

# EMPLOYEE HANDBOOK



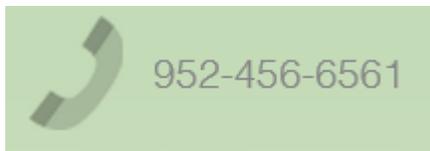
## Maplewood Home Care

seniorhomeinc.com



## Join Our Team

We are always looking for dedicated individuals to join our broad team of home health care staff.



1736 Cope Ave E Suite 2  
Maplewood, MN 55109

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# Welcome to Maplewood Home Care

It is my privilege to welcome you to Maplewood Home Care. I wish you every success in your new job, and I hope that you quickly feel at home. We believe that it is important to communicate our policies and expectations. Therefore, this handbook will familiarize you with the privileges, benefits, and responsibilities of being an employee.

Please understand that this handbook only summarizes our policies and practices. It is not meant to be a comprehensive description of every policy and procedure. We ask you to carefully review the contents of this handbook and make sure that you address any questions or concerns to the CEO. Once you have completed your review, we ask you to sign the attached **Acknowledgment of Receipt Statement**. This is an acknowledgment of the fact that you received a copy of this handbook, read, and understand its terms and provisions.

I hope your experience here will be challenging, enjoyable, and rewarding. Again, welcome!

Yong Yang  
Chief Executive Officer

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## Introduction

This Employee Handbook is intended to outline employment expectations, important policies and procedures in effect at Maplewood Home Care as well as materials about our agency and information we need in order for you to begin working. Carefully review the contents of this manual as it is intended to outline employment expectations for employees, introduce you to our agency, familiarize you with our policies, provide general guidelines on work rules, benefits and other issues related to your employment. Questions regarding specific content of the handbook or about a particular policy or procedure should be directed to Maplewood Home Care.

This handbook, and its provisions, does not constitute a contract or a contractual commitment of continued employment. Unless covered by a separately negotiated agreement, each employee of Maplewood Home Care is considered to be in an “at will” employment status. This simply means that you can leave your employment at any time and with or without cause.

Likewise, Maplewood Home Care may discharge any employee, with or without cause and with or without notice, at any time for any lawful reason. No circumstances arising out of your employment, including any written or verbal statements by your supervisor or co-workers, will alter the “at will” employment relationship.

## **Part 1 –Employment**

### ***Equal Employment Opportunity***

Maplewood Home Care is an equal opportunity employer. We will extend equal opportunity to all individuals without regard to race, religion, color, sex (including pregnancy, sexual orientation and gender identity), national origin, disability, age, genetic information, or any other status protected under applicable federal, state, or local laws. Our policy reflects and affirms the agency's commitment to the principles of fair employment and the elimination of all discriminatory practices.

### ***Americans with Disabilities ACT (ADA) & Requests for Accommodation***

If a potential or current employee believes that they will need an accommodation for a disability in order to perform the essential functions of their job, they must inform the agency of that need and suggest a reasonable accommodation that will allow them to carry out the affected duties and responsibilities. We will make all reasonable efforts to accommodate in accordance with state and federal laws.

However, please note that according to the ADA, the agency does not have to provide the exact accommodation you want, and if more than one accommodation works, we may choose which one to provide. Furthermore, the agency does not have to provide an accommodation if doing so would cause undue hardship to the agency.

### ***Recruitment and Hiring***

The agency's primary goal when recruiting new employees is to fill vacancies with persons who have the best available skills, abilities or experience needed to perform the work. Decisions regarding the recruitment, selection and placement of employees are made on the basis of job-related criteria.

When positions become available, qualified current employees are encouraged and are welcome to apply for the position. As openings occur, notices relating general information about the position are posted. The CEO will arrange interviews with employees who apply.

We encourage current employees to recruit new talent for our agency.

### ***Employment Classifications***

Full-time- 40 hours per week

Part-time- Less than 40 hours regularly scheduled per week \* not eligible for agency benefits\*

Per Diem- On call- no regularly scheduled hours

Temporary Employee- limited duration \*not eligible for agency benefits\*

## ***Probationary Period***

The first thirty (30) days of employment with Maplewood Home Care is considered to be a probationary period. During this time, employees are expected to become accustomed to their job expectations and responsibilities. There may be a waiting period before new employees are eligible for certain benefits. Any questions regarding benefits should be directed to Yong Yang.

## ***Orientation and Training***

To help you become familiar with the agency, we will provide an orientation and training session before you begin work. Some of the content of the session will depend in large part on the nature of your responsibilities. In addition, the agency may periodically offer additional training or educational programs. Some programs may be voluntary, while others will be mandatory.

## ***Attendance***

Regular attendance is an essential requirement of your employment. Individual work schedules will be determined based on the operational needs of the agency and client(s). If an employee is unable to report for an assignment on time or complete a scheduled assignment for any reason, the employee must contact the office immediately. Unapproved absences or excessive tardiness may result in discipline, up to and including termination. An unapproved absence without communication with the office is considered job abandonment and may result in termination of employment.

