_____	_____
Reset	_____	_____	____/____ month / day	_____	_____
Reset	_____	_____	____/____ month / day	_____	_____
Reset	_____	_____	____/____ month / day	_____	_____

Death (G)	Remained at Work		
	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Away from work (K)	On job transfer or restriction (L)
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
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____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days
____ days	____ days

(M) Injury (1)	Illness					(6) All other illnesses
	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)		
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Page totals ►

Be sure to transfer these totals to the Summary page (Form 300A) before you post it.

Add a Form Page

Public reporting burden for this collection of information is estimated to average 14 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

# Summary of Work-Related Injuries and Illnesses

**Note: You can type input into this form and save it.**  
 Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#).

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

### Number of Cases

Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
0	0	0	0
(G)	(H)	(I)	(J)

### Number of Days

Total number of days away from work	Total number of days of job transfer or restriction
0	0
(K)	(L)

### Injury and Illness Types

Total number of . . . (M)			
(1) Injuries	0	(4) Poisonings	0
(2) Skin disorders	0	(5) Hearing loss	0
(3) Respiratory conditions	0	(6) All other illnesses	0

**Post this Summary page from February 1 to April 30 of the year following the year covered by the form.**

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

### Establishment information

Your establishment name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Industry description (e.g., *Manufacture of motor truck trailers*)  
 \_\_\_\_\_

North American Industrial Classification (NAICS), if known (e.g., 336212)

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**Employment information** (If you don't have these figures, see the *Worksheet* on the next page to estimate.)

Annual average number of employees \_\_\_\_\_

Total hours worked by all employees last year \_\_\_\_\_

### Sign here

**Knowingly falsifying this document may result in a fine.**

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

\_\_\_\_\_  
 Company executive Title

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Save Input**

## Optional

# Worksheet to Help You Fill Out the Summary

**Note: You can type input into this form and save it.** Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

At the end of the year, OSHA requires you to enter the average number of employees and the total hours worked by your employees on the summary. If you don't have these figures, you can use the information on this page to estimate the numbers you will need to enter on the Summary page at the end of the year.

### How to figure the average number of employees who worked for your establishment during the year:

- 1 Add** the total number of employees your establishment paid in all pay periods during the year. Include all employees: full-time, part-time, temporary, seasonal, salaried, and hourly.

The number of employees paid in all pay periods = **1** \_\_\_\_\_

- 2 Count** the number of pay periods your establishment had during the year. Be sure to include any pay periods when you had no employees.

The number of pay periods during the year = **2** \_\_\_\_\_

- 3 Divide** the number of employees by the number of pay periods.

**1** \_\_\_\_\_ = **3** \_\_\_\_\_  
**2**

- 4 Round the answer** to the next highest whole number. Write the rounded number in the blank marked *Annual average number of employees*.

The number rounded = **4** \_\_\_\_\_

For example, Acme Construction figured its average employment this way:

In this pay period . . . Acme paid this many employees . . .

1	10
2	0
3	15
4	30
5	40
▼	▼
24	20
25	15
26	+10
	830

Number of employees paid = 830 **1**

Number of pay periods = 26 **2**

$\frac{830}{26} = 31.92$  **3**

31.92 rounds to 32 **4**

32 is the annual average number of employees

### How to figure the total hours worked by all employees:

Include hours worked by salaried, hourly, part-time and seasonal workers, as well as hours worked by other workers subject to day to day supervision by your establishment (e.g., temporary help services workers).

Do not include vacation, sick leave, holidays, or any other non-work time, even if employees were paid for it. If your establishment keeps records of only the hours paid or if you have employees who are not paid by the hour, please estimate the hours that the employees actually worked.

If this number isn't available, you can use this optional worksheet to estimate it.

### Optional Worksheet

\_\_\_\_\_ **Find** the number of full-time employees in your establishment for the year.

X \_\_\_\_\_ **Multiply** by the number of work hours for a full-time employee in a year.

\_\_\_\_\_ This is the number of full-time hours worked.

+ \_\_\_\_\_ **Add** the number of any overtime hours as well as the hours worked by other employees (part-time, temporary, seasonal)

\_\_\_\_\_ **Round** the answer to the next highest whole number. Write the rounded number in the blank marked *Total hours worked by all employees last year*.

Save Input

Reset



# OSHA's Form 301 (Rev. 04/2004)

## Injury and Illness Incident Report

**Note: You can type input into this form and save it.** Because the forms in this recordkeeping package are "fillable/writable" PDF documents, you can type into the input form fields and then save your inputs using the [free Adobe PDF Reader](#). In addition, the forms are programmed to auto-calculate as appropriate.

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy the printout or insert additional form pages in the PDF, and then use as many as you need.

Completed by \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

### Information about the employee

- 1) Full name \_\_\_\_\_
- 2) Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_
- 3) Date of birth \_\_\_\_\_  
Month Day Year
- 4) Date hired \_\_\_\_\_  
Month Day Year
- 5)  Male  Female

### Information about the physician or other health care professional

- 6) Name of physician or other health care professional \_\_\_\_\_
- 7) If treatment was given away from the worksite, where was it given?  
Facility \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

- 8) Was employee treated in an emergency room?  
 Yes  
 No
- 9) Was employee hospitalized overnight as an in-patient?  
 Yes  
 No

### Information about the case

- 10) Case number from the Log \_\_\_\_\_ (Transfer the case number from the Log after you record the case.)
- 11) Date of injury or illness \_\_\_\_\_  
Month Day Year
- 12) Time employee began work \_\_\_\_\_  AM  PM
- 13) Time of event \_\_\_\_\_  AM  PM  Check if time cannot be determined

**\*Re fields 14 to 17:** Please do not include any personally identifiable information (PII) pertaining to worker(s) involved in the incident (e.g., no names, phone numbers, or Social Security numbers).

- 14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment, or material the employee was using. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

- 15) **What Happened?** Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

- 16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected. *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

- 17) **What object or substance directly harmed the employee?** *Examples:* "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*

- 18) **If the employee died, when did death occur?** Date of death \_\_\_\_\_  
Month Day Year

Page 1 of 1

Save Input

Add a Form Page

Reset

# If You Need Help...

If you need help deciding whether a case is recordable, or if you have questions about the information in this package, feel free to contact us. We'll gladly answer any questions you have.

▼ Visit us online at [www.osha.gov](http://www.osha.gov)

▼ Call your OSHA Regional office and ask for the recordkeeping coordinator

or

▼ Call your State Plan office

## Federal Jurisdiction

Region 1 - 617 / 565-9860  
Connecticut; Massachusetts; Maine;  
New Hampshire; Rhode Island

Region 2 - 212 / 337-2378  
New York; New Jersey

Region 3 - 215 / 861-4900  
DC; Delaware; Pennsylvania; West Virginia

Region 4 - 678 / 237-0400  
Alabama; Florida; Georgia; Mississippi

Region 5 - 312 / 353-2220  
Illinois; Ohio; Wisconsin

Region 6 - 972 / 850-4145  
Arkansas; Louisiana; Oklahoma; Texas

Region 7 - 816 / 283-8745  
Kansas; Missouri; Nebraska

Region 8 - 720 / 264-6550  
Colorado; Montana; North Dakota; South  
Dakota

Region 9 - 415 / 625-2547

Region 10 - 206 / 553-5930  
Idaho

## State Plan States

Alaska - 907 / 269-4957

Arizona - 602 / 542-5795

California - 415 / 703-5100

\*Connecticut - 860 / 566-4380

Hawaii - 808 / 586-9100

\*Illinois - 217 / 782-6206

Indiana - 317 / 232-2688

Iowa - 515 / 281-3661

Kentucky - 502 / 564-3070

\*Maine - 207 / 623-7900

Maryland - 410 / 527-4465

Michigan - 517 / 322-1848

Minnesota - 651 / 284-5050

Nevada - 702 / 486-9020

\*New Jersey - 609 / 984-1389

New Mexico - 505 / 827-4230

\*New York - 518 / 457-2574

North Carolina - 919 / 807-2875

Oregon - 503 / 378-3272

Puerto Rico - 787 / 754-2172

South Carolina - 803 / 734-9669

Tennessee - 615 / 741-2793

Utah - 801 / 530-6901

Vermont - 802 / 828-2765

Virginia - 804 / 786-6613

\*Virgin Islands - 340 / 772-1315

Washington - 360 / 902-4543

Wyoming - 307 / 777-7786

\*Public Sector only



***Have questions?***

If you need help in filling out the *Log* or *Summary*, or if you have questions about whether a case is recordable, contact us. We'll be happy to help you. You can:

- ▼ Visit us online at: [www.osha.gov](http://www.osha.gov)
- ▼ Call your regional or state plan office. You'll find the phone number listed on the previous page.



## Abundant Life Home Health Agency, LLC

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Category:	Safety/Infection Control	Number:	7.004.1
Subject:	Personal Protective Equipment		
Applies to:	All Staff	Page:	2 of 3

---

hazard to the safety of themselves or a co-worker. When this occurs, the Agency will investigate and document the circumstances involved in order to determine whether changes can be instituted to prevent such occurrences. Documentation will be submitted to the Performance Improvement Manager who will present summary reports to the Performance Improvement Committee.

- C. Garment(s) penetrated by blood or other potentially infectious materials, shall be removed immediately or as soon as feasible. All personal protective equipment shall be removed prior to leaving the work area. When removed, it shall be placed in an appropriately designated container for disposal.
- D. Gloves will be worn when it can be reasonably anticipated that personnel may have contact with blood or other potentially infectious materials, when performing vascular access procedures; and when handling or touching contaminated items or surfaces. Any variety of latex gloves is acceptable as long as they are impervious to liquids and strong enough to withstand the rigors of the tasks to be performed. Personnel who are allergic to latex gloves should notify their supervisor so that hypo-allergenic gloves, glove liners, powder free gloves, or other similar alternatives may be provided to them. Gloves must not be so large and loose fitting as to easily slip off during use. Disposable gloves will be removed and discarded after contact with each person, fluid item, surface, if torn or punctured, or when their ability to function as a barrier is compromised. Hands must be washed immediately or as soon as feasible after removal of gloves or any other personal protective equipment. A new set of gloves will be used for contact with each person. Gloves may not be washed or disinfected for reuse.
- E. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin length face shields, and gowns or aprons must be worn for all tasks or procedures which are likely to generate droplets, sprays, splatters or splashes of blood, or other potentially infectious materials which may be generated. This applies to all cases wherein eye, nose, or mouth contamination can be reasonably anticipated.
- F. Personnel whose tasks include participation in CPR must use a one-way mask when performing mouth-to-mouth resuscitation. The masks will be part of the personal protective equipment and made available by the Agency.



**Abundant Life Home Health Agency, LLC**

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Category: Safety/Infection Control

Number: 7.004.1

Subject: Personal Protective Equipment

Applies to: All Staff

Page: 3 of 3

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G. Linen, clothing, or other materials, which are visibly contaminated with blood, body fluids, or other infectious materials, must be placed in bags or containers, which are impervious to moisture. Gloves must be worn while bagging these materials.

Category: Safety/Infection Control

Number: 7.005.1

Subject: Hand Hygiene

Applies: All Staff

Page: 1 of 6

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## **SECTION 1 Policy Information**

### **Sec 1.I. Effective Date**

1.I.A. The effective date of this policy is 03/03/2020

### **Sec 1.II. Tags**

1.II.A. Tags: IC.01.04.01 NPSG.07.01.01

### **Sec 1.III. Purpose**

1.III.A. Effective hand hygiene reduces the incidence of healthcare-associated infections.

1.III.B. To improve patient outcomes with effective hand hygiene practices.

### **Sec 1.IV. Policy**

1.IV.A. Policy: All members of the healthcare team will comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

1.IV.B. All direct contact staff follow policy #2.003.9 related to fingernails.

## **SECTION 2 Definitions**

2.I.A. Alcohol-based hand rub.

2.I.A.1. An alcohol-containing preparation designed for application to the hands for reducing the number of viable microorganisms on the hands. In the United States, such preparations usually contain 60%–95% ethanol or isopropanol.

2.I.B. Antimicrobial soap.

2.I.B.1. Soap (i.e., detergent) containing an antiseptic agent.

2.I.C. Antiseptic agent.

## Abundant Life Home Health Agency, LLC

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Category: Safety/Infection Control

Number: 7.005.1

Subject: Hand Hygiene

Applies: All Staff

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2.I.C.1. Antimicrobial substances that are applied to the skin to reduce the number of microbial flora. Examples include alcohols, chlorhexidine, chlorine, hexachlorophene, iodine, chloroxylenol (PCMX), quaternary ammonium compounds, and triclosan.

2.I.D. Antiseptic handwash.

2.I.D.1. Washing hands with water and soap or other detergents containing an antiseptic agent.

2.I.E. Antiseptic hand rub.

2.I.E.1. Applying an antiseptic hand rub product to all surfaces of the hands to reduce the number of microorganisms present.

2.I.F. Cumulative effect.

2.I.F.1. A progressive decrease in the numbers of microorganisms recovered after repeated applications of a test material.

2.I.G. Decontaminate hands.

2.I.G.1. To reduce bacterial counts on hands by performing antiseptic hand rub or antiseptic handwash.

2.I.H. Detergent.

2.I.H.1. Detergents (i.e., surfactants) are compounds that possess a cleaning action. They are composed of both hydrophilic and lipophilic parts and can be divided into four groups: anionic, cationic, amphoteric, and nonionic detergents. Although products used for handwashing or antiseptic handwash in health-care settings represent various types of detergents, the term “soap” is used to refer to such detergents in this guideline.

2.I.I. Hand antisepsis.

2.I.I.1. Refers to either antiseptic handwash or antiseptic hand rub.

2.I.J. Hand hygiene.

## Abundant Life Home Health Agency, LLC

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Category: Safety/Infection Control

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2.I.J.1. A general term that applies to either handwashing, antiseptic handwash, antiseptic hand rub, or surgical hand antisepsis.

2.I.K. Handwashing.

2.I.K.1. Washing hands with plain (i.e., non-antimicrobial) soap and water.

2.I.L. Persistent activity.

2.I.L.1. Persistent activity is defined as the prolonged or extended antimicrobial activity that prevents or inhibits the proliferation or survival of microorganisms after application of the product. This activity may be demonstrated by sampling a site several minutes or hours after application and demonstrating bacterial antimicrobial effectiveness when compared with a baseline level. This property also has been referred to as “residual activity.” Both substantive and non-substantive active ingredients can show a persistent effect if they substantially lower the number of bacteria during the wash period.

2.I.M. Plain soap.

2.I.M.1. Plain soap refers to detergents that do not contain antimicrobial agents or contain low concentrations of antimicrobial agents that are effective solely as preservatives.

2.I.N. Substantivity.

2.I.N.1. Substantivity is an attribute of certain active ingredients that adhere to the stratum corneum (i.e., remain on the skin after rinsing or drying) to provide an inhibitory effect on the growth of bacteria remaining on the skin.

2.I.O. Surgical hand antisepsis.

2.I.O.1. Antiseptic handwash or antiseptic hand rub performed preoperatively by surgical personnel to eliminate transient and reduce resident hand flora. Antiseptic detergent preparations often have persistent antimicrobial activity.

2.I.P. Visibly soiled hands.

2.I.P.1. Hands showing visible dirt or visibly contaminated with proteinaceous material, blood, or other body fluids (e.g., fecal material or urine).

Category: Safety/Infection Control

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Subject: Hand Hygiene

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2.I.Q. Waterless antiseptic agent.

2.I.Q.1. An antiseptic agent that does not require use of exogenous water. After applying such an agent, the hands are rubbed together until the agent has dried.

## **SECTION 3 Indications for Handwashing and Hand-rubbing**

### **Sec 3.I. Indications for Handwashing:**

3.I.A. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either a non-antimicrobial soap and water or an antimicrobial soap and water.

3.I.B. Before eating and after using a restroom, wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water.

3.I.C. Handwashing may also be used for routinely decontaminating hands in the following clinical situations:

- i. Before having direct contact with patients
- ii. Before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure
- iii. After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient)
- iv. After contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings, even if hands are not visibly soiled
- v. When moving from a contaminated body site to a clean body site during patient care
- vi. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient
- vii. After removing gloves

### **Sec 3.II. Indications for Hand-rubbing:**

3.II.A. If hands are not visibly soiled, an alcohol-based hand rub may be used for routinely decontaminating hands in the following clinical situations:

Category: Safety/Infection Control

Number: 7.005.1

Subject: Hand Hygiene

Applies: All Staff

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- i. Before having direct contact with patients
- ii. Before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure
- iii. After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient)
- iv. After contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings, only if hands are not visibly soiled
- v. When moving from a contaminated body site to a clean body site during patient care
- vi. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient
- vii. After removing gloves

## **SECTION 4 Non-Surgical Hand Hygiene Technique**

### **Sec 4.I. Handwashing with soap and water (either non-antimicrobial or antimicrobial)**

- 4.I.A.1. Wet hands with running water
- 4.I.A.2. Apply hand washing agent to hand
- 4.I.A.3. Vigorously rub hands together for at least 15 seconds, covering all surfaces of hands and fingers
- 4.I.A.4. Rinse hands thoroughly with water and with hands angled down in the sink
- 4.I.A.5. Dry hands thoroughly with a disposable towel(s)
- 4.I.A.6. Use disposable towel to turn off the water

### **Sec 4.II. Alcohol-based hand rub**

- 4.II.A.1. Apply product to palm of one hand
- 4.II.A.2. Rub hands together, covering all surfaces of hands and fingers
- 4.II.A.3. Continue to rub until hands are dry

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## **SECTION 5 Gloves and Hand Hygiene**

5.I.A. Gloves reduce hand contamination by 70 – 80 percent, prevent cross-contamination and protect patients and health care personnel from infection. However, the use of gloves does not eliminate the need for hand hygiene.

5.I.A.1. Wear gloves when contact with blood or other potentially infectious materials (other body fluids, secretions and excretions), mucous membranes, non-intact skin and contaminated items will or could occur.

5.I.A.2. Change gloves during patient care if moving from a contaminated body site to a clean body site.

5.I.A.3. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before caring for another patient.

5.I.A.4. Decontaminate hands after removing gloves.

## **SECTION 6 References & Attachments**

### **Sec 6.I. References**

Boyce, M.D., J. M., & Pittet M.D., D. (2002, 10 25). Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force. ((. C. Perevention, Ed.) *Morbidity and Mortality Weekly Report (MMWR)*, 51, pp. 1-44. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm>

## **Abundant Life Home Health Agency, LLC**

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Category: Safety/Infection Control

Number: 7.006.1

Subject: Aseptic Technique

Applies to: All Staff

Page: 1 of 1

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**Purpose:** To ensure an aseptic or clean environment or procedure.

**Policy:** All home care personnel will use aseptic technique unless otherwise specified in physician orders.

**Definition:** The term aseptic means clean. It does not mean sterile or sterilized which means free of germs.

**Procedure:**

- A. Keep the work area clean with an appropriate disinfecting or cleaning solution preferably daily.
- B. Wipe the area with alcohol or the disinfectant solution prior to use.
- C. Cover the work area with a clean towel or cloth before beginning any work.
- D. Clean the area after the procedure.
- E. Wash hands before and after the procedure.
- F. Keep traffic in the area to a minimum, if possible.
- G. Avoid direct currents on the area from open windows, doors, heat or air conditioning vents.
- H. Remember that anything around the clean work area is dirty including personal clothing.
- I. If you are not sure if an item is clean, throw it out or clean it prior to use.



## Abundant Life Home Health Agency, LLC

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Category: Safety/Infection Control                                  Number:        7.007.1

Subject:            Sterile Technique

Applies to:        All Staff    Page:            1 of 2

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**Purpose:**        To provide care, which is totally free of germs or microorganisms.

**Policy:**        Home care personnel will use sterile technique when ordered by the physician or as dictated by the procedure being performed.

**Definition:**    The term *sterile* means free of germs or microorganisms.

### **General Considerations**

- A. These items will always be packaged to prevent contamination.
- B. Provided the packaging is not damaged, the item will be considered sterile indefinitely until there is a specific expiration date noted on the item.
- C. Such items could include dressings, IV supplies, catheters and catheter supplies, tubing, solutions for feeding, intravenous administration kits, wound care and irrigation kits, etc.

### **Procedure:**

Prior to use:

- A. Inspect all packaging. If damaged or wet, **DO NOT** use the items.
- B. Inspect all bottles or solution bags for signs of contamination. This includes chips, tears, cracks, cloudiness, discoloration, or solid items floating inside, no matter how small.
- C. When opening the item, take extreme care to make sure the inside does not touch anything on the outside.
- D. Do not touch any sterile item with your hands. Always wear sterile gloves before touching sterile items.

**Abundant Life Home Health Agency, LLC**

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Category: Safety/Infection Control

Number: 7.007.1

Subject: Sterile Technique

Applies to: All Staff

Page: 2 of 2

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- E. Always place sterile items only on a sterile surface. This may include a separate sterile cloth (maybe paper) or, the inside of the sterile package can be used as the sterile surface if it has not touched a non-sterile item.
- F. To change a sterile dressing, wear one pair of gloves to remove the soiled dressing, and then remove the soiled gloves. Use a new pair of sterile gloves to cleanse the wound and apply a sterile dressing.
  - 1. Cleanse in circular motions, from center to edge of wound. Never return to the center once the cleanser has reached the wound edge.

## **Abundant Life Home Health Agency, LLC**

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Category:	Safety/Infection Control	Number:	7.009.1
Subject:	Respiratory and Tuberculosis Precautions		
Applies to:	All Staff	Page:	1 of 3

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**Purpose:** To define the diseases and necessary precautions specific to patients/clients with respiratory diseases.

**Policy:** In addition to the Universal Body Substance Precautions for infection control, there exists two distinct isolation categories – Respiratory and Tuberculosis – which have implications in home care.

### **Considerations and Procedure**

- A. Respiratory Isolation: Respiratory Isolation is designed to prevent transmission of infectious diseases primarily over short distances through the air (droplet transmission). Direct and indirect contact transmission occurs with some infections in this isolation category, but is infrequent.

#### **Diseases which require respirator isolation are:**

1. Epiglottitis, due to Hemophilus Influenza
2. Erythema Infectiosum
3. Measles (Rubeola)
4. Meningitis
  - a) Hemophilus Influenza, known or suspected
  - b) Meningococcal, known or suspected
5. Meningococemia
6. Mumps
7. Pertussis (whooping cough)
8. Pneumonia (any age)
  - a) multiple drug resistant organisms
  - b) meningococcal
  - c) S. aureus
  - d) Group A Streptococcus

## Abundant Life Home Health Agency, LLC

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Category:	Safety/Infection Control	Number:	7.009.1
Subject:	Respiratory and Tuberculosis Precautions		
Applies to:	All Staff	Page:	2 of 3

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### **Specifications for respiratory isolation:**

1. Keep patient/client in one room, as much as possible, in the patient/client's home.
2. Masks are indicated for those who come close to the patient/client, into the same room.
3. Gloves are indicated for contact with respiratory secretions.
4. Hands must be washed after touching the patient/client or potentially contaminated articles.
5. Articles, including linen, should be thoroughly cleaned and disinfected or discarded.
6. Pregnant personnel susceptible to Rubella should not take care of patients/clients with Rubella.
7. Doors to the patient's room should be closed; keep room well ventilated.

### **Tuberculosis isolation:**

Tuberculosis isolation is designed for patients/clients with pulmonary TB who have a positive sputum smear or a chest x-ray that strongly suggests current (active) TB. Laryngeal TB is also included in this isolation category.

### **Specifications for tuberculosis isolation:**

1. Keep patient/client in one well-ventilated room with door closed as much as possible.
2. Masks are to be worn when the patient/client is coughing and does not reliably cover mouth, and until sputum smear is negative on culture.

## Abundant Life Home Health Agency, LLC

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Category:	Safety/Infection Control	Number:	7.009.1
Subject:	Respiratory and Tuberculosis Precautions		
Applies to:	All Staff	Page:	3 of 3

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Additionally, patients/clients not compliant with medication regimen should be considered infectious and masks should be worn in this room.

3. Hands must be washed after touching the patient/client or potentially contaminated articles and before taking care of another patient/client.
4. Articles are rarely involved in transmission of TB. However, articles should be thoroughly cleaned and disinfected.

## Abundant Life Home Health Agency, LLC

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Category:	Safety/Infection Control	Number:	7.010.1
Subject:	Tuberculosis Exposure Control Plan		
Applies to:	All Staff	Page:	1 of 3

---

**Purpose:** To define the guidelines used for minimization of occupational exposure to tuberculosis (TB).

**Policy:** The occupational exposure to tuberculosis and other potentially infectious material will be minimized through the development of a TB exposure plan, agency personnel education, and implementation of this plan.

**Procedure:**

- A. Suspect patients/clients will be assessed for high-risk categories or conditions, and signs and symptoms of TB. A TB Risk Assessment Tool will be utilized.
- B. Any patient/client who is determined to be high-risk **and** has exhibited a cough and at least one other symptom will be identified as a potential TB patient/client.
- C. The primary physician will be contacted for an order to perform a skin test (with patient/client permission).
- D. For patients/clients with signs/symptoms suggestive of tuberculosis (persistent cough longer than two weeks' duration, bloody sputum, night sweats, weight loss, anorexia, fever) precautions against tuberculosis will be applied during the initial assessment.
- E. If a patient/client is already diagnosed with TB, the patient/client will be accepted into home care after:
  - 1. A confirmed appointment with a physician has been arranged.
  - 2. Sufficient medication has been given to the patient/client until the outpatient/client appointment.
  - 3. Case management is assigned, through the office of public health.



**Abundant Life Home Health Agency, LLC**

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Category:	Safety/Infection Control	Number:	7.010.1
Subject:	Tuberculosis Exposure Control Plan		
Applies to:	All Staff	Page:	3 of 3

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3. A two-step testing can be used to reduce the likelihood that a boosted reaction is misinterpreted as a new infection.
  - a) Two-step testing should be done on all newly employed home care workers who have an initial negative PPD at the time of employment.
  - b) A second test should be performed 1-3 weeks later.
    - If the second test is positive, this is most likely a boosted reaction and the person should be classified as previously infected.
    - If the second test remains negative, the person is classified as uninfected.
    - A positive reaction to a subsequent test is likely to represent a new infection with *M. tuberculosis* in the interval.
4. The testing procedure, reading, documentation, and record-keeping of TB skin tests will be kept in compliance with application law and regulation.

**NOTE:** For further information regarding Tuberculosis please refer to the: Morbidity and Mortality Weekly Report (MMWR)  
“Guidelines for Preventing the Transmission of Mycobacterium  
December 30, 2005 / 54(RR17); 1-141

This may be obtained by contacting the:  
Superintendent of Documents  
U.S. Government Printing Office  
Washington, DC 20402-9325  
(202) 783-3238

Attachments:  
TB Risk Assessment Tool



## Abundant Life Home Health Agency, LLC Patient TB Risk Assessment Tool

Date:	Client Date of Birth:	SS#:	Sex:	Race:
Client Address:			Phone:	
Emergency Contact:			Phone:	

### I. TB HISTORY

1. Do you currently have any of the following symptoms:

Symptoms	Yes	No
Night Sweats		
Fatigue?		
Persistent Cough?		
Blood in Sputum?		
Unexplained Weight Loss?		

2. Date of last TB test: \_\_\_\_\_

3. Previous history of TB disease?  Yes  No  Unknown

If yes, Where and When \_\_\_\_\_

4. Previous Positive TB skin test?  Yes  No  Unknown

If yes, Where and When \_\_\_\_\_

5. Did you take medication?  Yes  No  Unknown

If yes, Name and duration of treatment \_\_\_\_\_

6. History of Negative TB skin test?  Yes  No  Unknown

If yes, Where and When \_\_\_\_\_

### II. TB RISK ASSESSMENT

1. HIV Infection?

2. History of injection drug use?

3. Are you aware of any close exposure in the last 24 months to someone active with TB?

4. Is client enrolled in Methadone, Intermediate Care Facility or Therapeutic comm. Prog?

Yes	No

**If answer is "No" to Questions 1,2,3 and 4 - referral for skintest is not needed. Do Not complete rest of form.**

### III. REFERRAL INFORMATION FOR TB SKIN TEST

Date of referral: \_\_\_\_\_

## Patient TB Risk Assessment Tool (Con't)

### IV. CONSENT FORM

*To the best of my knowledge, the above information is complete and accurate regarding in my history of Tuberculosis screening. I have reviewed the above information and have had an opportunity to ask questions.*

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

### V. FOLLOW UP REPORT

Client received skin test and had it read

Date given: \_\_\_\_\_

Results: \_\_\_\_\_

Client had skin test - did not return for reading.

Client never kept appointment for TB screening

### VI. DECLINATION STATEMENT

*I have been assessed as needing a TB skin test, but have chosen not to have one. I do realize that I am at risk of contracting this disease.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Additional Comments:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date















**Abundant Life Home Health Agency, LLC**

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Category: Safety/Infection Control

Number: 7.013.1

Subject: Therapy Bag Technique

Applies to: All Clinical Staff

Page: 2 of 3

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**ACTION:**

**RATIONALE:**

<p>staff will carry the bag into the home. After entering the home, the bag is placed on a clean area that isn't visibly soiled. Avoid using the floor. Disposable barriers may be used if the home environment poses a threat to the cleanliness of the bag.</p>	
<p>Remove hand-washing supplies from the side-pocket and proceed to wash hands according to the Hand Washing Procedure. If the hand-washing supplies are placed inside the bag, remove them without touching any other supplies and leave baggie inside. Proceed with hand-washing.</p>	<p>To prevent contamination of the inside of the bag and to prevent cross-contamination.</p>
<p>After washing hands, the contents of the bag may be accessed. Supplies removed from the bag are placed in a designated clean work area.</p>	<p>To prevent contamination of supplies.</p>
<p>Proceed with the visit. Place used equipment on the designated dirty area. Wash hands after patient care and before reentering the bag.</p>	<p>To prevent cross-contamination.</p>
<p>If not visibly soiled, return reusable equipment to the zip-lock baggie in the bag. If visibly soiled, clean reusable equipment according to the Equipment Cleaning Procedure.</p>	<p>To reduce contamination of the inside of the bag and to prevent cross-contamination.</p>
<p>Trash, soiled supplies, barriers, etc. are double-bagged and disposed of in the patient's trash.</p>	<p>To reduce contamination.</p>
<p>Place the bag in the designated dirty area of the car, off of the floor.</p>	<p>To prevent cross-contamination.</p>

**Abundant Life Home Health Agency, LLC**

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Category: Safety/Infection Control

Number: 7.013.1

Subject: Therapy Bag Technique

Applies to: All Clinical Staff

Page: 3 of 3

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**Things to Remember:**

1. Expiration dates on medical supplies in the bag, as well as the car stock, must be checked.
2. Out of date supplies are not to be used in patient care but are to be returned to the office.
3. All sharps must be discarded in a sharps container.
4. All staff including therapists, aides and social workers must have Personal Protective Equipment, including CPR shield readily available when doing visits.



# Antibiotics Fact Sheet

## 1. What is an antibiotic?

An antibiotic is a powerful medication designed to kill bacteria or stop them from growing. They are most commonly prescribed for illnesses caused by bacteria, like strep throat and ear infections. They cannot cure illnesses caused by viruses, such as a cold or the flu. Different antibiotics may be used for different types of bacterial infections. Only your health care provider can determine what infection you have and which antibiotic is appropriate to treat it.

## 2. What are some common antibiotics?

There are many forms of antibiotics, each designed to work against a certain type bacteria. Some common antibiotics include penicillins (such as amoxicillin), fluoroquinolones (such as Cipro), and macrolides (such as Zithromax). <<Complete list of Antibiotics (PDF)>>

## 3. Can antibiotics be harmful?

Unnecessary antibiotics can be harmful. There are two main types of germs that cause illness, viruses and bacteria. Antibiotics only fight bacterial infections. Sometimes antibiotics are given unnecessarily for infections that they will not help or cure. Antibiotics do nothing to help viral illnesses like colds or influenza (flu). If you take an antibiotic when it is not necessary, such as for a cold, you increase the risk of developing an infection caused by antibiotic-resistant bacteria.

## 4. What are resistant bacteria?

Some bacteria are not killed by antibiotics. These bacteria are considered to be "resistant" to the antibiotic. Resistant bacteria emerge because of overuse and misuse of antibiotics. Once bacteria develop resistance to antibiotic treatment, they can continue to live and/or multiply even after an antibiotic is taken.

## 5. What is an antibiotic-resistant infection?

An antibiotic-resistant infection is an infection that is difficult or impossible to cure with antibiotics. Ear, sinus, throat, lungs, and intestines are common sites for antibiotic-resistant infections. These infections may be hard to treat, resulting in longer and more severe illnesses. They may even need to be treated in the hospital.

## 6. How will the doctor treat my infections if one antibiotic does not work?

Your doctor may try higher doses of antibiotics, a different type of antibiotic, or combinations of antibiotics, or may try to administer the antibiotic in a different way (such as, through the vein).

## **7. How do I catch an antibiotic-resistant infection?**

There are three ways in which you can get an antibiotic-resistant infection:

1. You can develop antibiotic-resistant infections when you take an antibiotic. Bacteria that have been exposed to the antibiotic but have developed ways to fight them survive. They then can multiply and begin to cause symptoms. You also can transmit these resistant bacteria to others and they too may become ill.
2. You can catch antibiotic resistant-infections from people or objects around you that are infected with resistant bacteria. Resistant bacteria are frequently found among people in hospitals, nursing homes, or day care centers. Not properly washing hands can increase your risk of catching all kinds of infections.
3. You can develop an antibiotic-resistant infection when the bacteria inside your body exchange, share, or copy genes that allow them to resist antibiotic treatment.  
In addition, antibiotic-resistant bacteria can arise in pigs, chickens, cattle and other farm animals, which are exposed to low doses of antibiotics in their daily feed. These resistant bacteria can then spread to humans, causing antibiotic-resistant infections. Currently, very few human infections stem from resistant bacteria in animals, but inappropriate agricultural use of antibiotics is a large potential concern for human health.

## **8. How can I prevent antibiotic-resistant infections?**

You can do several things to prevent-antibiotic resistant infections in yourself and others:

1. Never take an antibiotic for a viral infection such as cold, cough, or flu.
2. Always wash your hands thoroughly.
3. Always handle food correctly.
4. Take an antibiotic exactly as the doctor prescribes.
5. Take the antibiotic until it is gone, even if you are feeling better. Never save the medication to treat yourself or others later.

## **9. If I do not take action to avoid antibiotic resistance, how am I affecting those around me?**

If you do not take action to prevent resistance, you affect your friends and loved ones. Research has shown that during and shortly after the time a household member takes an antibiotic, others in the same household have more resistant bacteria in their throat or on their skin. Although these resistant bacteria may never cause symptoms, they could cause infection or spread to others. Preventing resistance can have larger effects as well. If everyone takes precautions against resistance and uses antibiotics correctly, many antibiotics will continue to be effective for many years.

## **10. Will antibiotics be completely ineffective someday?**

It is unlikely that this will occur. However, there are now strains of some bacteria (i.e., *Enterococcus faecalis*, *Mycobacterium tuberculosis*, and *Burkholderia cepacia*) which are not treatable with any of the routinely available antibiotics. Researchers will continue to make or find stronger antibiotics, but bacteria will continue to find ways to survive.

### **11. Why would health care providers give antibiotics if not needed?**

Approximately one-third to one-half of all antibiotic prescriptions are not needed. Many health care providers report feeling pressured by worried parents or patients to prescribe antibiotics. Rather than take the time to explain why an antibiotic isn't needed, it may be easier to write a prescription. They also may not be sure whether an infection is caused by a bacterium or virus. In some cases, laboratory tests, such as for strep throat, can be helpful, but again require extra time and sometimes a second visit for the patient.

### **12. If my doctor wants to give me an antibiotic, what questions do I need to ask?**

1. Why do I (or my child) need an antibiotic?
2. What is the name of the drug?
3. How and when do I take it and for how long?
4. Are there food, drinks, or activities I should avoid while taking this medication?
5. Does the medication cause side effects? What are they and how can I prevent them?
6. Can I take this medication safely while I am also taking another prescription or non-prescription medicine?

### **13. Do antibacterial products (such as antibacterial soaps) fight infections better than ordinary soaps?**

Except in health care settings, there is no evidence that the use of antibacterial products prevent infection better than ordinary soap. Hand washing with ordinary soap and water is sufficient to reduce the risk of most common infections and does not add to antibiotic resistance.



**Abundant Life Home Health Agency, LLC**

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Category: Safety/Infection Control

Number: 7.015.1

Subject: Communication of Hazards to Personnel

Applies to: All Staff

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- I. Regulated waste that has been decontaminated need not be labeled or color-coded.



## Abundant Life Home Health Agency, LLC

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Category: Safety/Infection Control

Number: 7.016.1

Subject: Hepatitis B Vaccination

Applies to: All Staff

Page: 1 of 1

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**Purpose:** To assist in the management of personnel who have occupational exposure to Hepatitis B.

**Policy:**

- A. Hepatitis B vaccine and vaccination series will be offered to all patient-care personnel who have occupational exposure. In addition, post-exposure evaluation and follow-up will be provided to all personnel who have had an exposure incident.
- B. All medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis will be:
  - 1. Made available at no cost to personnel at a reasonable time and place.
  - 2. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.
  - 3. All laboratory tests will be conducted by an accredited laboratory at no cost to personnel.
- C. Participation in a pre-screening program is not a prerequisite for receiving hepatitis B vaccination.
- D. Personnel who decline to accept the hepatitis B vaccination must sign the Hepatitis B Vaccine Declination Statement or must have a written physician excuse.

Category: Safety/Infection Control

Number: 7.016.2

Subject: Influenza Vaccine Program

Applies: All Staff

Page: 1 of 9

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## **SECTION 1 Policy Information**

### **Sec 1.I. Effective Date**

1.I.A. The effective date of this policy is 01/31/2020

### **Sec 1.II. Tags**

1.II.A. Tags: IC.02.04.01 , 418.60(c) , 484.70(c)

### **Sec 1.III. Purpose**

1.III.A. Purpose: To encourage all staff to receive the influenza vaccination; to collect and analyze data regarding influenza vaccinations for all staff. The agency sets incremental goals to reach the ultimate 100% annual influenza vaccination rate. The agency considers influenza vaccination as step in the path to zero harm.

### **Sec 1.IV. Policy**

1.IV.A. The agency encourages all staff to receive the influenza vaccination annually.

1.IV.B. The agency's ultimate goal is a 100% vaccination rate; this may be reached incrementally. The QAPI team will determine goal increments.

1.IV.C. Influenza vaccination is not a requirement of employment.

1.IV.D. The agency does not provide influenza vaccine; the cost of the vaccination is the responsibility of the employee.

1.IV.E. The agency provides education in a form linked in a message or other method to staff about current influenza vaccinations, at a minimum:

1.IV.E.1. the influenza vaccine

1.IV.E.2. non-vaccine control and prevention measures

1.IV.E.3. the diagnosis, transmission, and impact of influenza

1.IV.E.4. benefits of vaccination

## Abundant Life Home Health Agency, LLC

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Category: Safety/Infection Control

Number: 7.016.2

Subject: Influenza Vaccine Program

Applies: All Staff

Page: 2 of 9

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1.IV.F. The agency collects and analyzes data about influenza vaccinations.

1.IV.G. The agency encourages staff to provide evidence of vaccination; the agency maintains this documentation in the employee HR record.

1.IV.H. The agency uses the tag #InfluenzaProgram on all applicable documentation.

## **SECTION 2 Education**

### **Sec 2.I.**

2.I.A. The agency uses the most currently available education materials, with the CDC as a preferred source.

### **Sec 2.II. Education upon Hire**

2.II.A. The agency provides education to staff regarding influenza vaccines within 30 days of hire.

2.II.A.1. This also applies to re-hires, but not when rehired within the same year.

2.II.B. The agency also provides a list of local providers where the employee can obtain the vaccination, for those who have not yet received it.

*See Attachment "Influenza Vaccine Providers"*

### **Sec 2.III. Ongoing Education**

2.III.A. Healthcare workers should be vaccinated by the end of October (Grohskopf, et al., 2019)

2.III.B. In September each year, the agency provides education on the influenza vaccine, and collects data before influenza season (see Section 3). The agency documents providing this education.

*See Attachment "Influenza Sample Messages"*

## Abundant Life Home Health Agency, LLC

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Category: Safety/Infection Control

Number: 7.016.2

Subject: Influenza Vaccine Program

Applies: All Staff

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2.III.C. In the spring, the agency provides additional education, and collects data after influenza season (see Section 3). The agency documents providing this education.

*See Attachment "Influenza Sample Messages"*

2.III.D. The agency also provides a list of local providers where the employee can obtain the vaccination, for those who have not yet received it.

2.III.E. Based on data collected, the agency may choose to provide education at other times. The agency documents such education according to this policy.

### **SECTION 3 Data Collection**

#### **Sec 3.I. General**

3.I.A. The agency will collect data at the same time it provides education.

3.I.A.1. At those times, the agency will collect data from all active staff.

#### **Sec 3.II. September Data Collection (b)**

3.II.A. In the September data collection, the agency will collect:

3.II.A.1. Staff Name

3.II.A.2. Date of Birth

3.II.A.3. Discipline (LPN, RN, HHA, CNA, Other)

3.II.A.4. Whether staff:

i. Are eligible to receive the vaccine (Category A)

ii. Cannot have vaccine-- have been determined to have a medical contradiction to vaccine (Category B)

iii. Intends to refuse the influenza vaccine (Category C)

3.II.A.5. If the staff has already received the vaccine this year (Yes/No/ N/A)

3.II.A.6. If so, what date (Date/ N/A)

3.II.A.7. Whether the staff member intends to be vaccinated (Yes/No/ N/A)

## Abundant Life Home Health Agency, LLC

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Category: Safety/Infection Control

Number: 7.016.2

Subject: Influenza Vaccine Program

Applies: All Staff

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3.II.A.8. If not, what reason they will not get the vaccination (See Table 1 Reason for list of reasons)

3.II.A.9. Comments (Paragraph)

### **Sec 3.III. Spring Data Collection (a)**

3.III.A. In the spring data collection, the agency will collect:

3.III.A.1. Staff Name

3.III.A.2. Date of Birth

3.III.A.3. Discipline (LPN, RN, HHA, CNA, Other)

3.III.A.4. Whether staff:

- i. Were eligible to receive the vaccine (Category A)
- ii. Cannot have vaccine-- have been determined to have a medical contradiction to vaccine (Category B)
- iii. Refused the influenza vaccine (Category C)

3.III.A.5. Whether the staff member received the vaccinated (Yes/No / N/A)

3.III.A.6. If so, what date (Date / N/A)

3.III.A.7. If not, what reason they did not get the vaccination (See Table 1 Reason for list of reasons)

3.III.A.8. Comments (Paragraph)

### **Sec 3.IV. Data Collection from New Hires**

3.IV.A. The agency collects data from new hires, depending on the hire date. If the hire date falls within the periods in which the agency is collecting data, the agency includes the new hire. If not, then data is not collected. See Figure 1 Influenza Vaccine Data Collection

# Abundant Life Home Health Agency, LLC

Category: Safety/Infection Control

Number: 7.016.2

Subject: Influenza Vaccine Program

Applies: All Staff

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## 3.IV.B.

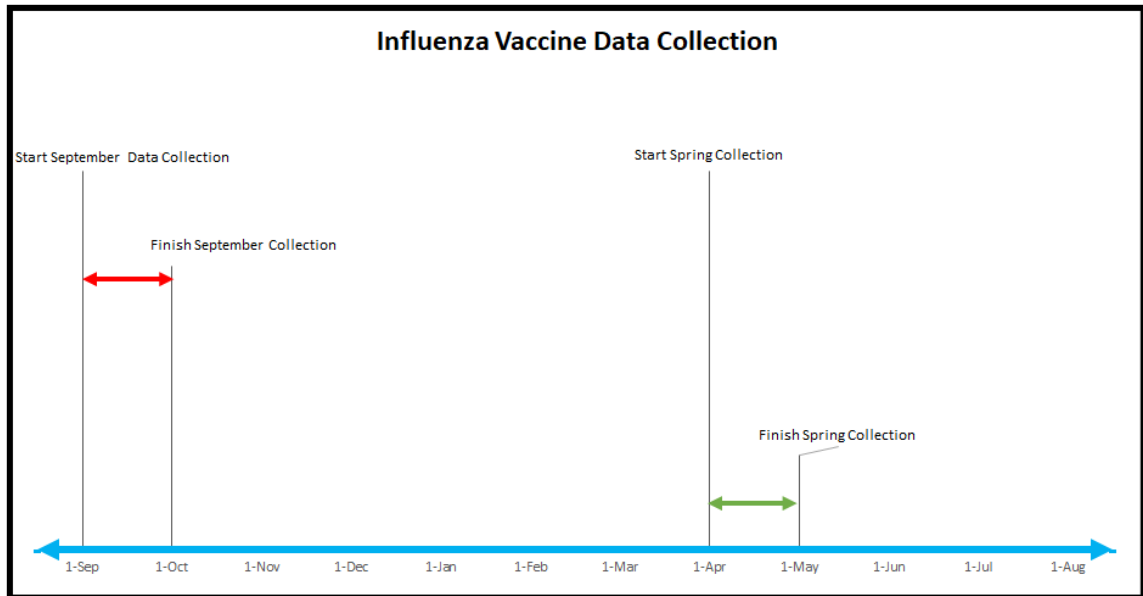


Figure 1 Influenza Vaccine Data Collection

## Abundant Life Home Health Agency, LLC

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Category: Safety/Infection Control

Number: 7.016.2

Subject: Influenza Vaccine Program

Applies: All Staff

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### **Sec 3.V. Reasons**

3.V.A. List of reasons (Santibanez & Kennedy, 2016)

Code	Reason	Applies to Category
1	you are allergic to the vaccine	B
2	you were concerned about side effects from the vaccination other than getting the flu from the vaccine you have an ongoing health condition that prevents you from getting the vaccination	B
3	you don't like needles and shots	C
4	you never get the flu	C
5	you are unlikely to get very sick from the flu	C
6	you did not have time to get the vaccination	C
7	you were not in a high risk or priority group	C
8	you were concerned about getting the flu from the vaccination	C
9	you believe the flu vaccines do not work very well	C
10	you do not trust what the government says about the flu	C
11	the vaccine costs too much	C
12	you did not want the vaccination for some other reason.	C

*Table 1 Reason*

Category: Safety/Infection Control

Number: 7.016.2

Subject: Influenza Vaccine Program

Applies: All Staff

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## **SECTION 4 Data Analysis**

### **Sec 4.I.**

4.I.A. The agency analyzes data twice annually, at the QAPI meeting following the finish of the data collection periods: See Figure 1 Influenza Vaccine Data Collection

4.I.A.1. At the finish of the September collection. This will provide projections for flu vaccinations, and base for vaccination improvement rates. This will also guide agency's education.

4.I.B. At the finish of the spring collection. This will provide the official vaccination rates for the year.

### **Sec 4.II. Vaccination Rates (R<sub>x</sub>)**

4.II.A. The agency does not intend to use the NQF #0431 to calculate vaccination rates at this time. However, data collected may be converted to the NQF model.

4.II.B. As the number of active staff fluctuates, the agency will determine general vaccination rates by the following: Number of Vaccinated (V<sub>x</sub>) ÷ Number of Sample (N<sub>x</sub>), expressed as a percentage.

$$V_x \div N_x = R_x$$

4.II.C. This formula will be used to find:

4.II.C.1. The vaccination rate for the September data collection (before): R<sub>b</sub>

4.II.C.2. The vaccination rate for the spring data collection (after): R<sub>a</sub>

### **Sec 4.III. Reasons for not Vaccinating**

4.III.A. The agency tracks the trends of reasons that staff provides for not vaccinating. See Table 1 Reason.

4.III.B. The agency collects staff's reasons for not vaccinating in September and in the spring per Section 3.

4.III.C. The agency ranks the reasons by highest count of each reason.



## Abundant Life Home Health Agency, LLC

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Category: Safety/Infection Control

Number: 7.016.2

Subject: Influenza Vaccine Program

Applies: All Staff

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4.III.D. The agency uses these reasons to guide staff education.

4.III.E. If none of the reasons in Table 1 Reason are appropriate, staff may enter the reason in the comments. The agency updates the reasons in Table 1 Reason as needed.

### **Sec 4.IV. Vaccination Improvement Rates**

4.IV.A. The agency uses the vaccination improvement rates to evaluate the efforts of education for the reasons listed in Table 1 Reason.

4.IV.B. To account for the fluctuation in active staff, the vaccination improvement rate is calculated by finding the rates of the Spring rate ( $R_a$ ) minus the September rate ( $R_b$ ).

$R_a - R_b =$  vaccination improvement rates

4.IV.B.1. A positive result will infer that the vaccination rates at the end of flu season is higher than the anticipated rates from September because staff who did not intend to be vaccinated changed their mind.

4.IV.B.2. A negative result will infer the opposite as 4.IV.B.1.

## **SECTION 5 Reporting and QAPI**

### **Sec 5.I.**

5.I.A. The agency reports on at least all of the analysis from Section 5.

5.I.B. The agency reviews the report in QAPI meetings to guide education plans, and evaluate goals.

## **SECTION 6 References**

Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2019–20  
Influenza Season 2019 *MMWR Recomm Rep* RR-3  
doi:<http://dx.doi.org/10.15585/mmwr.rr6803a1>

**Abundant Life Home Health Agency, LLC**

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Reasons given for not receiving an influenza vaccination, 2011-12 influenza season,  
United States 2016 *Vaccine* 34(24): 2671-  
2678 doi:10.1016/j.vaccine.2016.04.039

**SECTION 7 Attachments**

**Sec 7.I. Attachments**

7.I.A. Influenza Sample Messages

7.I.B. Influenza Vaccine Providers



# Abundant Life Home Health Agency LLC

## Memorandum

Friday, January 31, 2020

Subject: Influenza staff message submitted for approval by QAPI team

eRSP Message:

Subject: Influenza: Response Required

Good afternoon staff,

The agency's new influenza vaccine program follows CDC guidelines to try to get an annual 90% healthcare worker vaccination rate. We believe that influenza vaccination is a step on the path to zero harm.

Important note: The agency **DOES NOT** require influenza vaccine for employment, but we encourage staff to get vaccinated, if it is safe to do so.

Each year In September before flu season, and then again in the spring after flu season, we intend to:

- Provide education about influenza and vaccination
- Collect and analyze data about staff vaccination trends

We will also provide education and collect data from new hires, depending on hire date.

For now, we will provide education and collect data for a baseline. Please follow the links below to review the material. Then click the link to the form below to fill out information about vaccinations.

### **Instructions**

Please review the links to the education materials below. Then please click the link to the form and fill it out completely. You will need to acknowledge that you read the education materials and provide information about your flu vaccinations. Note: even if you refuse or cannot receive the vaccine, you still



# Abundant Life Home Health Agency LLC

## Memorandum

must fill out the form. Our staff will call to follow up with you to get these forms completed. This is required by the Joint Commission. We will be collecting data from 2018-2019 (last flu season) AND 2019-2020 (this flu season). Try to enter the information the best that you can.

### **Links to Education**

{Links may be updated for current education materials}

Key Facts about Seasonal Flu Vaccine: <https://www.cdc.gov/flu/prevent/keyfacts.htm>

Influenza Vaccination Information for Health Care Workers:  
<https://www.cdc.gov/flu/professionals/healthcareworkers.htm>

Make a strong Flu Vaccine Recommendation (PDF):  
[https://www.cdc.gov/flu/pdf/freeresources/healthcare/flu-vaccine-rec\\_2019.pdf](https://www.cdc.gov/flu/pdf/freeresources/healthcare/flu-vaccine-rec_2019.pdf)

Flu Vaccine: Myths and Facts (Video): <https://www.youtube.com/watch?v=YNd6Hvgitwo>

### **Find an influenza vaccine provider**

Our current edition of Influenza Vaccine Providers is available in company documents, under the HR Documents category. If you need help finding it, please let us know.

### **Link to Form**

<https://form.jotform.com/200274466447154>

**Please complete the form by 02/21/20.** There will also be a place for you to upload evidence of flu vaccination, if you choose to do so.

Please give us a call at the office with any questions or comments.

Thanks,

Abundant Life Team

## Abundant Life Home Health Agency, LLC

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Category:	Safety/Infection Control	Number:	7.016.2A
Subject:	Influenza Vaccination Amendment		
Applies:	All Staff	Page:	1 of 2

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Effective 04/04/2017

**Purpose:** To encourage staff that has direct patient contact to receive the Influenza vaccination. Addendum to policy 7.016.2 to further define data collection method and update goals.

**Policy:** Influenza vaccination will be encouraged for all patient-care personnel. Direct patient staff will be encouraged to receive the Influenza vaccination annually. However, it is not a requirement of employment. The agency may provide the vaccination to staff.

**Definition:** Direct care staff includes all employees and contracted individuals that have direct contact with patients.

### Procedure:

1. This agency educates direct care staff about, at a minimum, the influenza vaccine; non-vaccine control and prevention measures; and the diagnosis, transmission, and impact of influenza.
2. At time of hire if the direct care staff member does not provide proof of Influenza vaccination within the past year; this agency will instruct the employee on locations offering the Influenza vaccination and will be encouraged to accept the vaccination.
3. At the time of this policy implementation all current direct care staff that has not received the Influenza vaccination within the past year will be encouraged to receive the vaccination, and provided with information of locations offering the Influenza vaccination.
4. The cost of the Influenza vaccination is the responsibility of the employee.
5. This agency will notify the direct care staff that the Influenza vaccination is not required but is recommended and that the agency goal is 70 percent compliance.



## **Abundant Life Home Health Agency, LLC**

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Category: Safety/Infection Control

Number: 7.016.2B

Subject: Influenza Vaccination Amendment

Applies: All Staff

Page: 1 of 1

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### **SECTION 1 Policy Information**

#### **Sec 1.I. Effective Date**

**Sec 1.II.** January 27, 2023

#### **Sec 1.III. Tags**

1.III.A. Tags: 7.016.21, 7.016.2A, 7.016.3

#### **Sec 1.IV. Purpose**

1.IV.A. This is an amendment to policy 7.016.2 Sec 1.IV.D stating the agency does not provide influenza vaccine; the cost of the vaccination is the responsibility of the employee.

#### **Sec 1.V. Amendment**

1.V.A. Agency will provide a reimbursement on influenza vaccine for all employees.

1.V.A.1. Employee must obtain the receipt for reimbursement.





**Abundant Life Home Health Agency, LLC**

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Category: Safety/Infection Control    Number: 7.017.1

Subject: Information and Training

Applies to: All Staff    Page: 1 of 2

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**Purpose:** To outline methods to inform and train personnel regarding occupational exposures.

**Policy:** The Agency will provide information and training for all personnel at risk for occupational exposure.

**Procedure:**

All personnel at risk for occupational exposure will participate in a training program. This training will:

1. Be provided at no cost to Agency personnel and during working hours.
2. Be provided during orientation, prior to the time of initial assignment to tasks where occupational exposure may take place.
3. Be provided within ninety (90) days after the effective date of a new bloodborne pathogen standard.
4. Be reviewed annually.

Personnel who have received training on bloodborne pathogens in the year preceding the effective date of the bloodborne pathogen standard will receive additional training, as needed, to cover the provisions of the standard which were not previously included.

Additional training will be provided when changes such as modification of tasks or procedures, or institution of new tasks or procedures, affect the Agency personnel's occupational exposure. The additional training may be limited to addressing the new occupational exposures.

The training program will consist of material appropriate in content and vocabulary to the educational level, literacy and language ability of the Agency personnel being trained. It will contain at a minimum, the following elements:

1. An accessible copy of the regulatory text on the bloodborne pathogen standard and an explanation of its content.
2. A general explanation of the epidemiology and symptoms of bloodborne diseases and the modes of transmission of bloodborne pathogens.
3. An explanation of the exposure control plan and the means by which personnel can obtain a copy of the written plan.

## Abundant Life Home Health Agency, LLC

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Category:	Safety/Infection Control	Number:	7.017.1
Subject:	Information and Training		
Applies to:	All Staff	Page:	2 of 2

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4. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
5. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment.
6. Information on the types, basis for selection, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
7. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration and the benefits of being vaccination will be provided free of charge.
8. The hepatitis series may be obtained and given by the employee health nurse at the expense of the employee.
9. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
10. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
11. Information on the post-exposure evaluation and follow-up that is required for personnel following an exposure incident.
12. An explanation of the signs and labels and/or color-coding required by this standard.
13. An opportunity for interactive questions and answers with the person conducting the training session.
14. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in this training program as it relates to the workplace that the training will address.

The Agency will maintain training records for three years from the date the training occurred, for all personnel that will include, but not be limited to:

1. Date, contents, or summary of training sessions.
2. Names and qualifications of persons conducting training.
3. Names and job titles of all persons attending training sessions.





## Abundant Life Home Health Agency, LLC

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Category:	Safety/Infection Control	Number:	7.019.1
Subject:	Reporting of Communicable Diseases		
Applies to:	All Staff	Page:	1 of 3

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**Purpose:** All known or suspected cases of reportable diseases are reported to the local health officer or other public health official as mandated by state law.

**Policy:** A verbal report is made by the DON as soon as the medical diagnosis is made if the physician has not reported the diagnosis. A subsequent written report is made on request of the public health officer.

**Procedure:**

The DON will report at least the following conditions to the Department of Public Health:

- (a) Acquired Immunodeficiency Syndrome
- (b) Adverse event resulting after smallpox vaccination
- (c) Amebiasis
- (d) Anthrax
- (e) Arbovirus infection, including Saint Louis encephalitis and West Nile virus infection
- (f) Botulism
- (g) Brucellosis
- (h) Campylobacteriosis
- (i) Chancroid
- (j) Chickenpox
- (k) Chlamydia trachomatis infection
- (l) Cholera
- (m) Coccidioidomycosis
- (n) Colorado tick fever
- (o) Creutzfeldt-Jakob disease and other transmissible human spongiform encephalopathies
- (p) Cryptosporidiosis
- (q) Cyclospora infection
- (r) Dengue fever
- (s) Diphtheria
- (t) Echinococcosis









## Abundant Life Home Health Agency, LLC

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Category:	Safety/Infection Control	Number:	7.021.1
Subject:	Medical Equipment Malfunction		
Applies to:	All Staff	Page:	1 of 2

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**Purpose:** To delineate the process to follow in the event of medical equipment malfunction, defect or recall.

**Policy:** The Medical Device Reporting Policy involving medical device related incidents is set forth to comply with the education, documentation, and reporting requirements of the Safe Medical Device Act of 1990. This procedure applies to any personnel who discover, witness, or are notified of a suspected medical device malfunction or incident. Included within the scope of this policy are personnel who use or operate a medical device. The DON is responsible for maintaining compliance with this policy and regulations.

- A. It is the Agency policy to report and document any medical equipment malfunction, defect or recall as outlined below.
- B. Serious injury, illness or death associated with any medical equipment (whether the equipment has malfunctioned or not) will be recorded on the Incident Report.

**Procedure:**

- A. Personnel should report any medical equipment malfunction to the Director of Nurses and/or Case Manager.
- B. Patients, staff and the prescribing physician are notified of equipment hazards, defects and recalls, as appropriate.
- C. The Director of Nurses is responsible for reporting the malfunction to the home medical equipment company.
- D. Electrical equipment with frayed/damaged cords should not be used. Electrical equipment should not be used near water.
- E. An Unusual Occurrence (Incident/Accident) Report will be completed if injury or the potential for injury has occurred.
- F. If the medical equipment malfunction or misuse results in serious injury, illness or death, the Administrator shall be notified immediately. The Administrator shall investigate the occurrence and complete a report. The Administrator must report the illness, injury or death in association with any medical device to the FDA, Equipment Manufacture, and Governing Body, as well as any findings, within ten (10) working days of the event in order to be in compliance with the Safe Medical Devices Act of 1990. Reports will be maintained for seven (7) years from the date of the occurrence and kept readily available.











## Abundant Life Home Health Agency, LLC

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Category: Safety/Infection Control Number: 7.023.1

Subject: OSHA Bloodborne Pathogen Training

Applies to: All Staff Page: 1 of 2

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**Purpose:** To define the content of the OSHA training all personnel will receive during orientation.

**Policy:**

- A. The Agency will maintain policies and procedures, which address the required elements of the OSHA Standards for Exposure to Bloodborne Pathogens.
- B. All personnel, during orientation and prior to assuming patient/client care responsibilities, will receive education and training on Bloodborne Pathogen Standards.

**Procedure:**

- A. The following content will be presented during the orientation period:
  - 1. Bloodborne Pathogen Infections
    - a) AIDS
    - b) Hepatitis B
    - c) TB Exposure
    - d) Occupational Risk.
  - 2. Transmission of Bloodborne Infections
    - a) Potential Sources of Infections
    - b) Modes of Transmission
  - 3. Exposure Control
    - a) Hepatitis B Vaccine
    - b) Universal Body Substance Precautions
    - c) Post-Exposure Response
  - 4. Using Personal Protective Equipment
    - a) Gloves
    - b) Face Masks and Protective Eyewear
    - c) Protective Clothing
    - d) Tasks Requiring Personal Protective Equipment









## Abundant Life Home Health Agency, LLC

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Category: Safety/Infection Control Number: 7.024.1

Subject: Incident/Accident Reporting

Applies to: All Staff Page: 3 of 3

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G. Negative patient outcomes as result of personnel performance will be further evaluated for minimal action of remedial training all the way to termination.

H. See the "List of Events Which Must Be Reported on an Incident Report".

- Falls
- Injuries
- Burns
- Unexpected death
- Acts of violence
- Psychological injury
- Needlesticks
- Medication Error
- Caregiver barred from home
- Failure of family member to perform procedure as taught
- Mishaps due to faulty equipment
- Mishaps due to misuse of equipment
- Failure of patient/family to report accident causing hazard in home
- Breakage or damage to personal property of patient or family
- Adverse or allergic drug reaction
- Adverse outcomes
- Motor vehicle accidents
- Equipment safety hazards, malfunction, or failure
- Unusual Occurrences
- Suicide Threat/attempts

OSHA guidelines will be followed including recording of information about every work-related injury or illness that involves loss of consciousness, restricted work activity, or job transfer, days away from work, or medical treatment beyond first aid on the OSHA 300 form.

Attachment:

Incident Report

Incident Report Log

OSHA 300

# INCIDENT REPORT

Complete the appropriate section, then detail Action Taken.

Date of Incident: \_\_\_\_\_

Name: \_\_\_\_\_

Patient

Employee

Other: \_\_\_\_\_

## Fall

Description of fall:            unobserved    witnessed by staff    witnessed by other: \_\_\_\_\_

Nature of injury:            No apparent injury            concussion or neurological defect  
abrasion, bruise, contusion            laceration or puncture            possible fracture or dislocation            sprain or strain  
Other: \_\_\_\_\_

## Occupational Exposure

Task being performed during OE: \_\_\_\_\_

If Needlestick :    sterile            contaminated            OE Report completed :    Yes    No

## Equipment Related

Equipment involved - Model #/Serial #:

Description of problem: \_\_\_\_\_

## Medications

Significant Pt Error	Nurse Error	ADR (Notify pharmacist who dispensed the medication.)		
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Drug given/taken:	Dose:	Route:	Time:
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Drug ordered:	Dose:	Route:	Time:
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Description of Problem    (s/s, time reported, duration, etc.): \_\_\_\_\_

## Other (i.e. IV complications, pt/employee rights, pressure ulcers, etc.)

Incident: \_\_\_\_\_

## ACTION TAKEN:

Physician notified	Date/Time:	Orders received:	Yes	No	W/C
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Post Incident Treatment :    PRN visit    ER    Dr's visit            Refused

Follow-Up Needed:    Yes    No

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Director/Appointed Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Abundant Life Home Health Agency, LLC

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Category:	Safety/Infection Control	Number:	7.024.2
Subject:	Sentinel Events		
Applies to:	All Staff	Page:	1 of 2

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**Purpose:** To define the procedure for identifying, reporting, and documenting all sentinel events.

**Policy:** The Agency will maintain a system for identifying, reporting and generating sentinel reports and follow-up corrective action, if applicable.

**Definition:** A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of serious adverse outcome as defined by Joint Commission.

Examples of sentinel events that are reviewable under The Joint Commission’s sentinel event policy.

- Rape
- Suicide of any patient receiving care, treatment, or services in a staffed around-the-clock care setting or within 72 hours of discharge.
- Severe neonatal hyperbilirubinemia (bilirubin >30 milligrams/deciliter)
- Abduction of any patient receiving care, treatment, or services
- Unanticipated death of a full-term infant
- Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities (ABO, Rh, other blood groups)
- Surgical and nonsurgical invasive procedures on the wrong patient, wrong site, or wrong body part
- Unintended retention of a foreign object in a patient after surgery or other procedure
- A patient fall that results in death or major permanent loss of function as a direct result of the injuries sustained in the fall
- Any patient death, paralysis, coma, or other major permanent loss of function associated with a medication error
- Assault, homicide, or other crime resulting in patient death or major permanent loss of function
- A patient is abducted from the organization where he or she receives care, treatment, or services





National Patient Safety Agency

## RCA Investigation Evaluation Checklist, Tracking & Learning Log

### INSTRUCTIONS FOR USE

1. Begin by completing the **Organisational checklist** and press save. (Complete this just once and update it as necessary)
2. Populate (and save) the **Tracking & learning log** with details of and from your investigations as you get them
3. Complete (and save) a **Credibility and thoroughness checklist** from each completed investigation report
4. On completion and saving, the **List of Investigations** and **Evaluation Summary** will populate automatically

## Three Levels of Root Cause Analysis (RCA) Patient Safety Investigation - GUIDANCE

RCA investigations should be conducted at a level appropriate and proportionate to the incident, claim, complaint or concern concerned. This document provides guidelines for what might be considered appropriate and proportionate.

### Level 1 - Concise investigation

- Most commonly used for 'No, Low or Moderate Harm'<sup>[1]</sup> incidents, claims, complaints or concerns
- Also useful as an executive summary to communicate findings from comprehensive or independent investigations of 'Severe' or 'Death' outcomes
- Commonly involves completion of a summary / one page structured template
- Includes the essentials of a thorough and credible investigation<sup>[2]</sup> - conducted in the briefest terms
- Involves a select number of RCA tools (e.g.: 'Timeline', '5 why's', 'Contributory Factors framework')
- Conducted by one or more people (with a multidisciplinary approach if more than one investigator)
- Often conducted by staff local to the incident (ward / dept / directorate / GP surgery)
- Should include person(s) with knowledge of root cause analysis, human error and effective solutions development
- If a patient is directly affected, they / the relative / the carer should be involved
- Includes plans for shared learning - locally/nationally as appropriate

### Level 2 - Comprehensive investigation

- Commonly conducted for actual or potential 'Severe or Death'<sup>[1]</sup> outcomes from incidents, claims, complaints or concerns
- Conducted to a high level of detail, including all elements of a thorough and credible investigation<sup>[2]</sup>
- Includes use of analytical tools ('Tabular Timeline', 'Contributory Factors Framework', 'Change analysis', 'Barrier analysis')
- Normally conducted by a multidisciplinary team, or involves experts / expert opinion / independent advice or specialist investigator(s)
- Conducted by staff not involved in incident, locality or directorate in which it occurred
- Overseen by a director level chair or facilitator
- Led by person(s) experienced and/or trained in root cause analysis, human error and effective solutions development
- Includes patient/relative involvement. Should include offer to patient/relative of links to independent representation / advocacy services
- May require management of the media via the Organisation's Communications Department.
- Includes robust recommendations for shared learning – locally/nationally as appropriate
- Includes a full report with an executive summary and appendices

### Level 3 - Independent investigation

As per the above 'Level 2 - Comprehensive investigation', but also...

- Must be **Commissioned and Conducted** by those independent to the provider service and organisation involved
- Commonly considered for incidents, claims, complaints or concerns of high public interest or attracting media attention
- Must be conducted for Mental Health Homicides<sup>[3]</sup>
- Should be conducted where Article 2 of the European Convention on Human Rights is, or is likely to be, engaged to be, engaged

<sup>1</sup> As defined in the RCA Toolkit: [www.npsa.nhs.uk/rcatoolkit/](http://www.npsa.nhs.uk/rcatoolkit/)

<sup>2</sup> As detailed in the 'RCA Investigation Report Template' and 'RCA Investigation Evaluation - thoroughness and credibility checklist' [www.npsa.nhs.uk/rca](http://www.npsa.nhs.uk/rca)

<sup>3</sup> Independent investigation of adverse events in mental health services. [www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH\\_076535](http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_076535)

## RCA Investigation Evaluation Grading - GUIDANCE

None = No mention of the subject, either as a heading or in content

Poor = Heading on the subject, but little or no valuable substance

Good = Heading and valuable information on the subject, or a clear explanation of why no information is appropriate.

Exemplar = Clear heading with high standard of valuable information on the subject



## Investigation organisational arrangements checklist

### Aims of the checklists

To establish a baseline and develop a process that seeks to improve the use, value and shared learning of Patient Safety Investigation findings, through review of investigation report structure, process and outcome criteria.

**Objective:** To determine the level to which the existence of supportive organisational arrangements improves the outcome of RCA investigations.

(Linked to CNST Standard 5, criteria 5-7)

Overall  
Score

0%

Investigation Structure and Organisational Arrangements Criteria		Y/N
1	Is there a documented investigation process in place for incidents, claims & complaints?	
2	Is a Lead person for Patient Safety incident investigation in the Organisation identified?	
3	Are the duties of those responsible for patient safety incident investigation identified?	
4	Is investigation training in place to meet the Organisation Training Needs Analysis (TNA)?	
5	Is there an up to date list of staff trained in investigation / involvement as per the TNA ?	
6	Are plans in place for ongoing / succession training in RCA investigation?	
7	Are arrangements in place to identify a core investigation team quickly after an incident?	
8	Is there a protocol in place for investigation report writing?	
9	Is there guidance on what should trigger an investigation?	
10	Is there detailed guidance on the level of RCA indicated, appropriate to severity & risk?	
11	Is advice available to staff in the event of being called as a witness to give a first hand account?	
12	Do all incident investigations include people who understand the care processes involved and have the skills to recognise underlying system causes.	
13	Is there a documented process for involving and supporting patients / relatives in investigations, in line with 'Being open' principles?	
14	Is there a documented process for ensuring that all staff involved in traumatic/stressful incidents, complaints or claims investigations are adequately supported (should include support on an immediate and ongoing basis from internal or external services )?	
15	Is there a process to involve frontline staff in solutions development?	
16	Is there a process for IMPLEMENTING risk reduction measures / Action Plans?	
17	Is there a process for following up / MONITORING progress on Action plans?	
18	Is there a process for SIGNING OFF completed actions?	
19	Is there an established process for sharing specific learning points locally?	
20	Is there an agreed process for sharing common/shared learning across specialties or the organisation?	
21	Are arrangements in place to report Serious Untoward Incident findings to the SHA Patient Safety Action Team/PCT?	
22	Are arrangements in place to report nationally significant learning to the NPSA?	
23	Is there a documented process in place for systematic analysis of investigation findings from incidents, complaints and claims?	
24	Is there guidance on the frequency with which (aggregated) analysis of incident, complaints and claims investigation is to be completed?	
25	Does the documented process state the need to include qualitative and quantitative investigation analysis?	
26	Is there a co-ordinated approach to the management of risks identified through this (aggregated) analysis of incident, complaint and claims investigation findings?	

## Investigation organisational arrangements checklist

### Aims of the checklists

To establish a baseline and develop a process that seeks to improve the use, value and shared learning of Patient Safety Investigation findings, through review of investigation report structure, process and outcome criteria.

**Objective:** To determine the level to which the existence of supportive organisational arrangements improves the outcome of RCA investigations.  
(Linked to CNST Standard 5, criteria 5-7)

**Overall  
Score**

**0%**

27	Is there a documented process in place for encouraging learning and promoting practice based improvements following AGGREGATED analysis of patient safety investigation findings?	
28	Has the investigation process been disseminated to staff and implemented effectively to ensure knowledge & compliance?	
29	Is there a process for monitoring the effectiveness of all of the above?	
30	Is there a process for implementing change when this monitoring identifies deficiencies?	
31	Does your Board know how many incident investigations are conducted annually?	
32	Is there a system in place to log and monitor all investigations underway in the organisation at any one time, and the status of each?	
33	Do you <i>actually</i> currently log and monitor all investigations underway in the organisation at any one time, and the status of each	
34	Do you currently evaluate the quality (credibility & thoroughness) of investigation reports?	
35	Has your organisation identified the budget necessary to properly resource incident investigation (e.g. staff/skills/training/access)?	
36	Does your organisation set objectives for incident investigation, and audit annually whether these objectives are met?	
37	Does your organisation calculate the cost of incident investigation versus savings made by reduced incidents/claims/complaints/bed days/readmissions etc	

**Patient Safety - Investigations tracking and learning log**

Display a logged Incident:\*

*\* List contains all reports*

[Show All Reports](#) [Find Report](#)

[New Incident/Clear Screen](#) [Store Incident](#) [Delete Incident](#) [Evaluate Report](#) [Save File Now](#)

**Denotes administrative tracking, monitoring and audit information for local organisational use only**  
**Denotes 'minimum data set' for theming, learning and sharing**

System ID	
Event Type	
Investigation Type	
Investigation Status	
Investigation Lead	
Patient/Relative/Carer Advised	
Date Investigation Commenced	
Target date for Completion	
Incident Title/Name/Number	
Brief Description (summary)	
Incident Date	
Incident Type	
Healthcare Specialty	
Actual Effect on Patient	
Actual Severity of Incident	
Level of Investigation (NPSA 1-3)	
Involvement/supportof patient/relative	
Detection of Incident	
Care and Service Delivery Problems	
Contributory Factors	
Root Causes	
Lessons Learned from Incident	
Arrangements for Sharing	
Actions Plenned/Taken	
Lessons Learned from Implementation	
Report Completion Date	
Report Approval Date	
Findings shared with Patient/Relatives	
Findings shared with Staff	
Findings Shared with Board	
Findings shared with NPSA	

- Guidance:**
- 1 Log all investigations (planned, underway, completed and Implemented)
  - 2 Capture and summarise minimum data on findings
  - 3 Quickly audit progress, content and workload



**National Patient Safety Agency**

**Investigation Credibility & thoroughness criteria – Evaluation Sheet**

**Incident:** -

**Overall score for this investigation:** 0 out of 10

Levels apparent from the Report			
None	Poor	Good	Exemplar
-	-	-	-
Investigation outcome score	Yes	No	N/A
	0	0	0

<b>Investigation Level</b>	
<b>Event Type</b>	
<b>Event Severity</b>	
<b>Date of event</b>	
<b>Report completion date</b>	

To save return to log

[Return to Log](#)

To what extent does the Report Include:-		
<b>1.1 Executive Summary</b> To include the following:-		
1.1.1	· Incident Description (Date, Type; Healthcare Specialty; Actual Effect on patient; Actual Severity)	
1.1.2	· Level of investigation conducted (1.Concise; 2.Comprehensive; 3.Independent)	
1.1.3	· Involvement and support of patient and/or relatives	
1.1.4	· Point of detection of the incident	
1.1.5	· Care + Service Delivery Problems	
1.1.6	· Contributory Factors	
1.1.7	· Root Causes	
1.1.8	· Lessons learned	
1.1.9	· Recommendations	
1.1.10	· Arrangements for Sharing Learning	
<b>1.2 Main Report</b> Concise & meaningful Incident description <i>Including:-</i>		
1.2.1	· Incident Description	
1.2.2	· Incident Date	
1.2.3	· Incident Type	
1.2.4	· Healthcare Specialty in which the incident occurred	
1.2.5	· Actual Effect on the Patient and/or service	
1.2.6	· Actual Severity of Incident	
1.3	Pre-Investigation Risk Assessment	
1.4	Background and context to the incident	
1.5	Appropriate Terms of Reference (including focus on systems & processes, not individual performance)	
1.6	Details of investigation team (e.g. Appropriate use of multidisc. team, external membership, use of experts for levels 2-3)	
1.7	Scope and Level of investigation (NPSA 1-3)	
1.8	Clear description of investigation type, process and methods used	
1.9	Evidence of appropriate Involvement & support of patients, families/carers during the investigation	
1.10	Evidence of appropriate support provided for staff after the incident and during the investigation	
1.11	Summary list of information and evidence gathered	
1.12	Clear, fact based chronology of events leading up to the incident	
1.13	Point of Detection of the Incident	
1.14	Notable practice sensitively reported - where applicable	
1.15	CDPs + SDPs (Identification of risk points and their potential contribution to the event - i.e. what happened that shouldn't have & what didn't happen that should have)	
1.16	Identification of human and other CONTRIBUTORY FACTORS	
1.17	Analysis to identify common underlying ROOT CAUSES in organisational processes via evidence, or a series of why questions & answers.	
1.17a	Clear link / thread between CAUSE & EFFECT	
1.18	Lessons learned identified - where applicable	

**National Patient Safety Agency**

**Investigation Credibility & thoroughness criteria – Evaluation Sheet**

**Incident:** -

**Overall score for this investigation:** 0 out of 10

<b>Investigation Level</b>	
<b>Event Type</b>	
<b>Event Severity</b>	
<b>Date of event</b>	
<b>Report completion date</b>	

Levels apparent from the Report			
None	Poor	Good	Exemplar
-	-	-	-
Investigation outcome score	Yes	No	N/A
	0	0	0

To save return to log

[Return to Log](#)

1.19	Recommendations / Actions Planned	
1.2	Effective, sustainable processes for learning & sharing lessons recorded	
1.21	Appropriate distribution / circulation (to include staff involved, leadership, patient/relatives/carers etc)	
1.22	Appropriate use of appendices	
1.23	Use of the Trust style (with clear print size/format, version no., page numbers, anonymisation etc)	
1.24	Use of plain English (lack or explanation of jargon)	
1.25	Internal consistency (not self contradictory or leaving obvious questions unanswered)	
1.26	Appropriate impartiality, sensitivity & compassion	
1.27	Copies and evidence filed safely and securely	
<b>2 Investigation Outcome Criteria</b>		
2.1	An Action plan (identifying immediate and mitigating actions) but also identifying Preventative or Risk Reducing changes that need to be made to processes & systems (e.g. redesign or process development)	
2.2	Realistic and proportionate pre-implementation assessment of potential for both adverse impact and improvement from recommendations/solutions (e.g. use of Solutions - Options Appraisal to identify ROBUST solutions)	
2.3	Documented Implementation, Monitoring & Evaluation arrangements	
2.4	Has the Action Plan been implemented?	
2.5	Has the Action Plan been signed off?	
2.6	Have root causes and/or learning points been shared (locally, across the organisation, and nationally) for learning purposes, as planned and appropriate?	
2.7	Has a post implementation Impact Analysis been conducted to assess actual levels of risk reduction achieved?	
2.8	Is there a demonstrable reduction in frequency of recurrence of this incident/claim/complaint type as a result of actions taken?	
2.9	Is there a demonstrable reduction in severity of this incident/claim/complaint type as a result of actions taken?	
2.10	If you answered no to Q 2.8 + 2.9 above, Can you now identify and implement changes that you believe WOULD bring about a reduction in severity or likelihood of recurrence?	



List of Patient Safety Investigations

System ID	Event Type	Investigation Type	Investigation Status	Investigation Lead	Patient/Relative/Carer Advised	Date Investigation Commenced
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List of Investigations

Target date for Completion	Incident Title/Name/Number	Brief Description (summary)	Incident Date	Incident Type	Healthcare Specialty
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List of Investigations

<b>Actual Effect on Patient</b>	<b>Actual Severity of Incident</b>	<b>Level of Investigation (NPSA 1-3)</b>	<b>Involvement/support of patient/relative</b>	<b>Detection of Incident</b>	<b>Care and Service Delivery Problems</b>
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List of Investigations

<b>Contributory Factors</b>	<b>Root Causes</b>	<b>Lessons Learned from Incident</b>	<b>Arrangements for Sharing</b>	<b>Actions Plenned/Taken</b>	<b>Lessons Learned from Implementation</b>
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List of Investigations

Report Completion Date	Report Approval Date	Findings shared with Patient/Relatives	Findings shared with Staff	Findings Shared with Board	Findings shared with NPSA
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List of Investigations

<b>· Incident Description (Date, Type; Healthcare Specialty; Actual Effect on patient; Actual Severity)</b>	<b>· Level of investigation conducted (1.Concise; 2.Comprehensive; 3.Independent)</b>	<b>· Involvement and support of patient and/or relatives</b>	<b>· Point of detection of the incident</b>	<b>· Care + Service Delivery Problems</b>	<b>· Contributory Factors</b>
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List of Investigations

· Root Causes	· Lessons learned	· Recommendations	· Arrangements for Sharing Learning	Main Report	Concise & meaningful Incident description Including:-
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List of Investigations

· Incident Description	· Incident Date	· Incident Type	· Healthcare Specialty in which the incident occurred	· Actual Effect on the Patient and/or service	· Actual Severity of Incident
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List of Investigations

<b>Pre-Investigation Risk Assessment</b>	<b>Background and context to the incident</b>	<b>Appropriate Terms of Reference (including focus on systems &amp; processes, not individual performance)</b>
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List of Investigations

<b>Details of investigation team (e.g. Appropriate use of multidisc. team, external membership, use of experts for levels 2-3)</b>	<b>Scope and Level of investigation (NPSA 1-3)</b>	<b>Clear description of investigation type, process and methods used</b>	<b>Evidence of appropriate Involvement &amp; support of patients, families/carers during the investigation</b>
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List of Investigations

<b>Evidence of appropriate support provided for staff after the incident and during the investigation</b>	<b>Summary list of information and evidence gathered</b>	<b>Clear, fact based chronology of events leading up to the incident</b>	<b>Point of Detection of the Incident</b>
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List of Investigations

<b>Notable practice sensitively reported - where applicable</b>	<b>CDPs + SDPs (Identification of risk points and their potential contribution to the event - i.e. what happened that shouldn't have &amp; what didn't happen that should have)</b>
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List of Investigations

<b>Identification of human and other CONTRIBUTORY FACTORS</b>	<b>Analysis to identify common underlying ROOT CAUSES in organisational processes via evidence, or a series of why questions &amp; answers.</b>	<b>Clear link / thread between CAUSE &amp; EFFECT</b>
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List of Investigations

<b>Lessons learned identified - where applicable</b>	<b>Recommendations / Actions Planned</b>	<b>Effective, sustainable processes for learning &amp; sharing lessons recorded</b>
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List of Investigations

<b>Appropriate distribution / circulation (to include staff involved, leadership, patient/relatives/carers etc)</b>	<b>Appropriate use of appendices</b>	<b>Use of the Trust style (with clear print size/format, version no., page numbers, anonymisation etc)</b>	<b>Use of plain English (lack or explanation of jargon)</b>	<b>Internal consistency (not self contradictory or leaving obvious questions unanswered)</b>
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List of Investigations

<b>Appropriate impartiality, sensitivity &amp; compassion</b>	<b>Copies and evidence filed safely and securely</b>	<b>Investigation Outcome Criteria</b>	<b>An Action plan (identifying immediate and mitigating actions) but also identifying Preventative or Risk Reducing changes that need to be made to processes &amp; systems (e.g. redesign or process development)</b>
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List of Investigations

<b>Realistic and proportionate pre-implementation assessment of potential for both adverse impact and improvement from recommendations/solutions (e.g. use of Solutions - Options Appraisal to identify ROBUST solutions)</b>	<b>Documented Implementation, Monitoring &amp; Evaluation arrangements</b>	<b>Has the Action Plan been implemented?</b>	<b>Has the Action Plan been signed off?</b>
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List of Investigations

<b>Have root causes and/or learning points been shared (locally, across the organisation, and nationally) for learning purposes, as planned and appropriate?</b>	<b>Has a post implementation Impact Analysis been conducted to assess actual levels of risk reduction achieved?</b>	<b>Is there a demonstrable reduction in frequency of recurrence of this incident/claim/complaint type as a result of actions taken?</b>
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List of Investigations

<b>Is there a demonstrable reduction in severity of this incident/claim/complaint type as a result of actions taken?</b>	<b>If you answered no to Q 2.8 + 2.9 above, Can you now identify and implement changes that you believe WOULD bring about a reduction in severity or likelihood of recurrence?</b>	<b>Evaluation Score</b>
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Evaluation Summary



Summary of Investigation Report Credibility and thoroughness Criteria

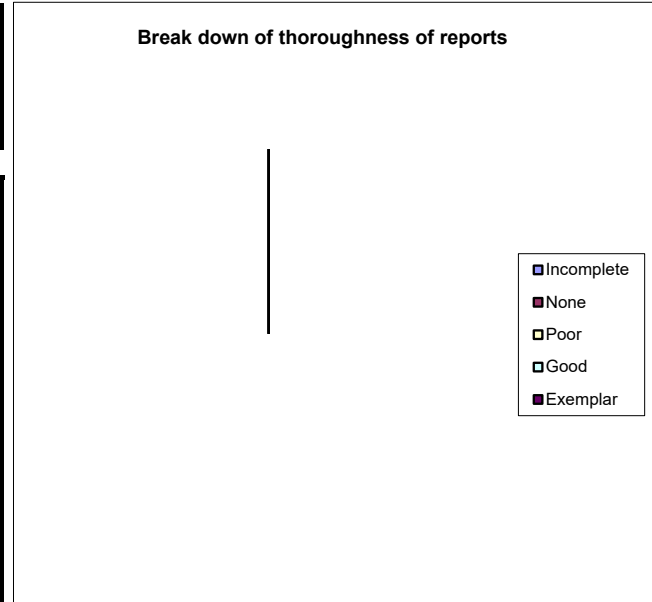
Event Type	Incident	Claim	Complaint	Concern	
Number of event type	0	0	0	0	
Incident / event Severity	No Harm	Low Harm	Moderate	Severe	Death
Number of incident/event severities	0	0	0	0	0

Number of reports evaluated	0
Overall score for all reports evaluated	#VALUE!

Break down of thoroughness of reports

To show what your overall score above means...  
 This breakdown helps to distinguish between all reports scoring 50%, or half scoring 0% and half scoring 100%

Level apparent from the Report				
Incomplete	None	Poor	Good	Exemplar
0	0	0	0	0



Investigation Outcome Criteria	Yes	No	N/A	Total
Has the Action Plan been implemented?	0	0	0	0
Has the Action Plan been signed off?	0	0	0	0
Have root causes and/or learning points been shared (locally, across the organisation, and nationally) for learning purposes, as planned and appropriate?	0	0	0	0
Has a post implementation Impact Analysis been conducted to assess actual levels of risk reduction	0	0	0	0
Is there a demonstrable reduction in frequency of recurrence of this incident/claim/complaint type as a result of actions taken?	0	0	0	0
Is there a demonstrable reduction in severity of this incident/claim/complaint type as a result of actions	0	0	0	0
If you answered no to Q 2.8 + 2.9 above, Can you now identify and implement changes that you believe WOULD bring about a reduction in severity or likelihood	0	0	0	0













## Abundant Life Home Health Agency, LLC

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Category: Safety/Infection Control

Number: 7.027.1

Subject: Accidental Exposure

Applies to: All Staff

Page: 2 of 3

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3. Put on gown or apron and mask or goggles as indicated by the type of spill.
4. Cover the spill with the absorbent beads (i.e., Citrizorb, Qwik-Zorb), if applicable, to bind the material.
5. Wipe up the material with the towels or cloths.
6. Place the cloths in the first plastic bags.
7. Clean the area with the disinfectant solution. Place the paper towels or cloths in the first plastic bag.
8. Remove the outer pair of gloves and place in the first bag.
9. Securely tie the first bag.
10. Place the first bag in a second bag.
11. Place all protective clothing and equipment in the second bag, removing the inner pair of gloves last and placing in the second bag.
12. Securely tie the second bag.
  - a) Dispose in rigid trash can with secure lid (non-chemo).
13. Wash hands thoroughly with soap and water or use an approved hand washing product if water and soap are unavailable.
14. Use extreme care to prevent contamination to self. **ALWAYS WASH HANDS BEFORE AND AFTER CONTACT.** Report the incident to DON.



## Abundant Life Home Health Agency, LLC

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Category:	Safety/Infection Control	Number:	7.027.1
Subject:	Accidental Exposure		
Applies to:	All Staff	Page:	3 of 3

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### ACCIDENTAL EXPOSURE

Home care personnel will:

1. Remove contaminated gloves or gowns immediately and discard properly. (Carry a change of clothing in your car).
2. Wash skin contaminated with a drug with soap (not a germicidal agent) and water.
3. Flood an eye that is accidentally exposed with water or an isotonic eyewash for at least five minutes.
4. Obtain a medical evaluation as soon as possible and document the incident according to established agency policies.
5. Teach the patient/client/family/caregiver what to do if accidental exposure occurs.
6. All available information shall be given to the family/caregiver concerning possible toxicity so they might make a decision regarding the best place of treatment for the patient/client. It is recommended that serious consideration be given to the possible dangers to pregnant or lactating women or young children who may reside in the home and be exposed to chemotherapeutic drugs or waste products.
7. Personnel will notify DON before leaving patient's home of the accidental exposure.



**Abundant Life Home Health Agency, LLC**

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Category: Safety/Infection Control

Number: 7.028.1

Subject: Accidental Prevention

Applies to: All Staff

Page: 2 of 2

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- B. Home care personnel will provide assistance in obtaining safety equipment whenever possible.

Attachment

Home Safety Checklist

**Abundant Life Home Health Agency, LLC  
Comprehensive Home Safety Checklist**

**The following checklist is intended to reduce the risks of injury in the patient's home. Once completed the checklist should be reviewed with the patient. This Home Safety Checklist is suggestive in nature and the home health agency is not required or obligated to repair or fix any identified problems. The person completing the checklist will sign at the bottom of this checklist and leave it in the patient's folder. The patient has the right to refuse the Home Safety Checklist.**

In all areas of your home, check all electrical and telephone cords; rugs, runners and mats; telephone areas; smoke detectors; electrical outlets and switches; light bulbs; space heaters; wood-burning stoves; and your emergency exit plan.

**CHECK ALL CORDS**

QUESTION: Are lamp, extension, and phone cords placed out of the flow of traffic? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Cords stretched across walkways may cause someone to trip.

- Arrange furniture so that outlets are available for lamps and appliances without the use of extension cords.
- If you must use an extension cord, place it on the floor against a wall where people can not trip over it.
- Move the phone so that telephone cords will not lie where people walk.

QUESTION: Are cords out from beneath furniture and rugs or carpeting? YES \_\_\_ No \_\_\_

RECOMMENDATION: Furniture resting on cords can damage them, creating fire and shock hazards. Electric cords which run under carpeting may cause a fire.

- Remove cords from under furniture or carpeting.
- Replace damaged or frayed cords.

QUESTION: Are cords attached to the walls, baseboards, etc., with nails or staples? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Nails or staples can damage cords, presenting fire and shock hazards.

- Remove nails, staples, etc.
- Check wiring for damage.
- Use tape to attach cords to walls or floors.

QUESTION: Are electrical cords in good condition, not frayed or cracked? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Damaged cords may cause a shock or fire.

- Replace frayed or cracked cords.

**CHECK ALL RUGS, RUNNERS AND MATS**

QUESTION: Are all small rugs and runners slip-resistant? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Falls are also the most common cause of fatal injury for older people.

- Remove rugs and runners that tend to slide.
- Apply double-faced adhesive carpet tape or rubber matting to the backs of rugs and runners.
- Purchase rugs with slip-resistant backing.

**Abundant Life Home Health Agency, LLC**  
**Comprehensive Home Safety Checklist**

- Check rugs and mats periodically to see if backing needs to be replaced.
- Place rubber matting under rugs. (Rubber matting that can be cut to size is available.)
- Purchase new rugs with slip-resistant backing. NOTE: Over time, adhesive on tape can wear away. Rugs with slip-resistant backing also become less effective as they are washed. Periodically, check rugs and mats to see if new tape or backing is needed.

QUESTION: Are emergency numbers posted on or near the telephone? YES \_\_\_ NO \_\_\_

RECOMMENDATION: In case of emergency, telephone numbers for the Police, Fire Department, and local Poison Control Center, along with a neighbor's number, should be readily available.

- Write the numbers in large print and tape them to the phone, or place them near the phone where they can be seen easily.

QUESTION: Do you have access to a telephone if you fall (or experience some other emergency which prevents you from standing and reaching a wall phone)? YES \_\_\_ NO \_\_\_

- Have at least one telephone located where it would be accessible in the event of an accident which leaves you unable to stand.

**FALL PREVENTION TIPS**

Have your vision checked at least once a year by an eye doctor. Poor vision can increase your risk of falling. Get up slowly after you sit or lie down.

Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.

Improve the lighting in your home. Put in brighter light bulbs. Florescent bulbs are bright and cost less to use.

It's safest to have uniform lighting in a room. Add lighting to dark areas. Hang lightweight curtains or shades to reduce glare.

Paint a contrasting color on the top edge of all steps so you can see the stairs better. For example, use a light color paint on dark wood.

Think about wearing an alarm device that will bring help in case you fall and can't get up.

**CHECK SMOKE DETECTORS**

QUESTION: Are smoke detectors properly located? YES \_\_\_ NO \_\_\_

RECOMMENDATION: At least one smoke detector should be placed on every floor of your home.

- Read the instructions that come with the smoke detector for advice on the best place to install it.
- Make sure detectors are placed near bedrooms, either on the ceiling or 6-12 inches below the ceiling on the wall.
- Locate smoke detectors away from air vents.

**Abundant Life Home Health Agency, LLC  
Comprehensive Home Safety Checklist**

QUESTION: Do you have properly working smoke detectors? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Many home fire injuries and deaths are caused by smoke and toxic gases, rather than the fire itself. Smoke detectors provide an early warning and can wake you in the event of a fire.

- Purchase a smoke detector if you do not have one.
- Check and replace batteries and bulbs according to the manufacturer's instructions.
- Vacuum the grillwork of your smoke detector.
- Replace any smoke detectors which can not be repaired. NOTE: Some fire departments or local governments will provide assistance in acquiring or installing smoke detectors.

**CHECK ELECTRICAL OUTLETS AND SWITCHES**

QUESTION: Are any outlets and switches unusually warm or hot to the touch? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Unusually warm or hot outlets or switches may indicate that an unsafe wiring condition exists.

- Unplug cords from outlets and do not use the switches.
- Have an electrician check the wiring as soon as possible.

QUESTION: Do all outlets and switches have cover plates, so that no wiring is exposed? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Exposed wiring presents a shock hazard.

- Add a cover plate.

QUESTION: Are light bulbs the appropriate size and type for the lamp or fixture? YES \_\_\_ NO \_\_\_

RECOMMENDATION: A bulb of too high wattage or the wrong type may lead to fire through overheating. Ceiling fixtures, recessed lights, and "hooded" lamps will trap heat.

- Replace with a bulb of the correct type and wattage. (If you do not know the correct wattage, use a bulb no larger than 60 watts.)

**CHECK SPACE HEATERS**

QUESTION: Are heaters which come with a 3-prong plug being used in a 3-hole outlet or with a properly attached adapter? YES \_\_\_ NO \_\_\_

RECOMMENDATION: The grounding feature provided by a 3-hole receptacle or an adapter for a 2-hole receptacle is a safety feature designed to lessen the risk of shock.

- Never defeat the grounding feature.
- If you do not have a 3-hole outlet, use an adapter to connect the heater's 3-prong plug. Make sure the adapter ground wire or tab is attached to the outlet.

QUESTION: Are small stoves and heaters placed where they can not be knocked over, and away from furnishings and flammable materials, such as curtains or rugs? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Heaters can cause fires or serious burns if they cause you to trip or if they are knocked over.

**Abundant Life Home Health Agency, LLC**  
**Comprehensive Home Safety Checklist**

- Relocate heaters away from passageways and flammable materials such as curtains, rugs, furniture, etc.

QUESTION: If your home has space heating equipment, such as a kerosene heater, a gas heater or an LP gas heater, do you understand the installation and operating instructions thoroughly? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Unvented heaters should be used with room doors open or window slightly open to provide ventilation. The correct fuel, as recommended by the manufacturer, should always be used. Vented heaters should have proper venting, and the venting system should be checked frequently. Improper venting is the most frequent cause of carbon monoxide poisoning, and older persons are at special risk.

- Review the installation and operating instructions.
- Call your local fire department if you have additional questions.

**CHECK WOOD-BURNING HEATING EQUIPMENT**

QUESTION: Is wood-burning equipment installed properly? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Wood-burning stoves should be installed by a qualified person according to local building codes.

- Local building code officials or fire marshals can provide requirements and recommendations for installation. NOTE: Some insurance companies will not cover fire losses if wood stoves are not installed according to local codes.

**CHECK THE EMERGENCY EXIT PLAN**

QUESTION: Do you have an emergency exit plan and an alternate emergency exit plan in case of a fire? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Once a fire starts, it spreads rapidly. Since you may not have much time to get out and there may be a lot of confusion, it is important that everyone knows what to do.

- Develop an emergency exit plan.
- Choose a meeting place outside your home so you can be sure that everyone is capable of escape quickly and safely.
- Practice the plan from time to time to make sure everyone is capable of escape quickly and safely. Remember periodically to re-check your home.

**KITCHEN**

In the kitchen, check the range area, all electrical cords, lighting, the stool, all throw rugs and mats, and the telephone area.

**CHECK THE RANGE AREA**

QUESTION: Are towels, curtains, and other things that might catch fire located away from the range? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Placing or storing non-cooking equipment like potholders, dish towels, or plastic utensils on or near the range may result in fires or burns.

- Store flammable and combustible items away from range and oven.

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**Comprehensive Home Safety Checklist**

- Remove any towels hanging on oven handles. If towels hang close to a burner, change the location of the towel rack.
- If necessary, shorten or remove curtains which could brush against heat sources.

QUESTION: Do you wear clothes with short or close-fitting sleeves while cooking? YES \_\_\_ NO \_\_\_

RECOMMENDATION: The CPSC estimates that 70% of all people who die from clothing fires are over 65 years of age. Long sleeves are more likely to catch fire than are short sleeves. Long sleeves are also more apt to catch on pot handles, overturning pots and pans and causing scalds.

- Roll back long, loose sleeves or fasten them with pins or elastic bands while you are cooking.

QUESTION: Are kitchen ventilation systems or range exhausts functioning properly and are they in use while you are cooking? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Indoor air pollutants may accumulate to unhealthful levels in a kitchen where gas or kerosene-fire appliances are in use.

- Use ventilation systems or open windows to clear air of vapors and smoke.

QUESTION: Are all extension cords and appliance cords located away from the sink or range areas? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Electrical appliances and power cords can cause shock or electrocution if they come in contact with water. Cords can also be damaged by excess heat.

- Move cords and appliances away from sink areas and hot surfaces.
- Move appliances closer to wall outlets or to different outlets so you won't need extension cords.
- If extension cords must be used, install wiring guides so that cords will not hang near sink, range, or working areas.
- Consider adding new outlets for convenience and safety; ask your electrician to install outlets equipped with ground fault circuit interrupters (GFCIs) to protect against electric shock. A GFCI is a shock-protection device that will detect electrical fault and shut off electricity before serious injury or death occurs.

QUESTION: Does good, even lighting exist over the stove, sink, and countertop work areas, especially where food is sliced or cut? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Low lighting and glare can contribute to burns or cuts. Improve lighting by:

- Opening curtains and blinds (unless this causes too much glare).
- Using the maximum wattage bulb allowed by the fixture. (If you do not know the correct wattage for the fixture, use a bulb no larger than 60 watts.)
- Reducing glare by using frosted bulbs, indirect lighting, shades or globes on light fixtures, or partially closing the blinds or curtains.
- Installing additional light fixtures, e.g. under cabinet/over countertop lighting. (Make sure that the bulbs you use are the right type and wattage for the light fixture.)

QUESTION: Do you have a step stool which is stable and in good repair? YES \_\_\_ NO \_\_\_



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**Comprehensive Home Safety Checklist**

RECOMMENDATION: Standing on chairs, boxes, or other makeshift items to reach high shelves can result in falls.

- If you don't have a step stool, consider buying one. Choose one with a handrail that you can hold onto while standing on the top step.
- Before climbing on any step stool, make sure it is fully opened and stable.
- Tighten screws and braces on the step stool.
- Discard step stools with broken parts. Remember: Check all of the product areas mentioned at the beginning of the checklist.

**LIVING ROOM/FAMILY ROOM**

In the living room/family room, check all rugs and runners, electrical and telephone cords, lighting, the fireplace and chimney, the telephone area, and all passageways.

QUESTION: Are chimneys clear from accumulations of leaves, and other debris that can clog them?  
YES \_\_\_ NO \_\_\_

RECOMMENDATION: A clogged chimney can cause a poorly-burning fire to result in poisonous fumes and smoke coming back into the house.

- Do not use the chimney until the blockage has been removed.
- Have the chimney checked and cleaned by a registered or licensed professional.

QUESTION: Has the chimney been cleaned within the past year? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Burning wood can cause a build up of a tarry substance (creosote) inside the chimney. This material can ignite and result in a serious chimney fire.

- Have the chimney checked and cleaned by a registered or licensed professional

**CHECK PASSAGEWAYS**

QUESTION: Are halls, passages between rooms and other heavy traffic areas well lit? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Shadowed or dark areas can hide tripping hazards.

- Use the maximum wattage bulb allowed by the fixture. (If you do not know the correct wattage, use a bulb no larger than 60 watts.)
- Install night lights.
- Reduce glare by using frosted bulbs, indirect lighting, shades or globes on light fixtures, or partially closing blinds or curtains.
- Consider using additional lamps or light fixtures. Make sure that the bulbs you use are the right type and wattage for the light fixture.

QUESTION: Are exits and passageways kept clear? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Furniture, boxes, or other items could be an obstruction or tripping hazard, especially in the event of an emergency or fire.

- Rearrange furniture to open passageways and walkways.

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- Remove boxes and clutter. Remember: Check all of the product areas mentioned at the beginning of the checklist.

**BATHROOM**

In the bathroom, check bathtub and shower areas, water temperature, rugs and mats, lighting, small electrical appliances, and storage areas for medications.

**CHECK BATHTUB AND SHOWER AREAS**

QUESTION: Are bathtubs and showers equipped with non-skid mats, abrasive strips, or surfaces that are not slippery? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Wet soapy tile or porcelain surfaces are especially slippery and may contribute to falls.

- Apply textured strips or appliques on the floors of tubs and showers.
- Use non-skid mats in the tub and shower, and on the bathroom floor.

QUESTION: Do bathtubs and showers have at least one (preferably two) grab bars? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Grab bars can help you get into and out of your tub or shower, and can help prevent falls.

- Check existing bars for strength and stability, and repair if necessary.
- Attach grab bars, through the tile, to structural supports in the wall, or install bars specifically designed to attach to the sides of the bathtub. If you are not sure how it is done, get someone who is qualified to assist you.

QUESTION: Is the temperature 120 degrees or lower? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Water temperature above 120 degrees can cause tap water scalds.

- Lower the setting on your hot water heater to "Low" or 120 degrees. If you are unfamiliar with the controls of your water heater, ask a qualified person to adjust it for you. If your hot water system is controlled by the landlord, ask the landlord to consider lowering the setting. NOTE: If the water heater does not have a temperature setting, you can use a thermometer to check the temperature of the water at the tap.
- Always check water temperature by hand before entering bath or shower.
- Taking baths, rather than showers, reduces the risk of a scald from suddenly changing water temperatures.

**CHECK LIGHTING**

QUESTION: Is a light switch located near the entrance to the bathroom? YES \_\_\_ NO \_\_\_

RECOMMENDATIONS: A light switch near the door will prevent you from walking through a dark area.

- Install a night light. Inexpensive lights that plug into outlets are available.
- Consider replacing the existing switch with a "glow switch" that can be seen in the dark.

**CHECK SMALL ELECTRICAL APPLIANCES**

QUESTION: Are small electrical appliances such as hair dryers, shavers, curling irons, etc., unplugged when not in use? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Even an appliance that is not turned on, such as a hairdryer, can be potentially hazardous if it is left plugged in. If it falls into water in a sink or bathtub while plugged in, it could cause a lethal shock.

- Unplug all small appliances when not in use.
- Never reach into water to retrieve an appliance that has fallen in without being sure the appliance is unplugged.
- Install a ground fault circuit interrupter (GFCI) in your bathroom outlet to protect against electric shock.

**CHECK MEDICATIONS**

QUESTION: Are all medicines stored in the containers that they came in and are they clearly marked?

YES \_\_\_ NO \_\_\_

RECOMMENDATION: Medications that are not clearly and accurately labeled can be easily mixed up. Taking the wrong medicine or missing a dosage of medicine you need can be dangerous.

- Be sure that all containers are clearly marked with the contents, doctor's instructions, expiration date, and patient's name.
- Dispose of outdated medicines properly.
- Request non-child-resistant closures from your pharmacist only when you cannot use child-resistant closures. NOTE: Many poisonings occur when children visiting grandparents go through the medicine cabinet or grandmother's purse. In homes where grandchildren or other youngsters are frequent visitors, medicines should be purchased in containers with child-resistant caps, and the caps properly closed after each use. Store medicines beyond the reach of children. Remember: Check all of the product areas mentioned at the beginning of the checklist.

**BEDROOMS**

In the bedroom, check all rugs and runners, electrical and telephone cords, and areas around beds.

**CHECK AREAS AROUND BEDS**

QUESTION: Are lamps or light switches within reach of each bed? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Lamps or switches located close to each bed will enable people getting up at night to see where they are going.

- Rearrange furniture closer to switches or move lamps closer to beds.
- Install night lights.

QUESTION: Are ash trays, smoking materials, or other fire sources (heaters, hot plates, teapots, etc.) located away from beds or bedding? YES \_\_\_ NO \_\_\_

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RECOMMENDATION: Burns are a leading cause of accidental death among seniors. Smoking in bed is a major contributor to this problem. Among mattress and bedding fire related deaths in a recent year, 42% were to persons 65 or older.

- Remove sources of heat or flame from areas around beds.
- Don't smoke in bed.

QUESTION: Is anything covering your electric blanket when in use? YES \_\_\_ NO \_\_\_

RECOMMENDATION: "Tucking in" electric blankets, or placing additional coverings on top of them can cause excessive heat buildup which can start a fire.

- Use electric blankets according to the manufacturer's instructions.
- Don't allow anything on top of the blanket while it is in use. (This includes other blankets or comforters, even pets sleeping on top of the blanket.)
- Don't set electric blankets so high that they could burn someone who falls asleep while they are on.

QUESTION: Do you ever go to sleep with a heating pad which is turned on? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Never go to sleep with a heating pad if it is turned on because it can cause serious burns even at relatively low settings.

QUESTION: Is there a telephone close to your bed? YES \_\_\_ NO \_\_\_

RECOMMENDATION: In case of an emergency, it is important to be able to reach the telephone without getting out of bed. Remember: Check all of the product areas mentioned at the beginning of the checklist.

**BASEMENT/GARAGE/WORKSHOP/STORAGE AREAS**

In the basement, garage, workshop, and storage areas, check lighting, fuse boxes or circuit breakers, appliances and power tools, electrical cords, and flammable liquids.

**CHECK LIGHTING**

QUESTION: Are work areas, especially areas where power tools are used, well lit? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Good lighting can reduce the chance that you will accidentally cut your finger.

- Either install additional light, or avoid working with power tools in the area.

QUESTION: Can you turn on lights without first having to walk through a dark area? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Basement, garages, and storage areas can contain many tripping hazards and sharp or pointed tools that can make a fall even more hazardous.

- Keep an operating flashlight handy.
- Have an electrician install switches at each entrance to a dark area.

**CHECK THE FUSE BOX OR CIRCUIT BREAKERS**

QUESTION: If fuses are used, are they the correct size for the circuit? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Replacing a correct size fuse with a larger size fuse can present a serious fire hazard. If the fuse in the box is rater higher than that intended for the circuit, excessive current will be allowed to flow and possibly overload the outlet and house wiring to the point that a fire can begin.

- Be certain that correct-size fuses are used. (If you do not know the correct sizes, consider having an electrician identify and label the sizes to be used.) NOTE: If all, or nearly all, fuses used are 30-amp fuses, there is a chance that some of the fuses are rated too high for the circuit.

**CHECK APPLIANCES AND POWER TOOLS**

QUESTION: Are power tools equipped with a 3-prong plug or marked to show that they are double insulated? YES \_\_\_ NO \_\_\_

RECOMMENDATION: These safety features reduce the risk of an electric shock.

- Use a properly connected 3-prong adapter for connecting a 3- prong plug to a 2-hole receptacle.
- Consider replacing old tools that have neither a 3-prong plug nor are double insulated.

QUESTION: Are power tools guards in place? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Power tools used with guards removed pose a serious risk of injury from sharp edges or moving parts.

- Replace guards that have been removed from power tools.

QUESTION: Has the grounding feature on any 3-prong plug been defeated by removal of the grounding pin or by improperly using an adapter? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Improperly grounded appliances can lead to electric shock.

- Check with your service person or an electrician if you are in doubt.

**CHECK FLAMMABLE AND VOLATILE LIQUIDS**

QUESTION: Are containers of volatile liquids tightly capped? YES \_\_\_ NO \_\_\_

RECOMMENDATION: If not tightly closed, vapors may escape that may be toxic when inhaled.

- Check containers periodically to make sure they are tightly closed. NOTE: The CPSC has reports of several cases in which gasoline, stored as much as 10 feet from a gas water heater, exploded. Many people are unaware that gas fumes can travel that far.

QUESTION: Are gasoline, paints, solvents, or other products that give off vapors or fumes stored away from ignition sources? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Gasoline, kerosene, and other flammable liquids should be stored out of living areas in properly labeled, non-glass safety containers.

- Remove these products from the areas near heat or flame such as heaters, furnaces, water heaters, ranges, and other gas appliances.

### **STAIRS**

For all stairways, check lighting, handrails, and the condition of the steps and coverings.

#### **CHECK LIGHTING**

QUESTION: Are stairs well lighted? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Stairs should be lighted so that each step, particularly the step edges, can be clearly seen while going up and down stairs. The lighting should not produce glare or shadows along the stairway.

- Use the maximum wattage bulb allowed by the light fixture. (If you do not know the correct wattage, use a bulb no larger than 60 watts.)
- Reduce glare by using frosted bulbs, indirect lighting, shades or globes on light fixtures, or partially closing blinds and curtains.
- Have a qualified person add additional light fixtures. Make sure that the bulbs you use are the right type and wattage for the light fixture.

QUESTION: Are light switches located at both the top and bottom of the stairs. YES \_\_\_ NO \_\_\_

RECOMMENDATION: Even if you are very familiar with the stairs, lighting is an important factor in preventing falls. You should be able to turn on the lights before you use the stairway from either end.

- If no other light is available, keep an operating flashlight in a convenient location at the top and bottom of the stairs.
- Install night lights at nearby outlets.
- Consider installing switches at the top and bottom of the stairs.

QUESTION: Do the steps allow secure footing? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Worn treads or worn or loose carpeting can lead to insecure footing, resulting in slips or falls.

- Try to avoid wearing only socks or smooth-soled shoes or slippers when using stairs.
- Make certain the carpet is firmly attached to the steps all along the stairs.
- Consider refinishing or replacing worn treads, or replacing worn carpeting.
- Paint outside steps with paint that has a rough texture, or use abrasive strips.

QUESTION: Are steps even and of the same size and height? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Even a small difference in step surfaces or riser heights can lead to falls.

- Mark any steps which are especially narrow or have risers that are higher or lower than the others. Be especially careful of these steps when using the stairs.

QUESTION: Are the coverings on the steps in good condition? YES \_\_\_ NO \_\_\_

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RECOMMENDATION: Worn or torn coverings or nails sticking out from coverings could snag your foot or cause you to trip.

- Repair coverings.
- Remove coverings.
- Replace coverings.

QUESTION: Can you clearly see the edges of the steps? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Falls may occur if the edges of the steps are blurred or hard to see.

- Paint edges of outdoor steps white to see them better at night.
- Add extra lighting.
- If you plan to carpet your stairs, avoid deep pile carpeting or patterned or dark colored carpeting that can make it difficult to see the edges of the steps clearly.

QUESTION: Is anything stored on the stairway, even temporarily? YES \_\_\_ NO \_\_\_

RECOMMENDATION: People can trip over objects left on stairs, particularly in the event of an emergency or fire.

- Remove all objects from the stairway.

**Oxygen**

QUESTION: Is oxygen utilize either continuously or PRN? YES \_\_\_ NO \_\_\_

RECOMMENDATION: Oxygen is not flammable, but it can cause other materials that burn to ignite more easily and to burn far more rapidly. The result is that a fire involving oxygen can appear explosive-like. Oxygen is of great benefit to those in need of oxygen therapy but it should always be handled with caution and awareness of the potential hazards.

- Warn visitors not to smoke near you when you are using oxygen.
- Post at least one NO SMOKING sign in a prominent place at the entrance to your home.
- When you go to a restaurant with your portable oxygen source, sit in a section away from any open flame such as candles or warming burners.
- Stay at least five feet from gas stoves, candles, lighted fireplaces and other heat sources. Keep oxygen cylinders and vessels in a well-ventilated area (not in closets, behind curtains, or other confined space). The small amount of oxygen gas that is continually vented from these units can accumulate in a confined space and become a fire hazard.

**REMEMBER PERIODICALLY TO RE-CHECK YOUR HOME**

Signature of Person Performing Home Safety Checklist: \_\_\_\_\_

Date: \_\_\_\_\_

## Abundant Life Home Health Agency, LLC

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Category: Safety/Infection Control

Number: 7.028.2

Subject: Fall Prevention

Applies to: All Staff

Page: 1 of 2

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**Purpose:** To promote a secure and safe environment within a patient/client's place of residence.

**Policy:** Falls are the second leading cause of accidental death in the United States. Seventy-five percent of these falls occur in the older adult population. One third of the older adults who fall, sustain a hip fracture and are hospitalized, die within a year. Falls not only affect the quality of life of the individual but also influence the caregiver and family. Health care costs for falls and rehabilitation average 70 billion dollars a year! Even if the fall does not result in hospitalization, fear of falling becomes a major factor. Fear leads to inactivity and loss of confidence. This, in turn produces a cycle of fear, loss of self-confidence, and inactivity, thereby decreasing the quality of life and increasing the risk of falls. The agency shall protect all individuals from preventable injuries and illnesses. The agency will undertake a program of education and enforcement in safety directed at employees and patients.

**Procedure:**

1. Perform a home safety check.
2. Make referrals to Physical Therapy as needed. Tinetti Assessment may be utilized to help identify mobility issues.
3. Educate patients on the following Fall Prevention Tips:
  - Have your vision checked at least once a year by an eye doctor. Poor vision can increase your risk of falling.
  - Get up slowly after you sit or lie down.
  - Wear shoes both inside and outside the house. Avoid going barefoot or wearing slippers.
  - Improve the lighting in your home. Put in brighter light bulbs. Florescent bulbs are bright and cost less to use.
  - It's safest to have uniform lighting in a room. Add lighting to dark areas. Hang lightweight curtains or shades to reduce glare.
  - Paint a contrasting color on the top edge of all steps so you can see the stairs better. For example, use a light color paint on dark wood.
  - Think about wearing an alarm device that will bring help in case you fall and can't get up.



## Abundant Life Home Health Agency, LLC

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Category: Safety/Infection Control

Number: 7.028.2

Subject: Fall Prevention

Applies to: All Staff

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- Clean up spills immediately
- Educate on Accident Prevention as listed in Policy 7.028.1

### Attachment

Home Safety Checklist

Tinetti Assessment

# Abundant Life Home Health Agency, LLC

## Tinetti Assessment

Patient Name: \_\_\_\_\_

MR#: \_\_\_\_\_

<b>Balance Test: Subject is seated on hard armless chair</b>		Date	Date	Date
Sitting Balance	Leans or slides in chair – 0 Steady, safe -1			
Arises	Unable without help – 0 Able, use arms to help -1 Able, on first attempt -2			
Attempts to Arise	Unable without help – 0 Able, requires > 1 attempt – 1 Able on first attempt – 2			
Immediate Standing Balance (first 5 seconds)	Unsteady (moves feet, sways, swaggers) – 0 Steady but uses support – 1 Steady without support – 2			
Standing Balance	Unsteady – 0 Steady but > 4" BOS and requires support – 1 Narrow stance without support – 2			
Sternal Nudge (feet close together)	Begins to fall – 0 Staggers, grabs, catches self – 1 Steady – 2			
Eyes Closed (feet close together)	Unsteady – 0 Steady – 1			
Turning 360°	Discontinuous steps – 0 Continuous - 1			
Turning 380°	Unsteady (grabs, staggers) – 0 Steady – 1			
Sitting Down	Unsafe (misjudges distance, falls) – 0 Uses arms or not a smooth motion – 1 Safe smooth motion – 2			
<b>Balance Score Total</b>		/16	/16	/16

<b>Gait Tests: Subject walks at normal pace</b>				
Gait Initiation (immediate after told "go")	Any hesitancy, multiple attempts to start – 0 No hesitancy – 1			
Step Length	R swing foot passes L stance leg – 1 L swing foot passes R stance leg – 1			
Foot Clearance	R foot completely clears floor – 1 L foot completely clears floor – 1			
Step Symmetry	R and L step length unequal – 0 R and L step length equal - 1			
Step Continuity	Stopping or discontinuity between steps – 0 Steps appear continuous – 1			
Path (excursion)	Marked deviation – 0 Mild/Moderate deviation or uses device – 1 Straight without assistive device - 2			
Trunk	Marked sway or uses assistive device – 0 No sway, but knee or trunk flexion or spreads arms out while walking – 1 No deviation - 2			
Base of Support	Heels apart – 0 Heels almost touching with gait - 1			
<b>Gait Score Total</b>		/12	/12	/12
<b>Combined Balance and Gait Score</b>		/28	/28	/28

0 – 18 = High Risk

19 – 23 = Increased Risk for Falls

24 – 28 = Low Risk for Falls

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

















## Abundant Life Home Health Agency, LLC

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Category:	Safety/Infection Control	Number:	7.032.1
Subject:	Material Safety Data Sheet (MSDS)		
Applies:	All Staff	Page:	1 of 2

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**Purpose:** To ensure that all staff have access to knowledge about the chemicals they may be exposed to and how to safely clean up spills.

**Policy:** It is the policy of this company to ensure that all staff has access to Material Safety Data Sheet (MSDS). Material Safety Data Sheets (MSDS) are developed by chemical manufacturers or importers for each chemical or product supplied to record available scientific evidence used in making hazard determination. They provide the following information:

- chemical and common names(s) of the material(s)
- physical and chemical characteristics of the material
- physical and health hazards of the material
- signs and symptoms of exposure
- medical conditions aggravated by exposure
- primary routes(s) of entry
- permissible exposure limits
- precautions for safe handling and use
- applicable control measures
- emergency and first aid procedures
- name, address and telephone number of party responsible for preparing the MSDS, and
- other related material regarding the hazardous material.

### Procedure:

1. Before purchasing a product or material, take into account the possible environmental and health effects and, if possible, consider purchasing a safer or more environmentally friendly product. This agency must have a material safety data sheet in the workplace for each hazardous chemical they use. (OSHA standard 29 CFR 1910.1200(g)(1))
2. The Administrator shall be responsible for maintaining a current MSDS for each hazardous chemical. The MSDS sheets must be kept in a binder and located in the Knowledge/Resource Center as described in Policy 2.025.1.







## Abundant Life Home Health Agency, LLC

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Category: Safety/Infection Control

Number: 7.036.1

Subject: Safety Program Policy Statement

Applies: All Staff

Page: 1 of 2

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**Effective Date:** 09/01/2019

**Purpose:** The agency is committed to safety. This policy is to be a concise testament to all policies outlines in the Safety/Infection Control category.

### **I. Policy Statement**

The management of this organization is committed to providing a safe and productive work environment and to fostering the well-being and health of its employees. It is the policy of this organization that employees report unsafe conditions and work-injuries, and do not perform work tasks if the work is considered unsafe. Employees must report all accidents, injuries and unsafe conditions to their supervisors per policy. Such reports will not result in retaliation, discrimination, penalty or other disincentive.

Employee recommendations to improve safety and health conditions will be given thorough consideration by our management team. Management will give top priority to and provide the financial resources for the correction of unsafe conditions. Similarly, management will take disciplinary action against any employee who willfully or repeatedly violates workplace safety rules. This action may include verbal or written reprimands and may ultimately result in termination of employment.

The primary responsibility for the coordination, implementation and maintenance of our workplace safety program has been assigned to:

Don Howell, LPN CM Alt Admin

**Abundant Life Home Health Agency, LLC**

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Category: Safety/Infection Control

Number: 7.036.1

Subject: Safety Program Policy Statement

Applies: All Staff

Page: 2 of 2

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**II. CEO Statement**

Senior management will be actively involved with employees in establishing and maintaining an effective safety program. Our safety program coordinator, members of our management team or I will participate with you or your department's employee representative in ongoing safety and health program activities, which include:

- Promoting safety committee participation.
- Providing safety and health education and training.
- Reviewing and updating workplace safety rules.

This policy statement serves to express management's commitment to and involvement in providing our employees a safe workplace. This workplace safety program will be incorporated as the standard of practice for this organization. Compliance with the safety rules will be required of all employees as a condition of employment.

Nely Villavicencio, Administrator, CEO

## Abundant Life Home Health Agency, LLC

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Category: Safety/Infection Control

Number: 7.036.2

Subject: Safety Committee

Applies: All Staff

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**Effective Date:** 09/01/2019

**Purpose:** A safety coordinator and/or a safety committee has been established to recommend improvements to workplace safety program and to identify corrective measures needed to eliminate or control recognized safety and health hazards. The safety committee consists of an equal representation of supervisory and nonsupervisory members of our organization.

### **Policy:**

#### **I. Committee Members**

The safety committee shall consist of management and field staff. Field staff committee members may change quarterly.

#### **II. Responsibilities**

- A. The safety committee shall determine the schedule for evaluating the effectiveness of control measures used to protect employees from safety and health hazards in the workplace.
- B. The safety committee will be responsible for assisting management in reviewing and updating workplace safety rules based on accident investigation findings, any inspection findings and employee reports of unsafe conditions or work practices, in addition to accepting and addressing anonymous complaints and suggestions from employees.
- C. The safety committee will also be responsible for assisting management in updating the workplace safety program by evaluating employee injury and accident records, identifying trends and patterns, and formulating corrective measures to prevent recurrence.
- D. The safety committee will be responsible for assisting management in evaluating employee accident and illness prevention programs, and promoting safety and



## Abundant Life Home Health Agency, LLC

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Category: Safety/Infection Control

Number: 7.036.2

Subject: Safety Committee

Applies: All Staff

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health awareness and co-worker participation through continuous improvements to the workplace safety program.

- E. Safety committee members will participate in safety training and will be responsible for assisting management in monitoring workplace safety education and training to ensure that it is in place, that it is effective, and that it is documented.

### **III. Meetings**

Safety committee meetings are held quarterly or more often, if needed. Minutes will be recorded for each meeting.

Category: Safety/Infection Control

Number: 7.037.1

Subject: Oxygen Safety

Applies: All Staff

Page: 1 of 3

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## **SECTION 1 Policy Information**

### **Sec 1.I. Effective Date**

1.I.A. The effective date of this policy is 03/06/2020

### **Sec 1.II. Tags**

1.II.A. Tags: EC.02.01.01 NPSG.15.02.01

### **Sec 1.III. Purpose**

1.III.A. Purpose: To identify and then reduce/eliminate safety risks related to oxygen therapy, to prevent patient harm and improve patient outcomes.

### **Sec 1.IV. Policy**

1.IV.A. Policy: The agency recognizes that oxygen therapy, per National Patient Safety Goals, "...presents a high risk for fire due to the acceleration of flame that oxygen causes in the presence of flammable substances (such as upholstery and clothing) and open flames (such as candles, gas appliances, and smoking materials). Smoking is a major reason for burn incidents involving home medical oxygen therapy. Oxygen cylinders that are not safely stored create risks for fire and explosion." (NPSG.15.02.01)

1.IV.B. The agency assesses and reassess risks related to oxygen therapy.

1.IV.C. The agency educates patients, caregivers, family, and staff about oxygen safety.

1.IV.C.1. The agency assesses and documents the patient, family, or caregiver's level of comprehension of identified risks and compliance with suggested interventions during home visits.

1.IV.D. The agency attempts to address oxygen safety risks in the home by education, contacting DME, and notifying MD if unresolved.

Category: Safety/Infection Control

Number: 7.037.1

Subject: Oxygen Safety

Applies: All Staff

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### **Sec 1.V. Oxygen Safety Risk Assessment**

1.V.A. The agency conducts a home oxygen safety risk assessment at admission, before starting therapy in the home, and during recertification/resumption.

1.V.B. The oxygen safety risk assessment is part of the comprehensive assessment, and addresses the following:

1.V.B.1. Smoking or smoking materials in the home

1.V.B.2. Smoke detector functionality

1.V.B.3. Other fire safety risks

1.V.B.4. Oxygen tank storage

1.V.B.5. Other oxygen safety issues

### **Sec 1.VI. Education**

1.VI.A. Oxygen safety education material includes:

1.VI.A.1. The causes of fire

1.VI.A.2. Fire risks for neighboring residences and buildings

1.VI.A.3. Precautions that can prevent fire-related injuries

1.VI.A.4. Safe oxygen storage and handling

1.VI.A.5. Oxygen concentrator safety

1.VI.A.6. Liquid oxygen safety

1.VI.A.7. Use of petroleum-based products

1.VI.A.8. That unresolved non-compliance will result in contact to the provider who prescribed the oxygen.

1.VI.B. The agency provides all staff educational materials related to oxygen safety, identifying safety risks, and reporting safety risks. The agency also periodically disseminates oxygen safety information to staff.

## Abundant Life Home Health Agency, LLC

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Category: Safety/Infection Control

Number: 7.037.1

Subject: Oxygen Safety

Applies: All Staff

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1.VI.B.1. The director of nursing may assign oxygen safety course(s) to staff, based on need.

1.VI.C. The agency provides education to patient, caregivers, and/or family when the patient is receiving oxygen therapy, such as:

1.VI.C.1. Education during assessment

1.VI.C.2. Education about identified safety risk (if risk identified)

1.VI.C.3. Oxygen Safety Handout

1.VI.C.4. Oxygen Safety Signage

1.VI.C.5. No Smoking Signage

1.VI.D. The agency documents providing this education.

### **Sec 1.VII. Identified Risks**

1.VII.A. The agency informs the patient, caregiver, and/or family of risk(s) identified during the assessment. The agency educates (or reeducates), makes recommendations to reduce/eliminate risk, and then gauges compliance.

1.VII.B. The agency instructs staff who provide care in between assessments to identify oxygen safety hazards in the home.

1.VII.B.1. The staff may re-educate patient, caregiver, and/or family.

1.VII.B.2. Staff must report any risks identified to their supervisor.

1.VII.B.3. The agency will contact patient, caregiver, and/or family to discuss compliance. This contact is documented in the patient record.

1.VII.C. The agency may contact the DME company that provided the oxygen equipment. (in the case of missing tank stands, malfunctioning equipment, no alternate tank, etc). This contact is documented in the patient record.

1.VII.D. In cases of un-resolved non-compliance, the agency notifies the physician who prescribed the oxygen, or the PCP. This contact is documented.

Category: Safety/Infection Control

Number: 7.038.1

Subject: Culture of Safety Initiative

Applies: All Staff

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## **SECTION 1 Policy Information**

### **Sec 1.I. Effective Date**

1.I.A. The effective date of this policy is 03/03/2020

### **Sec 1.II. Tags**

1.II.A. Tags: LD03.01.01

### **Sec 1.III. Purpose**

1.III.A. Purpose: To adopt policy and practice to create and maintain a culture of safety. To use the “11 Tenets of a Safety Culture” to guide agency efforts and resources in the culture of safety initiative. To foster organizational growth and improvement in culture.

### **Sec 1.IV. Policy**

1.IV.A. This policy is intended to establish the agency’s culture of safety initiative. It is intended to be the first of many policies/policy updates. The agency recognizes that many of the activities are represented in other policy (i.e. performance improvement, quality management), however this culmination is intended to focus and prioritize the culture of safety as a singular initiative.

1.IV.B. The agency adopts the “11 Tenets of a Safety Culture” as policy and guidance for the culture of safety initiative.

1.IV.C. Agency leadership work to advance the initiatives and track progress at least quarterly during QAPI meetings.

1.IV.D. The agency memorializes all activities and informal meetings related to culture of safety. This can be in the form of memorandums, notes, or other documentation.

1.IV.E. This policy is further detailed in the following sections.

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## **SECTION 2 Definitions**

### **Sec 2.I. Culture of Safety**

2.I.A. “What an organization is and does in the pursuit of safety” (The Joint Commission, 2017)

2.I.B. “...[T]he product of individual and group beliefs, values, attitudes, perceptions, competencies, and patterns of behavior that determine the organization’s commitment to quality and patient safety.” (The Joint Commission, 2017)

## **SECTION 3 The 11 Tenets of a Safety Culture**

3.I.A.1. Apply a transparent, nonpunitive approach to reporting and learning from adverse events, close calls and unsafe conditions.

3.I.A.2. Use clear, just, and transparent risk-based processes for recognizing and distinguishing human errors and system errors from unsafe, blameworthy actions.

3.I.A.3. CEOs and all leaders adopt and model appropriate behaviors and champion efforts to eradicate intimidating behaviors.

3.I.A.4. Policies support safety culture and the reporting of adverse events, close calls and unsafe conditions. These policies are enforced and communicated to all team members.

3.I.A.5. Recognize care team members who report adverse events and close calls, who identify unsafe conditions, or who have good suggestions for safety improvements. Share these “free lessons” with all team members (i.e., feedback loop).

3.I.A.6. Determine an organizational baseline measure on safety culture performance using a validated tool.

3.I.A.7. Analyze safety culture survey results from across the organization to find opportunities for quality and safety improvement.

3.I.A.8. Use information from safety assessments and/or surveys to develop and implement unit-based quality and safety improvement initiatives designed to improve the culture of safety.

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3.I.A.9. Embed safety culture team training into quality improvement projects and organizational processes to strengthen safety systems.

3.I.A.10. Proactively assess system strengths and vulnerabilities and prioritize them for enhancement or improvement.

3.I.A.11. Repeat organizational assessment of safety culture every 18 to 24 months to review progress and sustain improvement.

### **SECTION 4 Initial Efforts**

4.I.A. Addressing the tenets in sections listed below will be the first efforts towards the culture of safety initiative. The agency will address the other tenets during QAPI meetings as the agency further develops the culture of safety initiative.

#### **Sec 4.II. Tenet 1- Reporting & Learning from Adverse Events, Close Calls, and Unsafe Conditions.**

4.II.A. The agency has an open-door policy, wherein any staff member may elevate a concern or report as high as the CEO if necessary, for any reason.

4.II.B. The agency will develop specific policy to govern reports of adverse events, close calls, and unsafe conditions per tenet 1.

4.II.C. In the interim, the agency will immediately make available a reporting mechanism whereby staff may make anonymous reports to the agency.

4.II.D. The agency will send a notification to all active staff about the anonymous reporting. The agency will educate new staff at orientation.

4.II.E. The agency will send a reminder about the open-door policy at least quarterly, until new policy is adopted per 4.II.B .

#### **Sec 4.III. Tenet 6 – Culture of Safety Employee Survey**

4.III.A. The agency will measure culture of safety per tenet 6 by disseminating a survey to all active staff per LD03.01.01EP1

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4.III.B. The survey contents will be determined by leadership and updated/edited as needed; it will include an open text field for staff to input comments, reports, or other feedback.

4.III.C. The agency will send the survey to all active staff; the survey will be available for 30 days from that date and then closed.

4.III.D. Staff participation in the survey is compulsory. The survey will be anonymous, but staff may add their name if they choose.

4.III.E. The agency repeats the survey at least every 24 months and as needed.

### **Sec 4.IV. Tenet 7 /Tenet 8 Analyze Data and Improve**

4.IV.A. The agency will analyze the results of the survey from Sec 4.III .

4.IV.B. The agency will review the evaluation at least quarterly during QAPI meetings, and implement changes identified by the evaluation. LD03.01.01EP2

4.IV.C. The agency will create initiatives to improve culture of safety.

## **SECTION 5 References & Attachments**

### **Sec 5.I. References**

The Joint Commission. (2017, March 01). The essential role of leadership in developing a safety culture. *Sentinel Event Alert*, 8. Retrieved from <https://www.jointcommission.org/resources/patient-safety-topics/sentinel-event/sentinel-event-alert-newsletters/sentinel-event-alert-57-the-essential-role-of-leadership-in-developing-a-safety-culture/>



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**Sec 5.II. Attachments**

5.II.A. Culture of Safety Employee Survey

5.II.B. Sentinel Event Alert 57: The essential role of leadership in developing a safety culture

5.II.C. Sentinel Event Alert 57 Infographic



# Abundant Life Home Health Agency

*"Raising the Standards in Home Health"*



## Survey on Culture of Safety

This survey asks for your opinions about staff and patient safety. Your answers will remain confidential and will not affect you or be used against you. It is not required to provide your name to fill out this form. If you do not put your name, you will be asked to send a code word to Jenalyn.

### Name (Optional)

First Name

Last Name

### Today's Date \*

Date

### Staffing \*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
We have enough staff to handle the work load.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff have hurry because they have too much to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Compliance with Policies and Procedures \*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Staff follow standard policies and procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff uses shortcuts to get their work done faster.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To make work easier, staff often ignore policies and procedures.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff are aware of the policy and procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Training and Skills \*

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Staff receive the training they need in this agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff have adequate training on how to handle difficult patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff understand the training they get in this agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff receive appropriate training on personal protective equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Non-punitive Response to Mistakes \***

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Staff are blamed when patients are harmed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff are afraid to report their mistakes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff are treated fairly when they make mistakes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff feel safe reporting their mistakes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Management support for Patient Safety \***

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Staff are treated fairly if they refuse a safety/risk assignment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The agency encourages staff to discuss safety concerns with patients.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The agency provides staff with adequate access to personal protective equipment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Patient Hands-off \***

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Staff receive written or verbal information before taking care of a patient for the first time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff notify each other when there is a change in a patient's care plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff have all the information needed when patients are admitted for home care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Communication Openness \***

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Staff ideas and suggestions are valued in this agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff opinions are disregarded in this agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is it easy for staff to speak up about problems in this agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff encourage patients/PCGs to ask question about safety concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Comments (Optional)** If you would like to add any comments, please use the box below. Please give us feedback. ALL constructive criticism is welcome. Tell us what we are doing well. Tell us what we could do better.



# Sentinel Alert Event

A complimentary publication of The Joint Commission  
Issue 57, March 1, 2017

Published for Joint Commission-accredited organizations and interested health care professionals, *Sentinel Event Alert* identifies specific types of sentinel and adverse events and high risk conditions, describes their common underlying causes, and recommends steps to reduce risk and prevent future occurrences.

Accredited organizations should consider information in a *Sentinel Event Alert* when designing or redesigning processes and consider implementing relevant suggestions contained in the alert or reasonable alternatives.

Please route this issue to appropriate staff within your organization. *Sentinel Event Alert* may be reproduced if credited to The Joint Commission. To receive by email, or to view past issues, visit [www.jointcommission.org](http://www.jointcommission.org).

## The essential role of leadership in developing a safety culture

In any health care organization, leadership's first priority is to be accountable for effective care while protecting the safety of patients, employees, and visitors. Competent and thoughtful leaders\* contribute to improvements in safety and organizational culture.<sup>1,2</sup> They understand that systemic flaws exist and each step in a care process has the potential for failure simply because humans make mistakes.<sup>3-5</sup> James Reason compared these flaws – latent hazards and weaknesses – to holes in Swiss cheese. These latent hazards and weaknesses must be identified and solutions found to prevent errors from reaching the patient and causing harm.<sup>6</sup> Examples of latent hazards and weaknesses include poor design, lack of supervision, and manufacturing or maintenance defects.

The Joint Commission's Sentinel Event Database reveals that leadership's failure to create an effective safety culture is a contributing factor to many types of adverse events – from wrong site surgery to delays in treatment.<sup>7</sup>

In addition, through the results of its safety initiatives, The Joint Commission Center for Transforming Healthcare has found inadequate safety culture to be a significant contributing factor to adverse outcomes. Inadequate leadership can contribute to adverse events in various ways, including but not limited to these examples:

- Insufficient support of patient safety event reporting<sup>8</sup>
- Lack of feedback or response to staff and others who report safety vulnerabilities<sup>8</sup>
- Allowing intimidation of staff who report events<sup>9</sup>
- Refusing to consistently prioritize and implement safety recommendations
- Not addressing staff burnout<sup>10,11</sup>

In essence, a leader who is committed to prioritizing and making patient safety visible through every day actions is a critical part of creating a true culture of safety.<sup>12</sup> Leaders must commit to creating and maintaining a culture of safety; this commitment is just as critical as the time and resources devoted to revenue and financial stability, system integration, and productivity. Maintaining a safety culture requires leaders to consistently and visibly support and promote everyday safety measures.<sup>13</sup> Culture is a product of what is done on a consistent daily basis. Hospital team members measure an organization's commitment to culture by what leaders do, rather than what they say should be done.



\* The Joint Commission accreditation manual glossary defines a leader as: "an individual who sets expectations, develops plans, and implements procedures to assess and improve the quality of the organization's governance, management, and clinical and support functions and processes. At a minimum, leaders include members of the governing body and medical staff, the chief executive officer and other senior managers, the nurse executive, clinical leaders, and staff members in leadership positions within the organization."

The Joint Commission introduced safety culture concepts in 2008 with the publication of a Sentinel Event Alert on behaviors that undermine a culture of safety.<sup>14</sup> Further emphasis was made the following year with a Sentinel Event Alert on leadership committed to safety (this Alert replaces and updates that one), and the establishment of a leadership standard requiring leaders to create and maintain a culture of safety. The Patient Safety Systems (PS) chapter of The Joint Commission's *Comprehensive Accreditation Manual for Hospitals* emphasizes the importance of safety culture. As of Jan. 1, 2017, the chapter expanded to critical access hospitals, and to ambulatory care and office-based surgery settings.

### Safety culture foundation

Safety culture is the sum of what an organization **is** and **does** in the pursuit of safety.<sup>15</sup> The PS chapter defines safety culture as the product of individual and group beliefs, values, attitudes, perceptions, competencies, and patterns of behavior that determine the organization's commitment to quality and patient safety. Organizations that have a robust safety culture are characterized by communications founded on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventive measures.<sup>16</sup> The safety culture concept originated in the nuclear energy and aviation industries, which are known for their use of strategies and methodologies designed to consistently and systematically mitigate risk, thereby avoiding accidents.<sup>17,18</sup> The Institute of Nuclear Power Operations defined safety culture characteristics<sup>19</sup> that are adaptable to the health care environment:

1. Leaders demonstrate commitment to safety in their decisions and behaviors.
2. Decisions that support or affect safety are systematic, rigorous and thorough.
3. Trust and respect permeate the organization.
4. Opportunities to learn about ways to ensure safety are sought out and implemented.
5. Issues potentially impacting safety are promptly identified, fully evaluated, and promptly addressed and corrected commensurate with their significance.
6. A safety-conscious work environment is maintained where personnel feel free to raise safety concerns without intimidation,

harassment, discrimination, or fear of retaliation.

7. The process of planning and controlling work activities is implemented so that safety is maintained.

Leaders can build safety cultures by readily and willingly participating with care team members in initiatives designed to develop and emulate safety culture characteristics.<sup>13</sup> Effective leaders who deliberately engage in strategies and tactics to strengthen their organization's safety culture see safety issues as problems with organizational systems, not their employees, and see adverse events and close calls ("near misses") as providing "information-rich" data for learning and systems improvement.<sup>3-5</sup> Individuals within the organization respect and are wary of operational hazards, have a collective mindfulness that people and equipment will sometimes fail, defer to expertise rather than hierarchy in decision making, and develop defenses and contingency plans to cope with failures. These concepts stem from the extensive research of James Reason on the psychology of human error. Among Reason's description of the main elements of a safety culture<sup>20</sup> are:

- **Just culture** – people are encouraged, even rewarded, for providing essential safety-related information, but clear lines are drawn between human error and at-risk or reckless behaviors.
- **Reporting culture** – people report their errors and near-misses.
- **Learning culture** – the willingness and the competence to draw the right conclusions from safety information systems, and the will to implement major reforms when their need is indicated.

In an organization with a strong safety culture, individuals within the organization treat each other and their patients with dignity and respect. The organization is characterized by staff who are productive, engaged, learning, and collaborative.<sup>19</sup> Having care team members who gain joy and meaning through their work has been found to have an important role in establishing and maintaining a safe culture. The Lucien Leape Institute's Joy & Meaning in Workforce Safety initiative addresses clinician burnout, which is at record highs.<sup>11,21</sup> Clinician burnout is associated with lower perceptions of patient safety culture and may directly or indirectly affect patient outcomes.<sup>22</sup>

Joy and meaning will be created when the workforce feels valued, safe from harm, and part of the solutions for change. When team members know that their well-being is a priority, they are able to be meaningfully engaged in their work, to be more satisfied, less likely to experience burnout, and to deliver more effective and safer care.<sup>11,21</sup> Leaders who encourage transparency in response to reports of adverse events, close calls and unsafe conditions, and who have established processes that ensure follow-up to ensure reports are not lost or ignored (or perceived to be lost or ignored), help mitigate intimidating behaviors because transparency of action itself discourages such behavior. On the opposite end of the spectrum, intimidating and unsettling behaviors causing emotional harm, including the use of inappropriate words and actions or inactions, has a detrimental impact on patient safety<sup>10</sup> and should not occur in a safety culture. This includes terminating, punishing or failing to support a health care team member who makes an error (the “second victim”).

Unfortunately, as attention to the need for a culture of safety in hospitals has increased, “so have concomitant reports of retaliation and intimidation targeting care team members who voice concern about safety and quality deficiencies,” according to a National Association for Healthcare Quality report.<sup>9</sup> Intimidation has included overtly hostile actions, as well as subtle or passive-aggressive behaviors, such as failing to return phone calls or excluding individuals from team activities. Survey results released by the Institute for Safe Medication Practices (ISMP) show that disrespectful behavior remains a problem in the health care workplace. Most respondents reported experiences with negative comments about colleagues, reluctance or refusal to answer questions or return calls, condescending language or demeaning comments, impatience with questions or hanging up the phone, and a reluctance to follow safety practices or work collaboratively.<sup>23</sup>

#### **Actions suggested by The Joint Commission**

The Joint Commission recommends that leaders take actions to establish and continuously improve the five components of a safety culture defined by Chassin and Loeb: **trust, accountability, identifying unsafe conditions, strengthening systems, and assessment.**<sup>18</sup> These actions are not intended to be implemented in a sequential manner. Leaders will need to address and apply various components to the workforce

simultaneously, using tactics such as board engagement, leadership education, goalsetting, staff support, and dashboards and reports that routinely review safety data.<sup>12</sup>

**1. Absolutely crucial is a transparent, non-punitive approach to reporting and learning from adverse events, close calls and unsafe conditions.**<sup>16,24</sup> states the Patient Safety Systems (PS) chapter of The Joint Commission’s *Comprehensive Accreditation Manual for Hospitals*. Develop **trust and accountability** through an organizational-wide and easy-to-use reporting system. This reporting system should be accessible to everyone within the organization. Having this system is essential for developing a culture in which unsafe conditions are identified and reported without fear of punishment or reprisal for unintentional mistakes, leading to proactive prevention of patient harm.<sup>14,18,25,26</sup> Leaders can augment voluntary reporting by using other methods, such as trigger tools and observational techniques, to proactively address risk and identify potential errors.<sup>27</sup>

**2. Establish clear, just, and transparent risk-based processes for recognizing and separating human error and error arising from poorly designed systems from unsafe or reckless actions that are blameworthy.**<sup>18</sup>

Mistakes, lapses, omissions and other human errors are opportunities for improvement and lessons learned from them should be shared. Punishing, terminating or failing to support an employee who makes a mistake during the course of an adverse event can erode leadership’s credibility and undermine organizational safety culture.<sup>28</sup> The [Incident Decision Tree](#), from the United Kingdom’s National Patient Safety Agency, is one example that supports the aim of creating an open, fair and accountable culture, where employees feel able to report patient safety incidents without undue fear of the consequences, and health care organizations know where to draw the accountability line.

**3. To advance trust within the organization, CEOs and all leaders must adopt and model appropriate behaviors and champion efforts to eradicate intimidating behaviors.**<sup>18,25,26</sup> These behaviors include demonstrating respect in all interactions, personally participating in activities and programs aimed at improving safety culture, and by making sure safety-related feedback from staff is acknowledged and, if appropriate,

implemented. Leadership must maintain a fair and equitable measure of accountability to all.

**4. Establish, enforce and communicate to all team members the policies that support safety culture and the reporting of adverse events, close calls and unsafe conditions.**<sup>19</sup>

**5. Recognize care team members who report adverse events and close calls, who identify unsafe conditions, or who have good suggestions for safety improvements.** Leaders can recognize “good catches” – in which adverse events are avoided – and share these “free lessons” with all team members (i.e., feedback loop).<sup>29</sup> The Joint Commission Center for Transforming Healthcare’s [Safety Culture project](#) found that two effective ways of reporting back to team members who raised safety issues were through 1) shift and unit huddles, and 2) visual management boards. They found that care team members stopped making suggestions when they received no feedback from team or hospital leaders.

Also useful toward recognizing safety initiatives and promoting safety culture are activities involving leaders, such as team safety briefings and planning sessions,<sup>17,30</sup> huddles<sup>31,32</sup> about safety threats or issues, debriefs to learn from identified errors or safety defects,<sup>30,33</sup> and safety rounds or walkarounds.<sup>34-36</sup>

**6. Establish an organizational baseline measure on safety culture performance using the Agency for Healthcare Research and Quality (AHRQ) [Hospital Survey on Patient Safety Culture \(HSOPS\)](#) or another tool, such as the [Safety Attitudes Questionnaire \(SAQ\)](#).**<sup>37-</sup>

<sup>39</sup> A summary of these tools can be found in the Resources section of this alert.

**7. Analyze safety culture survey results from across the organization to find opportunities for quality and safety improvement.**<sup>33,39-40</sup>

Analyzing data in this manner enables an organization to find improvement opportunities and solutions in line with organizational priorities and needs. This analysis must drill down to local unit levels so that unit-specific solutions can be developed and implemented.<sup>41</sup> Share the results with frontline staff throughout the organization and with governing bodies, including the board.

**8. In response to information gained from safety assessments and/or surveys, develop**

**and implement unit-based quality and safety improvement initiatives designed to improve the culture of safety.**<sup>33,39-40,42-46</sup> Examples from Joint Commission-accredited organizations include:

- An obstetrics service line created a multidisciplinary code of professionalism as a mechanism to address unprofessional behavior. Physicians, nurses, and support staff underwent education that addressed why and how to report unprofessional behavior. Leadership followed up on all reports concerning unprofessional behavior with coaching. As a result of the education, reporting and coaching, statistically significant improvement was shown on the following AHRQ Hospital Survey on Patient Safety Culture dimensions: teamwork within units, management support, organizational learning, and frequency of events reported.<sup>47</sup>
- The Rhode Island Intensive Care Unit (ICU) Collaborative conducted a study to examine the impact of a Safety Attitudes Questionnaire Action Plan (SAQAP) on ICU central-line associated blood stream infections (CLABSIs) and ventilator-associated pneumonia (VAP) rates. Teams that developed SAQAPs improved their unit culture and clinical outcomes. Units that developed SAQAPs demonstrated higher improvement rates in all domains of the SAQ, except working conditions. Improvements were close to statistical significance for teamwork climate (+18.4 percent in SAQAP units versus -6.4 percent in other units,  $p = .07$ ) and job satisfaction (+25.9 percent increase in SAQAP units versus +7.3 percent,  $p = .07$ ). Units with SAQAPs decreased the CLABSI rates by 10.2 percent in 2008 compared with 2007, while those without SAQAP had a 2.2 percent decrease in rates ( $p = .59$ ). Similarly, VAP rates decreased by 15.2 percent in SAQAP units, while VAP rates increased by 4.8 percent in units without SAQAP ( $p = .39$ ).<sup>48</sup>
- An academic medical center developed a comprehensive unit-based safety program that included steps to identify hazards, partnered units with a senior executive to fix hazards, learned from defects, and implemented communication and teamwork tools. In 2006, 55 percent of units achieved the SAQ-measured safety climate goal of meeting or exceeding a 60 percent positive



score or improving the score by 10 or more percentage points. In 2008, 82 percent of units achieved the goal. For teamwork climate, the two-year improvement was 61 to 83 percent. Scores improved in every SAQ domain except stress recognition.<sup>39</sup>

Many other examples of successful and measurable safety culture initiatives can be found in health care literature. Some of these initiatives<sup>39,49</sup> successfully used tactics such as walkarounds,<sup>34-36</sup> huddles,<sup>31,32</sup> employee engagement,<sup>50,51</sup> team safety briefings and planning sessions,<sup>17,30</sup> debriefs to learn from identified errors or safety defects,<sup>30,33</sup> and safety ambassadors<sup>52</sup> to improve various aspects of safety culture. Improvement on safety culture measures is associated with positive outcomes, such as reduced infection rates,<sup>38,53</sup> fewer readmissions,<sup>38,53</sup> decreased care team member turnover,<sup>39</sup> better surgical outcomes,<sup>54</sup> reduced adverse events,<sup>55,56</sup> and decreased mortality.<sup>55</sup> Health care organizations in which care team members have positive perceptions of safety culture tend to have positive assessments of care from patients as well.<sup>57</sup>

**9. Embed safety culture team training into quality improvement projects<sup>33,39-40,49</sup> and organizational processes to strengthen safety systems.**<sup>17,18,30</sup> Team training derived from evidence-based frameworks can be used to enhance the performance of teams in high-stress, high-risk areas of the organization – such as operating rooms, ICUs and emergency departments – and has been implemented at many health care facilities across the country.<sup>17,30</sup>

#### Safety Culture Key to High Reliability

The Joint Commission established a theoretical framework that emphasizes safety culture, leadership and robust process improvement as three domains that are critical to high reliability within a health care organization.<sup>18</sup> By promoting the core attributes of trust, report and improve,<sup>15</sup> high-reliability organizations create safety cultures in which team members trust peers and leadership; report vulnerabilities and hazards that require risk-based consideration; and communicate the benefits of these improvements back to involved staff. Leaders can self-assess performance and improvements relating to high reliability by using the Oro™ 2.0 High Reliability Organizational Assessment and Resources Tool. See this alert's Resources section for more information.

**10. Proactively assess system (such as medication management and electronic health records) strengths and vulnerabilities and prioritize them for enhancement or improvement.**<sup>18,58</sup>

**11. Repeat organizational assessment of safety culture every 18 to 24 months to review progress and sustain improvement.**<sup>38</sup> Ensure that the assessment drills down to unit levels,<sup>41</sup> and make these assessments part of strategic measures reported to the board.<sup>18</sup>

#### Related Joint Commission requirements

Many Joint Commission standards address issues related to the design and management of patient safety systems. These requirements and elements of performance, which include the following, can be found in the Patient Safety Systems (PS) chapter of The Joint Commission's accreditation manuals for hospitals and critical access hospitals, and for ambulatory care and office-based surgery settings:

**LD.03.01.01:** Leaders create and maintain a culture of safety and quality throughout the organization.

EP 1. Leaders regularly evaluate the culture of safety and quality using valid and reliable tools.

EP 4. Leaders develop a code of conduct that defines acceptable behavior and behaviors that undermine a culture of safety.

EP 5. Leaders create and implement a process for managing behaviors that undermine a culture of safety.

#### Resources

[Hospital Survey on Patient Safety Culture \(HSOPS\)](#) – Identifies 12 dimensions of safety culture (10 climate dimensions and two outcomes variables):<sup>53</sup>

- Communication openness
- Feedback and communication about error
- Frequency of events reported
- Handoffs and transitions
- Management support for patient safety
- Non-punitive response to error
- Organizational learning (continuous improvement)
- Overall perceptions of safety
- Staffing
- Supervisor/manager expectations and actions promoting safety

- Teamwork across units
- Teamwork within units

[United Kingdom's National Patient Safety Agency's Incident Decision Tree](#) – Supports the aim of creating an open culture, where employees feel able to report patient safety incidents without undue fear of the consequences. The approach does not seek to diminish health care professionals' individual accountability, but encourages key decision makers to consider systems and organizational issues in the management of error.<sup>28</sup>

[Institute for Healthcare Improvement's Joy in Work initiative](#) – Addresses clinician burnout.

The Joint Commission Center for Transforming Healthcare's [Oro™ 2.0 High Reliability Organizational Assessment and Resources application](#) – High reliability organizations routinely self-assess. This self-assessment tool is intended for hospital leadership teams. It can be used in combination with tools (such as HSOPS and SAQ) that measure the perceptions of staff at all levels of the organization. The tool evaluates:

- Leadership commitment
- Safety culture
- Performance improvement

[Patient Safety Systems \(PS\) chapter of The Joint Commission's Comprehensive Accreditation Manual for Hospitals](#) (as of Jan. 1, 2017, also applicable to critical access hospitals, and to ambulatory care and office-based surgery settings)

[Safety Attitudes Questionnaire \(SAQ\)](#) – Measures six culture domains:

- Teamwork climate
- Safety climate
- Perceptions of management
- Job satisfaction
- Working conditions
- Stress recognition

[Safety Culture Project, The Joint Commission Center for Transforming Healthcare](#) – Seven participating organizations focused on identifying unsafe conditions before they reached the patient and finding reliable, sustainable solutions. The organizations found that reporting back to team members about how their suggestions improved care increased team member satisfaction, particularly if the feedback included praise, either public or private as appropriate, for those who

spoke up.<sup>29</sup> The project utilized The Joint Commission's [Robust Process Improvement® \(RPI®\)](#), a blended approach to improve business and clinical processes and outcomes using Lean, Six Sigma and change management methodologies. RPI is intended for all staff, including leaders.

[Strategies for Creating, Sustaining, and Improving a Culture of Safety in Health Care](#) – Published by Joint Commission Resources, this second edition book expands the idea of “building” a culture of safety by spotlighting the best articles related to this topic from *The Joint Commission Journal on Quality and Patient Safety*. These articles provide unique perspectives of challenges inherent when establishing and maintaining a culture of safety.

#### References

1. Schein EH. Organizational Culture and Leadership, 4th ed. 2010.
2. Institute of Medicine (U.S.) Committee on the Work Environment for Nurses and Patient Safety. Keeping Patients Safe: Transforming the Work Environment of Nurses. Washington, DC: National Academies Press (U.S.). 2004. 4, Transformational Leadership and Evidence-Based Management. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK216194/> (accessed Oct. 12, 2016).
3. Clarke JR, et al. The role for leaders of health care organizations in patient safety. *American Journal of Medical Quality*. Sept./Oct. 2007;22(5):311-318.
4. Parand A, et al. The role of chief executive officers in a quality improvement initiative: a qualitative study. *BMJ Open*. 2013;3:e001731.
5. Causal Factors Analysis: An Approach for Organizational Learning. B&W/Pantex. 2008.
6. Agency for Healthcare Research and Quality. [Patient Safety Network \(PSNet\) Systems Approach webpage](#). Last updated March 2015 (accessed Dec. 8, 2016).
7. Smetzer J, et al. [Shaping systems for better behavioral choices: lessons learned from a fatal medication error](#). *Joint Commission Journal on Quality and Patient Safety*. 2010;36:152-163.
8. Sorra J, et al. Hospital Survey on Patient Safety Culture 2014 User Comparative Database Report. (Prepared by Westat, Rockville, MD, under Contract No. HHS 290201300003C). Rockville, MD: Agency for Healthcare Research and Quality. AHRQ Publication No. 14-0019-EF. March 2014.
9. National Association for Healthcare Quality. Call to action: Safeguarding the integrity of healthcare quality and safety systems. October 2012.
10. Stewart K, et al. Unprofessional behavior and patient safety. *The International Journal of Clinical Leadership*. 2011;17:93-101.
11. Institute for Healthcare Improvement. [Joy in Work](#) (accessed June 2, 2016).
12. National Patient Safety Foundation. [Free From Harm: Accelerating patient safety improvement 15 years after To Err Is Human](#). 2015 (accessed Dec. 8, 2016).

13. Leonard M and Frankel A. How can leaders influence a safety culture? The Health Foundation Thought Paper. May 2012.
14. The Joint Commission. *Sentinel Event Alert*, Issue 40: [Behaviors that undermine a culture of safety](#). July 9, 2008 (accessed Oct. 28, 2016).
15. Reason J and Hobbs A. *Managing Maintenance Error: A Practical Guide*. Ashgate. 2003.
16. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Patient Safety Systems Chapter*, Update 2. January 2015.
17. Health Research and Educational Trust. [Improving Patient Safety Culture through Teamwork and Communication: TeamSTEPPS®](#). Chicago, Illinois. Health Research and Educational Trust. 2015, June (accessed Sept. 23, 2016).
18. Chassin MR and Loeb JM. High-reliability health care: getting there from here. *The Milbank Quarterly*. 2013;91(3):459–490.
19. Institute of Nuclear Power Operators. Traits of a Healthy Nuclear Safety Culture. Revision 1, 2013.
20. Adapted from Reason J. *Managing the Risks of Organizational Accidents*. Ashgate. 1997.
21. Lucian Leape Institute. [Through the Eyes of the Workforce: Creating Joy, Meaning, and Safer Health Care](#). Boston, Massachusetts: National Patient Safety Foundation. 2013.
22. Profit J, et al. Burnout in the NICU setting and its relation to safety culture. *BMJ Quality & Safety*. 2014;23:806–813.
23. Institute for Safe Medication Practices. [Intimidation still a problem in hospital workplace, survey shows](#). News release dated Oct. 3, 2013 (accessed Sept. 23, 2016).
24. National Patient Safety Foundation's Lucian Leape Institute. [Shining a light: Safer health care through transparency](#). Boston, MA: National Patient Safety Foundation; 2015.
25. Blouin AS and McDonagh KJ. Framework for patient safety, Part 1: Culture as an imperative. *The Journal of Nursing Administration*. Oct. 2011;41(10).
26. Blouin AS and McDonagh KJ. Framework for patient safety, Part 2: Resilience, the next frontier. *The Journal of Nursing Administration*. Oct. 2011;41(10).
27. Institute for Healthcare Improvement. [Introduction to trigger tools for identifying adverse events](#). (Accessed Dec. 8, 2016).
28. Meadows S, et al. The incident decision tree: guidelines for action following patient safety incidents. *Advances in Patient Safety*. 4:387-399
29. Reason JT. *The Human Contribution: Unsafe Acts, Accidents and Heroic Recoveries*. Ashgate Publishing Limited. Surrey, England. 2008; page 35.
30. Thomas L and Galla C. Building a culture of safety through team training and engagement. *BMJ Quality and Safety*. 2013;22:425-434.
31. Criscitelli T. Fostering a culture of safety: the OR huddle. *AORN Journal*. Dec. 2015;102(6):656-659.
32. Sikka R, et al. How every hospital should start the day. *Harvard Business Review*. Dec. 5, 2014.
33. Muething SE, et al. Quality improvement initiative to reduce serious safety events and improve patient safety culture. *Pediatrics*. August 2012;130(2):e423-e431.
34. Singer SJ and Tucker AL. The evolving literature on safety WalkRounds: emerging themes and practical messages. *BMJ Quality and Safety*. 2014;23:789–800.
35. Rotteau L, et al. 'I think we should just listen and get out': a qualitative exploration of views and experiences of patient safety walkrounds. *BMJ Quality and Safety*. 2014;23:823–829.
36. Sexton JB, et al. Exposure to Leadership WalkRounds in neonatal intensive care units is associated with a better patient safety culture and less caregiver burnout. *BMJ Quality & Safety*. 2014;23:814–822.
37. Safety culture proven to improve quality, must be monitored and measured. *Hospital Peer Review*, May 2016;41(5):49-60.
38. Hospital culture must be measured, not just improved. *Case Management Advisor*, April 2016; p. 46.
39. Paine LA, et al. Assessing and improving safety culture throughout an academic medical centre: a prospective cohort study. *Quality and Safety in Health Care*. 2010;19:547-554.
40. Burström L, et al. The patient safety culture as perceived by staff at two different emergency departments before and after introducing a flow-oriented working model with team triage and lean principles: a repeated cross-sectional study. *BMC Health Services Research*. 2014;14:296.
41. Campbell EG, et al. Patient safety climate in hospitals: Act locally on variation across units. *The Joint Commission Journal on Quality and Patient Safety*. July 2010;36(7):319-326.
42. Leape L, et al. A culture of respect, part 2: Creating a culture of respect. *Academic Medicine*. 2012 July;87(7):853-858.
43. Wu A, ed. [The Value of Close Calls in Improving Patient Safety: Learning How to Avoid and Mitigate Patient Harm](#). Oak Brook, IL. Joint Commission Resources. 2011.
44. Agency for Healthcare Research and Quality. [Becoming a High Reliability Organization: Operational Advice for Hospital Leaders](#). Rockville, MD: AHRQ. 2008.
45. Fei K and Vlases FR. Creating a safety culture through the application of reliability science. *Journal of Healthcare Quality*. 2008 Nov.-Dec.;30(6):37-43.
46. Massachusetts Coalition of the Prevention of Medical Errors: [When Things Go Wrong: Responding to Adverse Events](#). March 2006 (accessed May 31, 2016).
47. DuPree E, et al. Professionalism: a necessary ingredient in a culture of safety. *The Joint Commission Journal on Quality and Patient Safety*. Oct. 2011;37(10):447-455.
48. Vigorito MC, et al. [Improving safety culture results in Rhode Island ICUs: lessons learned from the development of action-oriented plans](#). *Joint Commission Journal of Quality and Patient Safety*. Nov. 2011;37(11):509-14 (accessed Oct. 27, 2016).
49. Jones KJ, et al. A theory-driven, longitudinal evaluation of the impact of team training on safety culture in 24 hospitals. *Quality and Safety in Health Care*. 2013;22:394–404.
50. Collier SL, et al. Employee engagement and a culture of safety in the intensive care unit. *Journal of Nursing Administration*. Jan. 2016;46(1):49-54.

51. Daugherty Biddison EL, et al. Associations between safety culture and employee engagement over time: a retrospective analysis. *BMJ Quality & Safety*. 2015;0:1–7.
52. Pressman BD and Roy LT. Developing a culture of safety in an imaging department. *Case Studies in Clinical Practice Management*. 2015. American College of Radiology.  
<http://dx.doi.org/10.1016/j.jacr.2014.07.010>
53. Fan CJ, et al. Association of safety culture with surgical site infection outcomes. *Journal of the American College of Surgeons*. 2016;222:122-128.
54. Sacks GD, et al. Teamwork, communication and safety climate: a systematic review of interventions to improve surgical culture. *BMJ Quality & Safety*. 2015;0:1-10.
55. Berry JC, et al. Improved safety culture and teamwork climate are associated with decreases in patient harm and hospital mortality across a hospital system. *Journal of Patient Safety*. 2016.
56. Birk S. Accelerating the adoption of a safety culture. *Healthcare Executive*. March/April 2015:19-26.
57. Sorra J, et al. Exploring relationships between patient safety culture and patients' assessments of hospital care. *Journal of Patient Safety*. 2012;8:131-139.
58. Braithwaite J, et al. [Resilient health care: turning patient safety on its head](#). *International Journal for Quality in Health Care*. Oct. 2015;27(5):418-20.

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**Patient Safety Advisory Group**

The Patient Safety Advisory Group informs The Joint Commission on patient safety issues and, with other sources, advises on topics and content for *Sentinel Event Alert*.

# 11 Tenets of a Safety Culture

## Definition of Safety Culture

Safety culture is the sum of what an organization is and does in the pursuit of safety. The Patient Safety Systems (PS) chapter of The Joint Commission accreditation manuals defines safety culture as the product of individual and group beliefs, values, attitudes, perceptions, competencies, and patterns of behavior that determine the organization's commitment to quality and patient safety.

1

Apply a transparent, nonpunitive approach to reporting and learning from adverse events, close calls and unsafe conditions.

2

Use clear, just, and transparent risk-based processes for recognizing and distinguishing human errors and system errors from unsafe, blameworthy actions.

3

CEOs and all leaders adopt and model appropriate behaviors and champion efforts to eradicate intimidating behaviors.

4

Policies support safety culture and the reporting of adverse events, close calls and unsafe conditions. These policies are enforced and communicated to all team members.

5

Recognize care team members who report adverse events and close calls, who identify unsafe conditions, or who have good suggestions for safety improvements. Share these "free lessons" with all team members (i.e., feedback loop).

6

Determine an organizational baseline measure on safety culture performance using a validated tool.

7

Analyze safety culture survey results from across the organization to find opportunities for quality and safety improvement.

8

Use information from safety assessments and/or surveys to develop and implement unit-based quality and safety improvement initiatives designed to improve the culture of safety.

9

Embed safety culture team training into quality improvement projects and organizational processes to strengthen safety systems.

10

Proactively assess system strengths and vulnerabilities, and prioritize them for enhancement or improvement.

11

Repeat organizational assessment of safety culture every 18 to 24 months to review progress and sustain improvement.



## **Abundant Life Home Health Agency, LLC**

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Category: Safety/Infection Control

Number: 7.039.1

Subject: COVID-19 Vaccine Policy and Procedures

Applies: All Employees

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### **SECTION 1 Policy Information**

#### **Sec 1.I. Effective Date**

1.I.A.1. The effective date of this policy is February 3, 2023

#### **Sec 1.II. Purpose**

1.II.A. Purpose: In accordance with the COVID-19 Health Care Staff Vaccination rule from the Centers for Medicare & Medicaid Services, Abundant Life Home Health Agency, LLC is adopting this policy to safeguard the health of our patients and employees from COVID-19.

#### **Sec 1.III. Scope**

1.III.A. Policy: This policy applies to agency employees, volunteers, and individuals who provide care, treatment, or other services for the Agency's patients, under contract or other arrangement. In addition, contractors, and others with direct or indirect patient contact—including administrative staff, agency leadership. Employees who provide services 100 percent remotely and who do not have any direct contact with patients and other staff are not subject to the vaccination requirements.

### **SECTION 2 Effective Dates**

#### **Sec 2.I.**

2.I.A. By 2/8/2023, all covered employees must have completed their primary vaccination series. COVID-19 booster shots are not required at this time.

2.I.B. New hires must complete the two dose COVID-19 vaccine; a one-dose COVID-19 vaccine, or complete the applicable exemption form prior to providing any care, treatment or other services for Abundant Life Home Health Agency and/or its patients.



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### 2.I.C. Information About COVID-19 Vaccines

2.I.D. The CDC has promoted the benefits and safety of approved COVID-19 vaccines. According to the CDC:

- a. *COVID-19 vaccines currently approved or in development in the US do not contain the COVID-19 virus and will not make you sick with COVID-19. Getting the COVID-19 vaccine will not make you test positive for COVID-19.*
- b. *COVID-19 vaccinations have been shown to be highly effective at preventing you from getting sick with COVID19.*
- c. *COVID-19 vaccines do not change your DNA.*
- d. *COVID-19 vaccinations are an important tool in helping to stop the pandemic.*
- e. *COVID-19 vaccines will be free to you, though some charges may be billed to your insurance company.*
- f. *More information about COVID-19 vaccines and the vaccine approval process is available and frequently updated on the CDC's website at: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/>.*

## **SECTION 3 Procedures**

### **Sec 3.I. Vaccination Requirements**

3.I.A. COVID-19 vaccinations are free regardless of whether an individual has health insurance. While a provider may bill a patient's health insurance for administering the vaccine, there is no out-of-pocket cost to an individual.

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3.I.B. Official documentation of vaccination status must be submitted to human resources before the applicable deadline of 2/6/2023 by providing one of the following:

- i. CDC COVID-19 vaccination record card (or a legible photo of the card).
- ii. Documentation of vaccination from a health care provider or electronic health record.
- iii. State immunization information system record.

3.I.C. Employees must comply, unless an exemption from this policy has been granted as an accommodation or otherwise. For more on the accommodation and exemption process, see Accommodation and Exemption Requests below.

3.I.D. Employees found to have provided false documentation will be subject to termination of employment.

### **Sec 3.II. Vaccine Administration**

3.II.A. You are responsible for scheduling and obtaining all recommended doses of an FDA-approved COVID-19 vaccine or a COVID-19 vaccine granted Emergency Use Authorization by the FDA. Proof of Vaccination

### **Sec 3.III. Proof of Vaccination**

3.III.A. You must provide written proof of vaccination from the vaccine administrator [ or a CDC-issued vaccination card, including the vaccination place, date(s), and name, before returning to the workplace/by 2/8/2023. Do not include any medical or genetic information with your proof of vaccination.

### **Sec 3.IV. Accommodation and Exemption Requests**

3.IV.A. Disability Accommodation



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Abundant Life Home Health Agency provides reasonable accommodations, absent undue hardship, to qualified individuals with disabilities that enable them to perform their job duties. Reasonable accommodation may include appropriate adjustment or modifications of employer policies, including this Mandatory Vaccination Policy. If you believe you need an accommodation regarding this policy because of a disability, you are responsible for requesting a reasonable accommodation from the Human Resources Department.

### 3.IV.B. Religious Accommodation

Abundant Life Home Health Agency provides reasonable accommodations, absent undue hardship, to employees with sincerely held religious beliefs, observances, or practices that conflict with getting vaccinated. If you believe you need an accommodation regarding this policy because of your sincerely held religious belief, you are responsible for requesting a reasonable accommodation from the Human Resources Department.

### 3.IV.C. Exemption for Other Medical Reasons

Exemptions for other medical reasons may be available [on a case-by-case basis/for conditions such as [pregnancy,] [breastfeeding,] [history of certain allergic reactions,] and [any other medical condition that is a contraindication to the COVID-19 vaccine] even if they do not qualify as a disability under federal, state, or local law.

## **Sec 3.V. How to Request an Accommodation or Other Exemption**

3.V.A.1. You may request a reasonable accommodation or other exemption from this policy by completing Abundant Life Home Health Agency's Request for Exemption from Vaccination Policy Form and returning it to the Human Resources Department. The form is available via secure link. Please contact Catherine- HR manager at 727-286-8916 to be sent the link. Once the human resources department receives the completed form, the interactive accommodation process will begin. Accommodations will be granted only in circumstances where they do not cause Abundant Life Home Health Agency undue hardship or pose a direct threat to the health and safety of others.

## **Abundant Life Home Health Agency, LLC**

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Category: Safety/Infection Control

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3.V.A.2. Abundant Life Home Health Agency reserves the right to request additional documentation supporting the need for an accommodation or request for any other exemption.

3.V.A.3. Abundant Life Home Health Agency will keep confidential any medical information obtained in connection with your request for a reasonable accommodation or other exemption. However, we ask that you not provide any genetic information to Abundant Life Home Health Agency when responding to a request for additional information [or providing proof of vaccination] in compliance with this policy (see GINA Safe Harbor below).]

### **SECTION 4 Determinations**

4.I.A.1. Abundant Life Home Health Agency makes determinations about requested accommodations and exemptions on a case-by-case basis considering various factors and based on an individualized assessment in each situation. Abundant Life Home Health Agency strives to make these determinations expeditiously and in a fair and nondiscriminatory manner and will inform you after we make a determination. If you have any questions about an accommodation or exemption request you made, please contact Traci Brissett RN-DON at 727-286-8916.

## Abundant Life Home Health Agency, LLC

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### 4.I.A.2. GINA Safe Harbor

The 19 Vaccine Policy Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by law. To comply with this law, Abundant Life Home Health Agency asks that you not provide any information when responding to this request for medical information. "Genetic information," as defined by GINA, includes:

- i. An individual's family medical history.
- ii. The results of an individual's or family member's genetic tests.
- iii. The fact that an individual or an individual's family member sought or received genetic services.
  - a. *Genetic information of a fetus carried by an individual or an individual's family member or anyone lawfully held by an individual or family member receiving assistive reproductive services.*

### **Sec 4.II. Policy Administration and Questions**

The agency administrator and director of nursing are responsible for administering and enforcing this policy. If you have any questions about this policy or about health and safety issues that are not addressed in this policy, please contact the administrator or director of nursing at 727-286-8916.

### **Sec 4.III. Policy Modification**

Abundant Life Home Health Agency reserves the right to modify this policy at any time in its sole discretion to adapt to changing circumstances, Health Department and CDC guidelines.

Category: Safety/Infection Control

Number: 7.040.1

Subject: COVID-19 Infection Protocol

Applies: All Employees

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## **SECTION 1 Policy Information**

### **Sec 1.I. Effective Date**

1.I.A. The effective date of this policy is August 28, 2023.

### **Sec 1.II. Tags**

1.II.A. HR.2.031.1

### **Sec 1.III. Purpose**

1.III.A. Policy and procedure on COVID-19 Infection.

## **SECTION 2 Policy**

### **Sec 2.I. Employee**

2.I.A. Any employee who tests positive for COVID-19 must notify the family and office immediately.

2.I.B. The agency follows current CDC guidelines related to COVID-19 quarantine which supersedes any guidelines in this policy if outdated. The employee will need to follow the isolation procedure.

2.I.B.1. If you test positive for COVID-19, isolate for 5 days (Centers for Disease Control and Prevention, 2023).

2.I.B.2. Employees who cannot return to work after the five days of isolation will need to present a return-to-work letter from the doctor.

2.I.C. HR Director/Administrator/DON will fill out the COVID-19 Infection Tracker and will inform employee about the quarantine process.

### **Sec 2.II. Patient**

2.II.A. If a patient tests positive for COVID-19 the office must be notified immediately.

## Abundant Life Home Health Agency, LLC

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Category: Safety/Infection Control

Number: 7.040.1

Subject: COVID-19 Infection Protocol

Applies: All Employees

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2.II.B. HR Director/Administrator/DON must fill out the Patient Infection Control Log.

2.II.C. Nurses on the case will be informed and will have the discretion to work their shift or not.

2.II.C.1. Nurses that are willing to work must follow CDC protocol (Centers for Disease Control and Prevention, 2022).

a. *Wear a high-quality mask.*

b. *Practice everyday hygiene and cleaning.*

2.II.C.2. Nurses that are not willing to work during the patient's quarantine period will come back to work after 5 days.

## **SECTION 3 References**

### **Sec 3.I. Academic Sources**

3.I.A. Isolation and Precautions for People with COVID-19 from Centers for Disease Control and Prevention (2023, May 11) <https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html>

3.I.B. If You Are Sick or Caring for Someone from Centers for Disease Control and Prevention (2022, November 29) <https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html>

### **Sec 3.II. Attachments**

3.II.A. Attachments

3.II.A.1. COVID-19 Infection Tracker

3.II.A.2. Patient Infection Control Log

# COVID-19 Infection Tracker

Abundant Life Home Health Agency, LLC

## Name of Employee

First Name

Last Name

## Date the office was notified

Date

## Type of Test

## Proof of Test (Not Required)

**Browse Files**  
Drag and drop files here

By signing below I attest that the employee was notified of the company policy, following the CDC protocol. People with COVID-19 should isolate for 5 days, and if they

are asymptomatic or their symptoms are resolving (without fever for 24 hours) can end the isolation and return to work. Employees who cannot return to work after the five days of isolation will need to present a return to work letter from the doctor.

**Name of Office Staff (Filling up this form)**

First Name

Last Name

**Signature of Office Staff**

Powered by **Jotform Sign**

Clear



# Abundant Life Home Health Agency

*"Raising the Standards in Home Health"*




## Patient Infection Control Log

MR#:

Patient Name: \*    
First Name Last Name

Date of the Infection: \*    
Date

Date it was reported \*    
Date

Diagnosis: \*

Symptoms: \*



Treatment:

Resolution:

Upload any document:

Name of the person filling up this form \*

First Name

Last Name

Relationship to the patient: \*

Signature: \*

Clear













## Abundant Life Home Health Agency, LLC

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Category:	Quality Management	Number:	8.002.1
Subject:	Patient Satisfaction Survey		
Applies to:	Administrative	Page:	1 of 1

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**Purpose:** To provide a method for measuring the quality of care and service delivered.

**Policy:** The Agency surveys patients at least upon discharge to obtain information regarding their satisfaction with the services, which were provided. The information obtained is analyzed and any problems identified are addressed.

**Procedure:**

1. Upon discharge and/or while the patient is under the Agency's care, mail the patient and/or the family a satisfaction survey and pre-addressed return envelope. Phone surveys may also be conducted.
2. Director of Nurses (DON) or designee reviews all returned surveys. Returned surveys, which have narrative comments, are retained in the Agency's administrative files.
3. DON or designee investigates all negative comments and/or scores, documenting findings and actions taken on the *Patient Satisfaction Follow-up Report*.
4. DON forwards findings to the Administrator if further review is indicated.
5. Include findings of Patient Satisfaction Surveys in QA activities.





# Employee Satisfaction Survey

Abundant Life Home Health Agency, LLC

We want to ensure that we continue to provide quality places of employment. You can help us by responding to the following statements. Please check the best response for each statement.

### Employee Name (NOT REQUIRED)

First Name

Last Name

**Disclaimer: Your statement is highly confidential and will not be used against you and your employment with the company. \***

	Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
1. The company communicates its goals and strategies to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My job requirements are clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The company is flexible concerning my schedule.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. As an employee, I am treated with respect and dignity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I feel safe in my work environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I feel that my input is given serious consideration.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Overall I am pleased with my employment at Abundant Life Home Health Agency.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I would recommend others to seek employment with Abundant Life HHA.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you recommend our home health agency to other individuals? \*

- Yes
- No

Do you have any comments of suggestions?



## Abundant Life Home Health Agency, LLC

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Category:	Quality Management	Number:	8.004.1
Subject:	Data Quality Audits		
Applies to:	Clinical Staff/Data Entry Staff	Page:	1 of 2

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**Purpose:** To ensure high-quality data, which would provide meaningful information for the Agency in regards to the accuracy of the clinical data utilized in analyzing patient care outcomes. Data-driven systems, such as the OASIS data collection and outcome measurement, depend on the accuracy of source data describing patient health status.

**Policy:** Monitors will be set in place and routinely performed in order to ensure that the agency clinical staff and data entry staff are collecting and encoding high-quality data. Quality Management Team or designated personnel will conduct audit activities and summarize their findings. If or when problems are identified, this team would investigate, develop and implement a plan to correct data quality problems.

### **Procedure:**

1. Monthly Clinical Record Audit:

If differences are found that cannot be explained by other documentation in the clinical record, the care provider who completed the OASIS should be contacted to determine if the discrepancies were real or if an error was made when recording OASIS data. If clinical documentation must be amended, this should be done according to Agency policy. Any corrections to OASIS data in the clinical record must also be reflected in the OASIS data base maintained by the Agency, and if data submission has already occurred, a correction must be submitted to the State. (See Policy 5.003.1)

2. Monthly Data Entry Audit:

If discrepancies exist between the data that was entered and the OASIS items in the clinical record OR between the OASIS items that were data entered twice, it is important to follow-up with appropriate personnel. The Agency database should be corrected and, if necessary, a correction should be submitted to the State.

3. Quarterly Clinical Audit Visits:

Noted discrepancies should be discussed jointly by the care provider and auditor to determine the reasons for the differences, to ensure that care providers fully understand the OASIS items.





## Abundant Life Home Health Agency, LLC

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Category:	Quality Management	Number:	8.019.1
Subject:	Comprehensive Assessment of Patients (OASIS)		
Applies to:	Registered Nurses, Physical Therapists, Speech Therapists, Occupational Therapists	Page:	2 of 7

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a nurse scheduled to remove sutures. Therefore, the initial assessment must be done by the RN.

2. The OASIS data collected must accurately reflect the patient's status at the time of the assessment.
3. Upon admission to home care services, a comprehensive patient assessment in conjunction with the Outcome and Assessment Information Set (OASIS) tool.
  - a. If multiple clinicians are utilized, it remains the responsibility of only one clinician.
  - b. A comprehensive OASIS assessment start of care date must occur on or after the first billable visit.
4. The initial assessment must be performed within 48 hours of receiving the referral, the patient's return home, or the start of care (SOC) date ordered by the physician.
  - If the initial assessment indicates that the patient is not eligible for the Medicare home health care benefit, i.e., the patient is not homebound, has no skilled need, etc., and the RN is not going to admit the patient. Then, there is no indication for the RN to conduct a comprehensive assessment or to collect, encode or transmit OASIS data to the State.
5. The Start of Care OASIS comprehensive assessment should be completed no later than five calendar days after the SOC date.
6. A Resumption of Care OASIS assessment will be completed within 48 hours (or knowledge of) on every patient following a hospital stay of 24 hours or more for any reason other than diagnostic tests.
7. Every second calendar month at recertification, a follow-up OASIS assessment will be performed. The follow-up skilled visit assessment shall be performed no earlier than five days prior to the last day of the certification period (between and including days 56-60).



## Abundant Life Home Health Agency, LLC

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Category:	Quality Management	Number:	8.019.1
Subject:	Comprehensive Assessment of Patients (OASIS)		
Applies to:	Registered Nurses, Physical Therapists, Speech Therapists, Occupational Therapists	Page:	4 of 7

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When a patient is transferred to an inpatient facility without discharge, the Agency may leave the patient on service until the end of the episode and then the patient will be considered discharged. A new SOC date/record will be established after discharge from the hospital.

11. When a patient is discharged from home care services due to a death at home, the appropriate OASIS Death at Home questions are to be answered.
12. Resumption of care, recertification, follow-up, transfer to inpatient facility, discharge and death at home assessments must be completed within 48 hours following the visit date or the clinician's knowledge of occurrence.
13. Pain assessment tool should be utilized anytime a patient complains of a pain level of 5 or greater on the pain scale.
14. Refer to the attached forms to determine minimally what information will be collected during the assessment process.

### **Components of a comprehensive assessment includes, but is not limited to:**

Patient information:

- Patient demographics

The physical health component:

- Diagnosis(es)
- Identification of additional health problems or pertinent health history
- Review of medications
- Allergies
- Special nutritional needs or dietary requirements and weight loss
- Complete pain and other symptoms assessment
- Emergent care
- Integumentary status
- Respiratory status
- Elimination status



## Abundant Life Home Health Agency, LLC

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Category:	Quality Management	Number:	8.019.1
Subject:	Comprehensive Assessment of Patients (OASIS)		
Applies to:	Registered Nurses, Physical Therapists, Speech Therapists, Occupational Therapists	Page:	5 of 7

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- Equipment needs
- Patient/family preferences for treatment and concerns
- Other needed information that could impact the level of services required to meet the patient and family needs

### The mental component:

- Orientation/memory
- Reasoning/judgment
- Neuro/emotional/behavioral status
- Ability to read/understand material
- Depression and suicide risk
- Substance abuse
- Coping mechanisms

### The social component:

- Identification of the responsible party
- Identification of an emergency contact
- The patient's involvement with social and community resources
- Role changes and family dynamics
- Financial, economic and community resources
- Communication strengths and barriers, literacy and language skills
- Availability and capability of caregivers
- Environmental and safety concerns
- Advance Directive decisions
- language preference

### The environmental component:

- Identification of safety and health hazards
- Presence of adequate living arrangements
- Home environmental assessments which include the potential for safety and security hazards (e.g., water, heat, cooling, refrigeration, throw rugs, furniture layout, bathroom safety, cluttered stairways and blocked exits, unsecured doors, lack of smoke detectors, and fire risks)

## Abundant Life Home Health Agency, LLC

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Category:	Quality Management	Number:	8.019.1
Subject:	Comprehensive Assessment of Patients (OASIS)		
Applies to:	Registered Nurses, Physical Therapists, Speech Therapists, Occupational Therapists	Page:	6 of 7

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- Instructions and interventions are directed to minimizing safety risks and preventing injury

The economic component:

- A review of the financial resources available to pay for the services/care provided

Functional limitations:

- The patient's ability to ambulate
- Documentation of all functional limitations
- Documentation of ability to complete Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) that include:
  - bathing
  - dressing
  - feeding
  - toileting
  - transfer
  - ambulation
  - use of telephone
  - shopping
  - meal preparation
  - housework
  - money management
  - ability to take medication, as appropriate
- Need for a Home Health Aide to assist with patient cares, ADLs and IADLs.

A complete pain assessment is conducted at the time of admission based on policies/procedures and protocols for pain assessment and management. Common physical symptoms other than pain are assessed at the time of admission and on an ongoing basis based on policies/procedures and protocols for symptom identification and management. Common symptoms include, but are not limited to:

## Abundant Life Home Health Agency, LLC

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Category:	Quality Management	Number:	8.019.1
Subject:	Comprehensive Assessment of Patients (OASIS)		
Applies to:	Registered Nurses, Physical Therapists, Speech Therapists, Occupational Therapists	Page:	7 of 7

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- nausea and vomiting
- anorexia
- constipation
- anxiety
- restlessness
- dyspnea
- dehydration
- skin breakdown
- sleep disorders

Additional data is collected in regard to patient's inpatient facility admissions or discharges. Assessment findings are communicated to all personnel.

### Forms:

Start of Care/Resumption of Care Version

Follow-Up or Discharge from Agency Version

Completion of Care, Discharge/Transfer Summary Version

Pain Assessment Tool

## Abundant Life Home Health Agency, LLC

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Category:	Quality Management	Number:	8.020.1
Subject:	Nurse Supervision		
Applies to:	DON, Case Manager	Page:	1 of 2

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**Purpose:** To ensure that all daily operations and client care are provided in a professional standard that meets state regulatory guidelines.

**Policy:** The agencies Director of Nursing, Alternate Director of Nursing, and/or Case Manager are responsible for overseeing the clinical operations of client care and the DON/Administrator are responsible for overseeing the daily operations of Abundant Life Home Health Agency, LLC as it pertains to Medicare state regulations. The Administrator appoints the Director of Nursing.

**Procedure:** The supervising nurse will oversee that patient communication takes place on a continuous basis. The supervising nurse will ensure that all disciplines are aware of condition changes and evaluations in a timely manner.

1. The supervising nurse will routinely review the POC and all subsequent orders and review notes to ensure that the POC is directly being followed and all orders have been signed by the physician. The nurse will also notify the office manager if orders have not been received by the physician in order to ensure that the physician orders be obtained and filed within 60 days.
2. The DON will oversee all services that work under the licensure of the agency and provide in-services on an ongoing basis to ensure agency compliance to state and federal regulations.
3. The supervising nurse will ensure that the patients POC is being followed through chart audits, note reviews, staff communication and client communication.
4. Orders that are to be done on specific dates will be scheduled by the supervising nurse on the date in which the order is received by the agency from the physician.
5. Nursing staff shall observe, report, and record written clinical notes.
6. LPN visits will be supervised on annual basis and more often as needed by an RN. The licensed practical nurse shall have the following responsibilities:  
The licensed practical nurse shall have the following responsibilities:
  - Work under the supervision of a registered nurse;
  - Observe, record, and report to the immediate supervisor the general physical or mental condition of the patient;
  - Assist the registered nurse in performing specialized procedures;
  - Assist in development of the plan of care.



## Abundant Life Home Health Agency, LLC

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Category:	Quality Management	Number:	8.020.2
Subject:	Registered Nurse		
Applies to:	Registered Nurses	Page:	1 of 1

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**Purpose:** To ensure that all Registered Nurse responsibilities are clearly stated.

**Policy:** Registered Nurse (RN). Skilled nursing services shall be provided by a registered nurse in accordance with the plan of treatment with regards to the applicable nurse practice act. Nursing care shall include, but not be limited to, the following:

1. The promotion, maintenance, and restoration of health;
2. Ensuring the prevention of infection, accident, and injury;
3. Performing an initial assessment and identifying problems for each patient upon admission to the nursing service. For those clients requiring nursing services, the initial assessment shall be performed by a registered professional nurse;
4. Reassessing the patient's nursing care needs on an ongoing, patient-specific basis and providing care which is consistent with the medical plan of treatment;
5. Monitoring the patient's response to nursing care;
6. Teaching, supervising and counseling the patient, family members and staff regarding nursing care and the patient's needs, including other related problems of the patient at home. Only a registered professional nurse shall initiate these functions, which may be reinforced by licensed nursing personnel.

**Procedure:**

1. Be responsible the ill, injured or infirm, and the maintenance of health and prevention of illness of others as well as
  - Regularly re-evaluates the patients nursing needs
  - Initiates the plan of care and necessary revisions
  - Furnishes those services requiring substantial and specialized nursing skill
  - Initiates appropriate preventive and rehabilitative nursing procedures,
  - Prepares clinical and progress notes, coordinates services, informs the physician and other personnel of
  - changes in the patient's condition and needs,







## Abundant Life Home Health Agency, LLC

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Category: Quality Management Number: 8.021.1

Subject: Certified Nursing Aide

Applies to: Certified Nursing Aide Page: 1 of 4

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**Purpose:** To ensure that all certified nursing aide visits responsibilities are clearly stated.

**Policy:** The agencies Director of Nursing, Alternate Director of Nursing, and/or Case Manager are responsible for assigning and overseeing the home health aide visits.

**Procedure:**

The certified nursing aide shall have the following responsibilities:

- 1 Provide only those services written in the plan of care and received as written instructions from the registered nurse supervisor as permitted under State law.
  - a. The performance of simple procedures as an extension of therapy services;
  - b. Personal care;
  - c. Ambulation and exercise;
  - d. Assistance with nutritional needs of the patient;
  - e. Household services essential to health care at home;
  - f. Assistance with medications that is ordinarily self-administered;
  - g. Reporting changes in the patient's condition and needs; and
  - h. Completing appropriate records.
  
2. Home Health Aide Training
  - a. This agency verifies aide knowledge and past training. A registered nurse will complete a competency assessment skills checklist with direct observation of each skill for each nurse aide before patient assignment begins.
  - b. A nurse aide may not perform tasks which they are not permitted by law or which they are permitted by law but have not been already assessed and deemed satisfactory at the task by a RN.
  - b. A home health aide is assigned to a particular patient by a registered nurse.
  - c. Written instructions for home care, including specific exercises, are prepared by a registered nurse or therapist as appropriate. Aide instructions are written in relation to the patients plan of care and within the duties allowed to be permitted by a nurse aide. Written assignments and instructions are reviewed every 60 days and more frequently changes in the patient's status and needs occur.

## Abundant Life Home Health Agency, LLC

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Category: Quality Management Number: 8.021.1

Subject: Certified Nursing Aide

Applies to: Certified Nursing Aide Page: 2 of 4

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d. This agency does train individuals to become home health aides.

e. Home health aides must receive continuing education. Such continuing education shall total at least twelve (12) hours annually starting from the date of hire, with a minimum of eight (8) hours in any eight (8) of the following subject areas:

- (1) Communications skills, including the ability to read, write, and make brief and accurate oral presentations to patients, caregivers, and other home health agency staff.
- (2) Observing, reporting, and documenting patient status and the care or service furnished.
- (3) Reading and recording temperature, pulse, and respiration.
- (4) Basic infection control procedures and universal precautions.
- (5) Basic elements of body functioning and changes in body function that must be reported to an aide's supervisor.
- (6) Maintaining a clean, safe, and healthy environment.
- (7) Recognizing emergencies and knowledge of emergency procedures.
- (8) The physical, emotional, and developmental needs of and ways to work with the populations served by the home health agency, including the need for respect for the patient, the patient's privacy, and the patient's property.
- (9) Appropriate and safe techniques in personal hygiene and grooming that include the following:
  - Bed bath
  - Bath, sponge, tub, or shower
  - Shampoo, sink, tub, or bed
  - Nail and skin care
  - Oral hygiene
  - Toileting and elimination
  - Safe transfer techniques and ambulation
  - Normal range of motion and positioning
  - Adequate nutrition and fluid intake
  - Medication assistance
  - Any other task that the home health agency may choose to have the home health aide performs

## Abundant Life Home Health Agency, LLC

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Category: Quality Management Number: 8.021.1

Subject: Certified Nursing Aide

Applies to: Certified Nursing Aide Page: 3 of 4

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3. The primary care nurse assigned to the patient is responsible for supervision of the services rendered to the patient and family by the home health aide.
4. A registered nurse shall be accessible by phone and available to make a home visit at all times, including nights, weekends and holidays, when home health aides are on assignment in a patient's home.

Activities taught by a licensed health professional employee or contractor of the home health agency for a specific patient and are restricted to the following:

- a. Assisting with the change of a colostomy bag, reinforcement of dressing,
- b. Assisting with the use of devices for aid to daily living, such as a wheelchair or walker,
- c. Assisting with prescribed range of motion exercises,
- d. Assisting with prescribed ice cap or collar,
- e. Doing simple urine tests for sugar, acetone or albumin,
- f. Measuring and preparing special diets,
- g. Measuring intake and output of fluids, and
- h. Measuring temperature, pulse, respiration or blood pressure;
- i. Keeping records of personal health care activities;
- j. Observing appearance and gross behavioral changes in the patient or client and reporting to the registered nurse; and
- k. Supervision of self-administered medication in the home is limited to the following:
  1. Obtaining the medication container from the storage area for the patient,
  2. Ensuring that the medication is prescribed for the patient,
  3. Reminding the patient that it is time to take the medication as prescribed, and
  4. Observing the patient self-administering the medication.

In cases where a CNA will provide assistance with self-administered medications in accordance with Section 400.488, F.S., and paragraph (p) below, an assessment of the medications for which assistance is to be provided shall be conducted by a licensed health care professional to ensure the unlicensed caregiver provides assistance in accordance with their training and with the medication prescription.

A licensed health care professional shall inform the patient, or the patient's caregiver, that the patient may receive assistance with self-administered medication by an unlicensed person. The patient, or the patient's caregiver, must give written consent for this arrangement, pursuant to Section 400.488(2), F.S.

## Abundant Life Home Health Agency, LLC

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Category:	Quality Management	Number:	8.021.1
Subject:	Certified Nursing Aide		
Applies to:	Certified Nursing Aide	Page:	4 of 4

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The CNA may also provide the following assistance with self-administered medication, as needed by the patient, in accordance with Section 400.488, F.S.:

1. Prepare necessary items such as juice, water, cups, or spoons to assist the patient in the self-administration of medication;
2. Open and close the medication container or tear the foil of prepackaged medications;
3. Assist the resident in the self-administration process. Examples of such assistance include the steadying of the arm, hand, or other parts of the patient's body so as to allow the self-administration of medication;
4. Assist the patient by placing unused doses of solid medication back into the medication container.

CNA shall not change sterile dressings, irrigate body cavities such as giving an enema, irrigate a colostomy or wound, perform a gastric irrigation or enteral feeding, catheterize a patient, administer medication, apply heat by any method, care for a tracheotomy tube, nor provide any personal health service which has not been included in the plan of care.

For every certified nursing assistant the home health agency shall have on file the person's State of Florida certification. A copy of the screen of the Florida Department of Health web site's Certified Nursing Assistant Information that shows the person's name, address, certificate number, original issue date, expire date and status will meet this requirement.

Attachment:

Nurse Aide Skills Checklist

**Abundant Life Home Health Agency**  
 28870 US Hwy 19 N Ste. 325  
 Clearwater, FL 33761  
 (727) 286-8916

**Home Health Aide Skills Checklist**

Home Health Aide: \_\_\_\_\_

Home Health Aid Self Rating	Competency Assessment Method
A = I can perform well	D = Direct Observation and/or Demonstration
B = I need to review	O = Oral Question and Answer
C = I have no experience	(Circle the appropriate method below)

Skills	Self Rating	Supervisor Assessment Method	Supervisor Evaluation	
			Competency	Supervisor Initials & Date
Communication	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Observation, reporting and documentation of patient status and the care of services provided	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Reading and recording temperature, pulse and respiration	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Universal Precautions	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Basic elements of body functions and changes in condition that must be reported	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Maintaining a clean, safe and health environment	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Ability to recognize emergency situations	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Ability to recognize physical and emotional needs and work with the client and respect the pt's privacy and property	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Appropriate and safe techniques in personal hygiene and grooming:				
Bed Bath	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Sponge Bath	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Shampoo (sink, tub or bed)	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Nail Care	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Skin Care	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Oral Hygiene	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Toileting and elimination	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Safe transfer techniques	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Safe Ambulation	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Normal positioning with proper body alignment	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Ability to recognize adequate nutrition and intake	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
Use of assistive devices: cane, crutch, walker, wheelchair	A, B, or C	D or O	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	

\_\_\_\_\_ /Date  
Home Health Aide Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Supervisor's Signature Initials//Date

## Abundant Life Home Health Agency, LLC

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Category:	Quality Management	Number:	8.022.1
Subject:	Therapy Services		
Applies to:	Physical Therapy, Occupational Therapy, Speech Therapy	Page:	1 of 4

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**Purpose:** To ensure that all therapy visits responsibilities are clearly stated.

**Policy:** The agencies Director of Nursing, Alternate Director of Nursing, and/or Case Manager are responsible coordinating client care with therapy services.

**Procedure:**

Any therapy services offered by the agency directly or under arrangement is given by a qualified therapist or by a qualified therapy assistant under the supervision of a qualified therapist and in accordance with the plan of care.

1. A qualified therapist duties include the following:
  - a. Assists in developing the plan of care and revising it when necessary, plan of care review will happen at least every 60 days;
  - b. Advises and consults with the family and other agency personnel;
  - c. Prepares clinical and progress notes, and summaries of care; and
  - d. Participates in in-service programs and case conferences;
  - e. Comprehensive evaluation of the patient's level of function.
  - f. Identification of patient and family needs for other home health services and referral for same when needed;
  - g. Instruction of patient, family and other agency health care personnel in the patient's treatment regime when indicated;
  - h. Supervision of their respected assistants;
  - i. Supervision of home health aides along with written instructions;
  - j. Observe and report findings about the patient's condition to the attending physician and other agency staff, and document information in the patient's record;
  - k. Evaluate the home environment and make recommendations;
  - l. Provide treatment as ordered and approved by the attending physician.
  
2. Documentation by a qualified therapist must include the following:
  - The therapist's assessment of the effectiveness of the therapy as it relates to the therapy goals;
  - Plans for continuing or discontinuing treatment with reference to evaluation results and or treatment plan revisions;

## Abundant Life Home Health Agency, LLC

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Category: Quality Management Number: 8.022.1

Subject: Therapy Services

Applies to: Physical Therapy, Occupational Therapy,  
Speech Therapy Page: 2 of 4

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- Changes to therapy goals or an updated plan of care that is sent to the physician for signature or discharge;
- Documentation of objective evidence or a clinically supportable statement of expectation that the patient can continue to progress toward the treatment goals and is responding to therapy in a reasonable and generally predictable period of time; or in the case of maintenance therapy, the patient is responding to therapy and can meet the goals in a predictable period of time.

3. Services furnished by a qualified physical therapy assistant or qualified occupational therapy assistant may be furnished under the supervision of a qualified physical or occupational therapist. The duties of a physical therapy assistant or occupational therapy assistant include the following:

- a. Performs services planned, delegated, and supervised by the therapist;
- b. Assists in preparing clinical and progress notes and, summaries of care; and
- c. Participates in educating the patient and his family; and
- d. Participates in in-service programs.
- e. After an initial visit has been made by the registered physical therapist or occupational therapist for evaluation of the patient and establishment of a patient care plan, the therapy assistant may provide ongoing therapy services in accordance with the established plan.
- f. At least every thirty (30) days, the therapist (not the therapy assistant) will make a home visit providing the needed therapy service and functionally reassess the patient. Where more than one discipline of therapy is being provided, a qualified therapist from each of the disciplines must provide the needed therapy service and functionally reassess the patient. If a patient is expected to require 13 therapy visits, a qualified therapist (instead of an assistant) must provide all of the therapy services on the 13th therapy visit and functionally reassess the patient. The qualified therapist's visit can occur after the 10th therapy visit but no later than the 13th therapy visit when the patient resides in a rural area or when documented circumstances outside the control of the therapist prevent the qualified therapist's visit at the 13th therapy visit. Where more than one discipline of therapy is being provided, a qualified therapist from each of the disciplines must provide the needed therapy service and functionally reassess the patient. If a patient is expected to require 19 therapy visits, a qualified therapist (instead of an assistant) must provide all of the therapy services on the 19th therapy visit and functionally reassess the patient. This required qualified therapist service can instead occur

## Abundant Life Home Health Agency, LLC

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Category:	Quality Management	Number:	8.022.1
Subject:	Therapy Services		
Applies to:	Physical Therapy, Occupational Therapy, Speech Therapy	Page:	3 of 4

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- after the 16th therapy visit but no later than the 19th therapy visit when the patient resides in a rural area or documented circumstances outside the control of the therapist preclude the qualified therapist service at the 19th therapy visit. Where more than one discipline of therapy is being provided, a qualified therapist from each of the disciplines must provide the needed therapy service and functionally reassess the patient.
- g. During each thirty (30) day therapy visit, the therapist must also perform a supervisory visit of the therapy assistant. The therapy assistant shall confer with the registered physical therapist or occupational therapist. The conference shall be documented in the patient's clinical record.
4. Clinical notes written by therapy assistants may supplement the clinical record, and if included, must include the date written, the signature, professional designation, and objective measurements or description of changes in status (if any) relative to each goal being addressed by treatment. Assistants may not make clinical judgments about why progress was or was not made, but must report the progress or the effectiveness of the therapy (or lack thereof) objectively.
5. Speech therapy services are furnished only by a qualified speech pathologist or audiologist (assistants are not utilized) and include the following:
- a. Assists in developing the plan of care and revising it when necessary, plan of care review will happen at least every 60 days
  - b. Advises and consults with the family and other agency personnel;
  - c. Prepares clinical and progress notes, and summaries of care; and
  - d. Participates in in-service programs and case conferences;
  - e. Comprehensive evaluation of the patient's level of function.
  - f. Identification of patient and family needs for other home health services and referral for same when needed;
  - g. Instruction of patient, family and other agency health care personnel in the patient's treatment regime when indicated;
  - h. Supervision of home health aides.
6. Clients who will receive PT, OT, and/or ST will receive a discipline specific evaluation by a therapist qualified to perform the evaluation.





## Abundant Life Home Health Agency, LLC

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Category:	Quality Management	Number:	8.022.2
Subject:	Therapy Evaluation		
Applies to:	Physical Therapy, Occupational Therapy, Speech Therapy	Page:	1 of 1

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**Purpose:** To ensure that all therapy evaluations are performed by the appropriate discipline.

**Policy:** All patients with therapy ordered will have a discipline specific assessment completed. The evaluation assessment will be performed on patients referred for services and documented in patient records. The assessment is based on patient need or perceived need and addresses physical and functional status. The evaluation assessment will be documented whether services continue or not. The assessment should be appropriate to the patient diagnosis and age.

**Procedure:**

The therapy assessment includes, but is not limited to:

The environmental component:

- Identification of safety or health hazards and presence of adequate living arrangements
- Home environmental assessments include the potential for safety and security hazards (e.g. throw rugs, furniture layout, bathroom safety, cluttered stairways and blocked exits, unsecured doors, lack of smoke detectors, fire risks)
- Instructions and interventions are directed to minimizing safety risks and preventing injury

Functional limitations component:

- Patients mobility
- Patients restrictions
- Assistive devices
- Medical equipment

The physical health component:

- Patient diagnosis
- Other needed information that could impact the level of services required to meet the patients' needs

## Abundant Life Home Health Agency, LLC

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Category: Quality Management Number: 8.023.1

Subject: Medical Social Worker

Applies to: Medical Social Worker Page: 1 of 1

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**Purpose:** To ensure that all medical social worker visits responsibilities are clearly stated.

**Policy:** The agencies Director of Nursing, Alternate Director of Nursing, and/or Case Manager are responsible coordinating client care with medical social workers.

**Procedure:**

If the agency furnishes medical social services, those services are given by a qualified social worker, licensed in the State, in accordance with the plan of care.

1. A social worker performs the following duties:
  - a. Assists the physician and other team members in understanding the significant social and emotional factors related to health problems;
  - b. Participates in the development of the plan of care;
  - c. Observing, recording, and reporting information on the patient's condition to the attending physician and in the patient's health record;
  - d. Prepares clinical and progress notes;
  - e. Advising, counseling and when appropriate instructing family in patient's needs;
  - f. Works with the patient's family;
  - g. Participates in discharge planning;
  - h. Makes sure community resources are utilized appropriately;
  - i. Participates in in-service programs; and
  - j. Acts as a consultant to other agency personnel.
2. Medical Social Workers assistants are not utilized at this agency.
3. Clients who will receive Medical Social Worker visits will receive a discipline specific evaluation by a Medical Social Worker qualified to perform the evaluation.

## Abundant Life Home Health Agency, LLC

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Category: Quality Management Number: 8.023.2

Subject: Medical Social Worker Evaluation

Applies to: Medical Social Worker Page: 1 of 1

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**Purpose:** To ensure that all social worker evaluations are performed by the appropriate staff.

**Policy:** All patients with Medical Social Services will have a discipline specific assessment completed. A Medical Social Services evaluation assessment will be performed on patients referred for Medical Social Services and documented in the patients record. The assessment is based on patient need or perceived need and addresses financial and social status. The evaluation assessment will be documented whether services continue or not.

**Procedure:**

The assessment includes, but is not limited to:

The social component:

- Identification of the responsible party
- An emergency contact
- The patients involvement with social and community activities

The economic component:

- A review of the financial resources available to pay for the care/services provided
- A review of the financial resources to maintain current independent status

Functional limitations:

- Resources needed to manage functional limitations

The mental health component:

- Orientation
- Memory
- Reasoning
- Judgment

The physical health component:

- Identification of health problems and other needed information that could impact the level of services required to meet the patient's needs.



Category: Quality Management

Number: 8.025.1

Subject: Hand Hygiene Improvement Project

Applies: All Staff

Page: 1 of 7

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## **SECTION 1 Policy Information**

### **Sec 1.I. Effective Date**

1.I.A. The effective date of this policy is 03/06/2020

### **Sec 1.II. Tags**

1.II.A. Tags: IC.01.04.01 NPSG.07.01.01

### **Sec 1.III. Purpose**

1.III.A. Purpose: To improve all direct contact staff compliance with hand hygiene to improve patient outcomes.

1.III.B. To implement a program that complies with best available evidence-based practice for hand hygiene, collect data, and improve compliance with hand hygiene guidelines based on established goals.

1.III.C. The agency considers hand hygiene compliance as an important step in the path to zero harm.

### **Sec 1.IV. Policy**

1.IV.A. The agency practices hand hygiene per the best evidenced based practice in policy # 7.005.1

1.IV.B. The agency collects and analyzes data about hand hygiene.

1.IV.B.1. The agency uses a modified version of the Joint Commission project “Improving Hand Hygiene at Eight Hospitals...” whereby the programs data collection and interventions are modified so suit the home care setting. (Chassin et al, 2015)

1.IV.C. The agency meets about hand hygiene improvement and uses the data analysis to improve compliance with hand hygiene.

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1.IV.D. The agency's ultimate goal is a 100% compliance rate for hand hygiene; this may be reached incrementally. The QAPI team will establish a baseline, establish a preliminary goal, and determine goal increments.

1.IV.E. The agency provides staff with education about hand hygiene.

1.IV.F. While the agency follows CDC guidelines for hand hygiene, it also uses the WHO's "5 Moments for Hand Hygiene" and related graphics as a campaign to educate and remind staff about hand hygiene.

### **SECTION 2 Definitions**

2.I.A. Hand hygiene:

2.I.A.1. Cleansing the hands with an alcohol-based foam, gel, mist or soap. Under certain circumstances, health care personnel may use gloves, but they still must perform hand hygiene prior to and after removal of the gloves. This project measures hand hygiene opportunities based on policy # 7.005.1.

2.I.B. Patient Surroundings:

2.I.B.1. The area in which the patient receives care in the home. This may include patient DME or immediate area.

2.I.C. Emergent/urgent situations:

2.I.C.1. Any time a patient is at risk of immediate danger (i.e., code blue, fall, unplanned or unexpected removal of medical equipment).

2.I.D. Hand hygiene data collector (HH data collector):

2.I.D.1. Note: For the purposes of the agency's project, the tasks of the "unbiased observer" and "just-in-time coach" from the joint commission project will be conducted simultaneously by the same person. The agency trains and certifies anyone who completes these tasks. These tasks include:

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- i. Being an unbiased observer for hand hygiene compliance who collects data throughout the project. Data collected are used for the compliance chart as well as for contributing factors data that are used to identify root causes and solutions.
- ii. Actively intervening after observance of hand hygiene non-compliance (after the monitoring period). They do this in order to understand non-observable contributing factors to non-compliance as well as to coach health care workers on proper compliance. Data collected by JIT coaches are not used for the compliance chart; they are used to identify root causes and both observable and non-observable contributing factors.

### 2.I.E. Opportunity

2.I.E.1. An opportunity is a time, per the hand hygiene policy, hand hygiene was indicated. For example: Before having direct contact with patients, after removing gloves, etc.

2.I.E.2. An opportunity may be for handwashing alone (i.e. soiled hands, presence of C. difficile).

### 2.I.F. Defect

2.I.F.1. An occurrence of non-compliance for hand hygiene per hand hygiene policy.

2.I.F.2. If the opportunity indicates handwashing alone (i.e. soiled hands, presence of C. difficile), and staff perform hand-rubbing, this constitutes a defect.

### 2.I.G. Contributing Factors

2.I.H. The causes of hand hygiene noncompliance. Contributing factors are reflected in the number of “defects”. Note: the agency uses a standardized list of contributing factors, but the data collector can “write in” a more specific reason.

## **SECTION 3 Education/Competency**

### **Sec 3.I. Staff Education**

3.I.A. The agency regularly educates staff on hand hygiene.



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3.I.B. The agency assesses hand hygiene competency for all staff per policy #2.009.1

### **Sec 3.II. Hand Hygiene Data Collector Certification**

3.II.A. The agency provides education to the HH data collector to observe staff's hand hygiene, collect data, and obtain reason for non-compliance.

3.II.B. The agency uses an examination to certify data collection skills.

3.II.B.1. The agency certifies once, and then as needed.

### **Sec 3.III. Patient Education**

3.III.A. The agency provides education about hand hygiene to patients, caregivers, and families upon admission.

3.III.B. The agency provides signage for private duty patients and encourages them to display signage at the sink or in the patient care area. The patient

## **SECTION 4 Procedures for Data Collection**

### **Sec 4.I. Data Collection Opportunities**

4.I.A. The data collector observes staff's compliance with hand hygiene policy when staff can be observed in the patient home. This includes recertification visits, resumption visits, supervisory visits, etc.

### **Sec 4.II. In-Home Procedure**

4.II.A. The data collector informs staff that they must observe the staff provide patient care as part of that visit. Staff are not notified before the evaluation that the data collector will be evaluating hand hygiene.

4.II.B. The data collector observes the staff provide care to a patient for a period approximately 10 minutes.

4.II.C. During this time, the data collector will observe and document how many "opportunities" (O) versus how many times hand hygiene successfully performed (T).

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4.II.C.1. The number of defects (D) can be found by  $O-T = D$ . For each defect, the data collector records a contributing factor.

4.II.D. The data collector will record observable contributing factors.

4.II.E. After the observation period, and without a patient, family, or caregiver present, the data collector will perform “Just-in-time” coaching, with the following objectives:

4.II.E.1. To record non-observable contributing factors

4.II.E.2. To provide education and coach staff on compliance.

4.II.F. The data collector requests that staff not speak with others about the evaluation. However, staff are encouraged to discuss hand hygiene.

4.II.G. The agency also records:

4.II.G.1. Whether there are hand-soap and paper towels readily available.

4.II.G.2. Whether there is hand-sanitizer readily available.

4.II.G.3. Whether there is agency signage up in the home.

4.II.G.4. Any comments related to the evaluation.

4.II.H. The data collector records the information and submits it to the agency per the preferred method.

4.II.I. The agency may update the methods for analysis as needed.

### **Sec 4.III. Simulation Procedure**

4.III.A. The simulation procedure follows the same procedure as the in-home procedure, except that instead of a patient home, it occurs in another location, like the office, and without a patient present.

4.III.B. The data collector, during a competency -or under the pretense of a competency- will ask staff to simulate care; this can be a verbal “walkthrough” of the care or a demonstration. Staff will be directed to include hand hygiene only once at the start of the evaluation.

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4.III.C. The data collector will record per the in-home procedure and provide coaching.

## **SECTION 5 Data Analysis**

### **Sec 5.I.**

5.I.A. The agency analyzes data, and reviews the analysis in quarterly QAPI meetings.

### **Sec 5.II. Hand Hygiene Compliance Rates ( R )**

5.II.A. The compliance rate is expressed is a percentage:  $T / O = R$

5.II.B. Example: opportunities (O) = 6. Times hand hygiene successfully performed (T) = 4 .  $4 / 6 = .67 \%$

5.II.C. The agency will average all of the compliance rates from each observation to find the mean rate. This rate will be used to measure compliance.

### **Sec 5.III. Contributing Factors (F)**

5.III.A. The standardized list of contributing factors may be adjusted as needed.

5.III.B. Any “write ins” may be reassigned to a broader category or changed to better suit the purposes of the project.

5.III.C. The count of each contributing factor will be tallied and expressed as a percentage of the parent total and the agency will report each option with the corresponding count of the respective defect.

5.III.D. The agency will use the list of contributing factors to infer root cause and assign interventions to improve compliance rates.

**Abundant Life Home Health Agency, LLC**

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**SECTION 6 References & Attachments**

**Sec 6.I. References**

Chassin, MD, FACP, MPP, MPH, M. R., Mayer, MBA, C., & Nether, MT (ASCP) SV, MMI, K. (2015, January). Improving Hand Hygiene at Eight Hospitals in the United States by Targeting Specific Causes of Noncompliance. *The Joint Commission Journal on Quality and Patient Safety*, 41(1), 4-12. Retrieved from [https://www.jointcommission.org/-/media/tjc/documents/resources/hai/jqps\\_1\\_15.pdf](https://www.jointcommission.org/-/media/tjc/documents/resources/hai/jqps_1_15.pdf)

## Abundant Life Home Health Agency, LLC

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Category: Intravenous Therapy Number: 9.001.1

Subject: Provisions of Intravenous Therapy

Applies: Clinical Staff Page: 1 of 1

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**Purpose:** To clearly define the provisions of intravenous therapy.

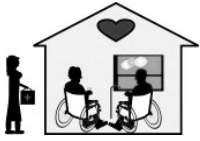
**Policy:** Abundant Life Home Health Agency, LLC holds strict policies regarding the provisions of intravenous therapy to ensure the safe administration of intravenous medications to our patients. The program is administered under the direction of a RN that has completed training in infusion therapy and has knowledge, skills, and competency to safely administer infusion therapy and supervise staff performing infusion administration.

**Procedure:** 1) A physician's order must be written specifically for intravenous therapy and include the following information:

- a) ordered device ( peripheral site, PICC, CVC, Groshong)
  - b) Type of infusion device
  - c) Drug/solution
  - d) Dilutants
  - e) Additives
  - f) Frequency
  - g) Rate of infusion
  - h) Duration of infusion
  - i) Duration of treatments
  - j) Irrigation amount ( if other than standard protocol)
  - k) # cc of heparin for flush
  - l) lab work
  - m) dressing changes
  - n) site changes if applicable
- 2) A licensed nurse whom has passed an intravenous competency exam may provide the therapy.
  - 3) A registered nurse must be present during the first dose of medication administration.
  - 4) A Registered nurse must be available 24 hours per day.
  - 5) The patient will be provided with detailed step by step information at the initiation of services that informs the patient of complications and treatment, medication administration, emergency numbers, and after hour's agency number.

Attachments:

IV Therapy Order Sheet



# Abundant Life Home Health Agency, LLC

## Intravenous Therapy Order Sheet

Name \_\_\_\_\_ Patient ID Number \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Allergies: \_\_\_\_\_

Certification Period: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Nursing Orders	Goals
<p><b>Therapy Device/Route:</b></p> <p><input type="checkbox"/> Heparin Lock      <input type="checkbox"/> Hickman,      <input type="checkbox"/> Groshong  <input type="checkbox"/> Subclavian      <input type="checkbox"/> Port- A- Cath      <input type="checkbox"/> Other</p> <p>Type of infusion device: _____</p> <p>DME Vendor: _____</p>	
<p><input type="checkbox"/> Skilled Nursing Observation of fluid and electrolyte balance, S/S of infection, phlebitis, and clotted catheter.</p>	<p><input type="checkbox"/> Maintain patent, infection free IV access line.</p>
<p><b>Catheter/Dressing/Tubing Change</b>  Venipuncture for IV cannula change:  <input type="checkbox"/> q72hrs   <input type="checkbox"/> prn   <input type="checkbox"/> other _____  Change Dressing at IV site:  <input type="checkbox"/> per agency protocol  <input type="checkbox"/> other  _____  <input type="checkbox"/> Change IV Tubing q 48-72hrs and prn.</p>	
<p><b>Administration of IV fluids:</b>  Drug/Solution _____  Diluent (amt/type) _____  Additives (amt/type) _____  Frequency _____  Rate of Infusion _____  Duration _____  Irrigate Hep Lock with _____ Units per cc  #cc Heparin _____  Frequency _____</p>	<p><input type="checkbox"/> Aseptic administration of drug/solution.</p>
<p><b>Patient Education</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Instruct pt/caregiver in parenteral nutrition.</li> <li><input type="checkbox"/> Teach pt/caregiver to properly administer IV solutions/medications using aseptic technique, troubleshooting, infusions, and equipment.</li> <li><input type="checkbox"/> Purpose of IV therapy related to disease process and common side effects of medications.</li> <li><input type="checkbox"/> Location of IV ACCESS DEVICE.</li> <li><input type="checkbox"/> Storage of medications</li> <li><input type="checkbox"/> Assessment of IV site for S/S of complications including redness/heat, pain/tenderness, swelling, decreased flow rte, leaking/exudate at site.</li> <li><input type="checkbox"/> Monitor for S/S of systemic complications.</li> <li><input type="checkbox"/> Obtain emergency help if needed.</li> <li><input type="checkbox"/> Monitor and record weight, intake and output, temperature.</li> <li><input type="checkbox"/> Flush central line.</li> <li><input type="checkbox"/> Change injection cap.</li> <li><input type="checkbox"/> Change dressing at insertion site.</li> <li><input type="checkbox"/> Other:  _____  _____  _____</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Pt/caregiver demonstrates aseptic technique in handling IV solution and tubing supplies.</li> <li><input type="checkbox"/> Pt/caregiver is able to demonstrate correct administration of IV medication or solution.</li> <li><input type="checkbox"/> Pt/Caregiver verbalizes common side effects of medication/solution and action to take if occur.</li> <li><input type="checkbox"/> Pt/caregiver verbalizes S/S of common local systemic complications and actions to take if occur.</li> <li><input type="checkbox"/> Pt/caregiver identifies resources to call for help.</li> <li><input type="checkbox"/> Pt/caregiver demonstrates ability to monitor and record temperature, weight, intake and output.</li> <li><input type="checkbox"/> Pt/caregiver demonstrates ability to change injection cap.</li> <li><input type="checkbox"/> Pt/caregiver demonstrates aseptic technique in dressing in dressing change and site care.</li> <li><input type="checkbox"/> Other  _____  _____  _____</li> </ul>
<p>RN Signature _____</p>	<p>Date _____</p>
<p>Physician Signature _____</p>	<p>Date _____</p>

**Abundant Life Home Health Agency, LLC**

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Category: Intravenous Therapy Number: 9.002.1

Subject: Administration of Intravenous Therapy

Applies: Clinical Staff Page: 1 of 1

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**Purpose:** To clearly define the agency policies regarding the administration of Intravenous therapy.

**Policy:** Abundant Life Home Health Agency, LLC mandates that specific steps be followed pertaining to the initiation, administration, Monitoring, and discontinuation of intravenous medications.

**Procedure:** Please refer to the attached nursing policy and procedures related to the initiation, administration, monitoring, and discontinuation of intravenous therapy.

Attachment:

IV Therapy: General Guidelines

**Abundant Life Home Health Agency, LLC**

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Category: Intravenous Therapy Number: 9.003.1

Subject: Responsibility of the licensed nurse regarding IV therapy

Applies: Clinical Staff Page: 1 of 1

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**Purpose:** To clearly define the responsibility of the licensed nurse when caring for the patient receiving IV therapy.

**Policy:** All licensed nurses are responsible for the patient while receiving IV therapy.

**Procedure:** It is the nurse's responsibility to:

- a) initiate intravenous therapy as ordered by the physician
- b) report any abnormalities to physician
- c) monitor the clients condition prior to, during, and after the infusion
- d) Educate the patient/caregiver on all aspects of intravenous therapy including s/s of infection and complications, written instructions for the correct administration of the medication, abnormalities to report to physician, etc.
- e) provide site care as ordered
- f) change/discontinue sites when necessary
- g) monitor patient for s/s of anaphylaxis and treat appropriately
- h) report to case manager for care coordination to assure continuity of care.



## Abundant Life Home Health Agency, LLC

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Category: Intravenous Therapy Number: 9.004.1

Subject: Patient Education regarding intravenous therapy

Applies: Clinical Staff Page: 1 of 1

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**Purpose:** To clearly define the educational requirements for a patient receiving IV therapy.

**Policy:** All patients will be comprehensively educated on the safe administration of intravenous therapy.

**Procedure:** It is the nurse's responsibility to ensure that the patient has the knowledge to safely administer the IV medications to themselves before they perform the task without SN supervision. The teaching is based on the patients/caregiver willingness and ability to administer the medications, as well as, the client and caregiver needs.

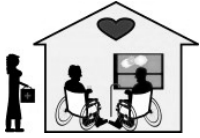
Education will include:

- d) written instructions
- e) verbal instructions
- f) demonstrations

Competency evaluation will include:

- e) documentation
- f) proficiency in performing the task
- g) return demonstrations from the caregiver/patient
- h) on-going assessment of patient/caregiver compliance with therapy will be done at periodic intervals.

Attachment:  
Home IV Therapy



# Abundant Life Home Health Agency, LLC

## Home IV Therapy

1. Wash your hands before and after IV care.
2. Check your IV site. If it is red or painful, do not administer IV fluids, and call the home health agency clinical supervisor. Your home health agency's number is 727-286-8916.
3. Flush your IV catheter with \_\_\_\_\_ ml of normal saline solution before administering IV fluids or medications, such as antibiotics.
4. When preparing your IV fluids, close the roller clamp on the IV tubing. Then attach the IV tubing to the IV bag without touching the sterile surfaces. *Keep the tubing and connections as germ-free as possible.*
5. Squeeze the drip chamber on the IV tubing until it is about one-half full. Always remember to flush air from the IV tubing.
6. If you have an IV pump, follow your nurse's instructions to hook up your IV tubing and to operate the pump.
7. Connect the IV fluids to the catheter. Open the roller clamp. You should see fluid flow through the drip chamber.
8. Turn on the IV pump or adjust the roller clamp on the IV tubing to adjust the drops per minute as your physician has ordered. Your drops per minute are \_\_\_\_\_.
9. Watch the rate of flow of your IV fluids every hour, and do not let the bag of IV fluids run dry because this can cause the catheter to clog up.
10. Administer your IV fluids and medications at the correct dose and time.
11. Stop the IV infusion when it has been completed. Irrigate and flush your catheter as your nurse has shown you to keep your IV line open. Flush with \_\_\_\_\_ of normal saline solution and \_\_\_\_\_ of heparin solution. Check with your nurse because some catheters do not require a heparin flush.
12. If you have a central line, keep your catheter clamped at all times when it is not in use.
13. Change your IV dressing if it becomes loose or soiled.
14. Clean the entry site of your IV with an antiseptic wipe. Start at the center and move outward about 1 to 2 inches in a circular motion. Do this two more times with fresh antiseptic wipes. Never return to the entry site of your IV with the same wipe because this could spread germs into your IV.
15. Cover your IV with a gauze dressing, and secure it with tape. Tape your IV catheter to prevent tugging or to prevent it from accidentally coming out.
16. If your IV catheter accidentally gets torn, clamp it to prevent leakage or air embolism, and notify the home health agency clinical supervisor.
17. If the IV catheter accidentally comes out, cover the site with a gauze dressing to prevent bleeding. Hold pressure to the area for 5 minutes, and then notify the home health agency clinical supervisor.
18. If you should feel short of breath or dizzy, notify the Emergency Medical Services (EMS) for emergency assistance. Your local EMS number is 9-1-1.

## **Abundant Life Home Health Agency, LLC**

19. Carefully place used needles in a sharps container. Always avoid touching the needle. Keep your sharps container out of the reach of children. When your sharps container is full, call your home IV supplier for a new sharps container or other IV supplies.
20. Record the date and time that you hang a bag of IV fluids.
21. Call the home health agency clinical supervisor if the following circumstances occur:
  - Dressing supplies are needed
  - You have questions or problems regarding your IV
  - You are hospitalized

## Abundant Life Home Health Agency, LLC

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Category: Intravenous Therapy Number: 9.005.1

Subject: Anaphylaxis Protocol

Applies: Clinical Staff Page: 1 of 2

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**Purpose:** To decrease the risk of anaphylaxis in patients receiving IV therapy and provide prompt medical treatment for patients that do develop s/s of anaphylaxis.

**Policy:** All patients' who receive intravenous therapy are at risk for anaphylaxis. It is imperative that the nursing staff use their professional knowledge to identify patients that are at high risk of anaphylaxis and recognize the symptoms of anaphylaxis so adequate treatment can be provided.

**Procedure:**

- 1) The nurse will closely monitor the patient for drug allergies prior to administration of each dose
- 2) The first dose of the medication must be in an inpatient setting.
- 3) The nurse must stay with the patient throughout the infusion period.
- 4) The nurse will monitor for S/S of anaphylaxis to include:
  - a) feeling of uneasiness, apprehension, weakness, impending doom
  - b) anxious and frightened
  - c) urticaria
  - d) angioedema
  - e) dyspnea, congestion, rhinorrhea
  - f) stridor
  - g) hypoxemia
  - h) hypercapnia
  - i) faintness
  - j) diaphoresis
  - k) dysrhythmias
  - l) shock
  - m) LOC
  - n) Cardiac arrest within minutes
- 6) If anaphylaxis should arise, Stop infusion immediately and administer emergency drugs.

**Abundant Life Home Health Agency, LLC**

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Category: Intravenous Therapy

Number: 9.005.1

Subject: Anaphylaxis Protocol

Applies: Clinical Staff

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- 7) Emergency medications:
  - a) Epi Pen
  - b) Epinephrine 1:1000 0.3-0.5ml SQ as soon as symptoms arise, may repeat q 15-20 min
  - c) Benadryl 25-100mg PO
- 8) Call EMS for emergency transport to closest emergency room for further treatment.
- 9) Call physician of change in condition
- 10) Other adverse reactions: stop the infusion and notify the physician for further orders

## Abundant Life Home Health Agency, LLC

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Category: Intravenous Therapy Number: 9.006.1

Subject: Possession of Supplies

Applies: Clinical Staff Page: 1 of 1

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**Purpose:** To proclaim that Abundant Life Home Health Agency, LLC does not keep Intravenous Supplies in the office or in the possession of the skilled nurses.

**Policy:** Abundant Life Home Health Agency, LLC works in conjunction with an in-home infusion therapy service. The infusion therapy service provides all necessary equipment for the safe administration of intravenous medications. Abundant Life Home Health Agency, LLC provides the Skilled Nursing staff to administer the medications and educate the patient/caregiver about the therapy.

- 1) necessary supplies
  - a) Cathlons
  - b) IV start kits
  - c) All medications
  - d) EPI-PEN
  - e) Alcohol wipes
  - f) Heparin and NS for flushes
  - g) Dressing change kits
  - h) IV tubing and caps
  - i) Any other supplies necessary to the patient.

## Abundant Life Home Health Agency, LLC

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Category: Intravenous Therapy Number: 9.007.1

Subject: Possession of Supplies, sterile water or saline, certain vaccines, and certain dangerous drugs

Applies: Clinical Staff Page: 1 of 1

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**Purpose:** Abundant Life Home Health Agency, LLC does not keep dangerous drugs, vaccines or tuberculin in the office or the nurse's presence. All Intravenous medications and supplies will be provided by a contracted infusion therapy service.

**Policy:** Abundant Life Home Health Agency, LLC works in conjunction with an in-home infusion therapy service. The infusion therapy service provides all necessary equipment for the safe administration of intravenous medications. Abundant Life Home Health Agency, LLC provides the Skilled Nursing staff to administer the medications and educate the patient/caregiver about the therapy.

**Procedure:**

1. Necessary supplies
  - a. Cathlons
  - b. IV start kits
  - c. All medications
  - d. EPI-PEN
  - e. Alcohol wipes
  - f. Heparin and NS for flushes
  - g. Dressing change kits
  - h. IV tubing and caps
  - i. Any other supplies necessary to the patient.

Abundant Life Home Health Agency, LLC does purchase Normal Saline and Sterile Water for the use in wound irritations. RN or LPN may store, and transport NS/SW for the administration of the solution to the patients.

A physician's order is required for the use of normal saline and sterile water.

Normal Saline and Sterile Water will be kept in the supply room. Only administrative staff will have access to the supply room.

# Policy Repealed 09/03/19

Abundant Life Home Health Agency, LLC



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Category:	Electronic Records	Number:	10.001.1
Subject:	Archive File Backup		
Applies:	Administrative/Billing Staff	Page:	1 of 2

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**I. Purpose:** To define the agency procedures for backing up files, as a fail-safe to eRSP backups.

**II. Policy:** Documents will be backed up on a weekly basis, per procedure, and saved on an external hard drive. Each department shall be responsible for adding documents related to the respective departments for archiving. All relevant documents will be subject to archiving, including, but not limited to: Nurse notes, HHA notes, MARs, Plans of Care, Physician's orders, Case notes, Email/facsimile communication, Employee credential files, Employee communication, and any other necessary documents.

**III. Definitions:**

**a. Archive:** To compress a folder or document into a .ZIP or comparable format for archiving, and then move the folder or document to final storage place (i.e. external hard drive).

**IV. Procedure:** A file system on a network folder will be created and maintained to facilitate archiving. During the normal course of business, where files are saved to be attached to respective charts, and additional copy will be saved in the folder to be archived. This folder will be in a network folder, where necessary files can be added.

1. Archiving shall occur on a weekly basis, where documents from the previous week are compressed into a storage format, like .ZIP, and loaded to external hard drive. One folder shall be archived each week. The folder name will be stored in a MMDDYY format. The folder will contain all files from the previous week, sorted into the following sub-folders:
  - a. Clinicals: This folder shall contain combined files for Nurse notes, HHA notes, and MARS, pursuant to sect 2.
  - b. Pt\_Attachments: All attachments related to Patients will be added to this folder. The filenames will be pursuant to policy 10.002.1.
  - c. Employee\_Attachments: All attachments related to employees will be added to this folder. The filenames will be pursuant to policy 10.002.1.
  - d. Misc: Any miscellaneous file will be added to this folder. The filenames will be pursuant to 10.002.1













Category: Electronic Records

Number: 10.003.1

Subject: QA Private Duty Progress Notes

Applies: All Staff

Page: 1 of 7

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## **SECTION 1 Policy Information**

### **Sec 1.I. Effective Date**

1.I.A. The effective date of this policy is 03/01/2020

### **Sec 1.II. Tags**

1.II.A. Tags: PC.02.01.03EP8

### **Sec 1.III. Purpose**

1.III.A. Purpose: To increase quality of care by ensuring quality documentation. To outline agency expectations for private duty shift documentation. To provide more insight to rejection codes for private duty visits.

### **Sec 1.IV. Policy**

1.IV.A. The agency strives to maintain a quality, accurate, and complete medical record for each patient. This policy should be used in conjunction with Pol # 4.003.1

1.IV.B. This policy applies to private duty shifts for nurses and HHAs—notes are assigned by skill. Some sections only apply to either HHA or nurses. Unless otherwise stated, the sections apply to nurses.

1.IV.C. This policy is further outlined in the following sections.

## **SECTION 2 Visit Documentation**

### **Sec 2.I. Process**

2.I.A. During a shift, the agency requires staff to complete at least all of the following sections. It is imperative to patient safety that they all be complete:

2.I.A.1. MAR

2.I.A.2. TAR

2.I.A.3. Shift Change Report

## Abundant Life Home Health Agency, LLC

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Category: Electronic Records

Number: 10.003.1

Subject: QA Private Duty Progress Notes

Applies: All Staff

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- 2.I.A.4. Controlled Substance Count (if applicable)
- 2.I.A.5. Activities (HHA only)
- 2.I.A.6. Invalid Clocking (HHA only)
- 2.I.B. HHAs must complete all documentation during the shift.
- 2.I.C. Within 12 hours after the end of the shift, nurses must complete all other sections of the documentation including:
  - 2.I.C.1. Assessment
  - 2.I.C.2. Vitals
  - 2.I.C.3. I & O
  - 2.I.C.4. Seizure
  - 2.I.C.5. Narrative
- 2.I.D. At least 12 hours after the end of the shift, agency QA staff will review the notes; the agency will accept or reject the notes.
  - 2.I.D.1. If the notes are accepted, no further action is required. The EMR will send an automated message to staff to notify the notes were accepted.
  - 2.I.D.2. If the notes are rejected, staff must make appropriate corrections and resubmit within 24 hours. The EMR will send an automated message to staff to notify the notes were rejected. The rejection message will include reasons outlined in this policy.
  - 2.I.D.3. If staff have questions about rejected notes, it is their responsibility to contact agency QA staff.

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2.I.E. Staff who do not complete notes within 12 hours after the end of the shift or within 24 hours after a rejection are subject to discipline per Policy #2.014.1 .



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2.I.F. Rejections are outlines in the following table:

*Table 1 Rejection Codes*

	REJECTION CODES
1	NARRATIVE
1.1	Narrative incomplete: q2H or Missing Entries
1.2	Start or End of Shift-missing entries
1.3	Grammar, Spelling, Punctuations
1.4	Professional Standards: Similar notes Copy and Paste
2	PROBLEMS WITHOUT INTERVENTION
3	MAR/MAR ADDENDUM
3.1	Missing Medication
3.2	Medication Documented outside 2 hour window
3.3	Erroneous or Duplicate Medication without MAR addendum
3.4	PRN Medication without MAR Addendum
3.5	Refused/Unavailable medication not documented on M/A
3.6	Controlled Med Count
3.7	Future: Was the Med administered during the shift/visit
4	ASSESSMENT
4.1	Shift Time IN/OUT
4.2	Incomplete Assessment
5	VITALS
6	I/Os
7	TAR
7.1	Future: G tube care , Trach care
8	ACTIVITIES: for HHA
9	MULTIPLE ENTRIES MISSING
10	CARE NOTES
10.1	Shift Change Report Missing or Incomplete
10.2	Failed Clocking/Invalid Clocking
11	Seizure
12	Ventilator Log
13	Miscellaneous

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## **SECTION 3 Rejection Reasons Explained**

### **Sec 3.I. Narratives**

- i. 1.1 Staff must document narrative notes at least every 2 hours.
- ii. 1.2 Staff must start narrative entries at the beginning shift time and end with the end shift time. For example: “0700 Received report...”, “Report given to”
- iii. 1.3 Narrative notes should be clear, concise, and accurate using correct grammar, punctuations, and spelling. Narratives should only contain abbreviations from the “List of accepted medical abbreviations” and must not contain abbreviations from the “Do Not Use Abbreviations” list.
- iv. 1.4 Professional Standards: Notes should be original. No copying and pasting from other visits.

### **Sec 3.II. Problems Without Interventions**

- i. 2.0 For any problem documented in a visit (in any section), a corresponding intervention must also be documented. Always review the plan of care to verify parameters for contacting the physician or other intervention. Staff must also document the outcome (effectiveness), and patient’s response to the intervention. For example, the plan of care states “Notify MD for Spo2 less than 90%”.

### **Sec 3.III. MAR/MAR Addendum**

- i. 3.1 Staff must document administering all routine medications, unless otherwise refused or unavailable. If medications are refused or unavailable, staff must document a corresponding MAR Addendum entry. See 3.5 below
- ii. 3.2 Staff must document routine medications within a 2 hour window of the administration time(s).
- iii. 3.3 Documented erroneous or duplicate medications must have a corresponding MAR Addendum entry to negate them.
- iv. 3.4 Staff must document a MAR Addendum entry for each PRN medication administered that documents indication and effectiveness.

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- v. 3.5 If medications are refused or unavailable, staff must document a corresponding MAR Addendum entry.
- vi. 3.6 The controlled medication count must be completed correctly during the shift.
- vii. 3.7 Medications cannot be documented outside the visit time.

### **Sec 3.IV. Assessment**

- i. 4.1 Shift time in and out must be completed and correct.
  - ii. 4.2 The assessment must be complete and accurate.
- 3.IV.B. The agency provides education to staff regarding influenza vaccines within 30 days of hire.
- 3.IV.B.1. This also applies to re-hires, but not when rehired within the same year.

### **Sec 3.V. Vitals**

- i. 5.0 Staff must document vitals at least every shift per plan of care, unless otherwise ordered or refused.

### **Sec 3.VI. Intake & Output**

- i. 6.0 Staff must document intake and output such that it lists the total intake and output for the shift. This can be completed in one entry.

### **Sec 3.VII. TAR**

- i. 7.0 Staff must document all treatments provided during the shift.

### **Sec 3.VIII. Activities (HHA Only)**

- i. 8.0 Home Health aides must document activities during the shift. If HHAs do not complete activities, they must document a reason.

### **Sec 3.IX. Multiple Sections/Entries**

- i. 9.0 Staff must complete all sections correctly per Sec 2.I.

### **Sec 3.X. Care Notes**

- i. 10.1 Staff must complete the Shift Change Report during each shift. The shift change report must be complete and accurate.

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- ii. 10.2 If there are any difficulties clocking (regardless of platform) staff must document in the invalid clocking section of the shift change report. This must be complete and accurate. HHAs must complete invalid clocking as a separate care note.

### **Sec 3.XI. Seizure**

- i. 11.0 Staff must document each seizure correctly, including intervention (if any), patient response, implementing safe environment, maintaining seizure precautions, duration, recovery time, etc.

### **Sec 3.XII. Ventilator Log**

- i. 12.0 Staff must document a complete entry in the ventilator log at least every 2 hours.

### **Sec 3.XIII. Miscellaneous**

- i. 13.0 Miscellaneous deficiency in the notes.

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## **SECTION 1 Policy Information**

### **Sec 1.I. Effective Date**

1.I.A. The effective date of this policy is 03/06/2020

### **Sec 1.II. Tags**

1.II.A. Tags: RC.01.02.01

### **Sec 1.III. Purpose**

1.III.A. Purpose: To ensure that patient records are authenticated.

### **Sec 1.IV. Policy**

1.IV.A. Policy: The agency regulates the entries the patient record. The agency maintains most records in the EMR. Some records may be contained in other sources, such as electronic devices, online platforms, or paper records.

1.IV.B. Only authorized individuals make entries in the patient record. The agency provides the appropriate credentials and permissions to make entries in the record to staff based on skill, job description, service, or other.

1.IV.C. Requirements for counter-signing record entries are governed by the respective policy for that subject.

1.IV.D. Entries in the patient record are authenticated by the author.

1.IV.D.1. Entries into the EMR are authenticated via EMR record.

- i. The agency strictly prohibits staff from making entries in the patient record using another person's credentials.

1.IV.D.2. Authentication can be verified through electronic signatures, written signatures or initials, rubber-stamp signatures, or computer key.

1.IV.D.3. Information introduced into the patient record through transcription or dictation is authenticated by the author.

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1.IV.E. All entries in the patient record are legible, clear, complete, and appropriately authenticated and dated in accordance with the organization's policy and currently accepted standards of practice.

1.IV.F. All entries in the patient record must also be timed.

1.IV.F.1. Paper records that are entered into the record via attachments use the timestamp related to the act of attachment to the patient record if no time is entered directly on the record.

1.IV.F.2. The EMR records timestamps for most records in the EMR. The user, date, and time are automatically recorded. These either have a specific time field entry, or do not require the user to enter a time.

1.IV.F.3. The entries in which a user will have to record a manual date/time are fields in which multiple users can record in the same field, such as large text boxes. (For example: Task details, Sect21 in the POC).

i. In this instance, the user will record the date and time of the entry using the following format that includes a unique identifier: {Initials} on {Date} {Time}-

ii. Example: "JD on 03/05/20 1258"

1.IV.G. Note: record entry authentications, including timestamps, may or may not be displayed with the entry itself. They may be available via reports or other method.

1.IV.H. The administrator or designee provides education to staff related to this policy

1.IV.I. The director of nursing reviews the patient records regularly to ensure record entries are authenticated per this policy.