## ***Employee Schedules***

All staffing must be done through the office. If you must stay past the scheduled time or come in early, you must notify Maplewood Home Care for approval prior before the care is provided. Employees will not be paid for care that has not been scheduled in advance through the office. Do not ask clients to change scheduled work hours for your convenience.

## ***Overtime***

Overtime must be authorized in advance by the agency. Not all clients are approved for services on holidays. Please call the office prior to a holiday to verify if you are authorized to work on a holiday. If the agency requires that you work overtime, we will give you as much advance notice as possible.

## ***Payroll Practices***

Employees receive their pay on a bi-weekly basis as scheduled on the payroll calendar. Mandatory deductions, such as federal, state, and local income taxes, contributions to Social Security and Medicare will be itemized on the payroll check statement. Employees should notify the office if it is believed that an error had occurred with their pay so that correction action can be taken.

Employees will be advised of any other mandatory deductions from their paycheck, such as court-ordered attachments, whenever Maplewood Home Care is ordered to make such deductions. Employees are responsible for reporting entitled deductions accurately.

Direct deposit is available at the employee's option. Payroll checks will be available for pick up at our office during payroll week. If you are unable to pick up your check, it will be mailed to you within seven (7) days after it's been issued. Payroll checks will be mailed from our office to each employee's home address. It is the responsibility of the employee to notify our office with their correct home address. You will be required to complete a change of address form.

### ***Security of Client's Property***

The agency or any employee may not borrow or purchase a client's property. Also do not remove or examine your client's personal items without explicit permission from the client.

### ***Secondary Employment***

Maplewood Home Care recognizes that an employee may accept secondary employment or participate in other activities or organizations. Employees are expected to be available for all scheduled work, including overtime, as needed. Any outside interests, business, financial activity or employment which affect job performance or result in a direct or indirect conflict of interest or competition will not be permitted. Speak to the agency if you encounter a situation which appears to be in conflict with this policy.

### ***Drug and Alcohol Policy***

The illegal use of drugs and the abuse of legal drugs and alcohol are a problem that invade the workplace, endangering the health and safety of the abuser and those who work around them and our client's. The agency is committed to creating and maintaining a workplace free from substance abuse. Some drugs which may be considered legal under state law, but the use of which is illegal under federal law, may subject the user to disciplinary action up to and including termination by this employer. The agency reserves the right to administer a drug test for illicit and prescription drugs. The results will be kept confidential between The agency, employees, and professional laboratory. Positive and questionable test results can result in disciplinary action.

### ***Use of Personal Electronic Devices***

Use of cell phones, smart phones, tablets, or other electronic devices during work time including texting, emailing, taking pictures, playing music, watching videos, playing games and accessing the internet during the work hours can interfere with employee's productivity and can be distracting to others. If you need to use your electronic device, you must ask permission for the client, excuse yourself and return to the clients within a timely manner. No personal business should be over 2 minutes in length. If personal use becomes excessive per the client, the personal use may be deducted from your hours scheduled for that shift. Abuse of this policy may subject an employee to disciplinary action, up to and including termination.

## ***Workplace & Personal Safety***

Safety can only be achieved through teamwork at our agency. Each employee must practice safety awareness by thinking defensively, anticipating unsafe situations and reporting unsafe conditions immediately.

Please observe the following precautions:

In case of an emergency situation or if you are injured and become sick at work, you must inform agency immediately.

- You must notify Maplewood Home Care if at any time you're unable to perform the job descriptions you have received. The descriptions list required task to include weight limitations.
- The use of alcoholic beverages or illegal substances during working hours will not be tolerated. The possession of alcoholic beverages or illegal substance on the agency's property is forbidden.
- Use, adjust and repair machines and equipment only if you are trained and qualified.
- Know the proper lifting procedures. If the client becomes too difficult for you to complete a one-person lift, notify the agency immediately. Our supervisory nurse must assess the situation to provide safety to both the client and care giver. Get help when lifting or pushing heavy objects.
- Understand your job fully and follow instructions. If you are not sure of the safe procedure, don't guess.
- Know the locations, contents and use of first aid and firefighting equipment.
- Wear personal protective equipment in accordance with the job you are performing.
- Comply with OSHA standards and/or applicable state job safety and health standards as written in our safety procedures manual.

*A violation of a safety precaution is in itself an unsafe act. A violation may lead to disciplinary action, up to and including discharge.*

## ***Bloodborne Pathogens Exposure Control***

To protect employees who may reasonably anticipate being occupationally exposed to blood and other potentially infectious materials during work tasks, our agency has instituted a Bloodborne Pathogens Exposure Training Program.

Briefly, our program included an employee exposure determination, information and training about bloodborne pathogens, the availability of hepatitis B vaccinations, Universal Precaution, , safe work practices, personal protective equipment and housekeeping measures to help reduce the risks of occupational exposure. Procedure to be used following and exposure incident and necessary record keeping are also included. These matters are discussed in our annual mandatory training.

## ***Emergency Care***

An emergency care procedure will be developed for all clients.

- Each client's chart will contain the name and phone number of physician, immediate contact person, the agency's contact information, and the 911 number/ or other emergency contact steps to take

## ***Crisis Management Plan***

As an agency, we care about the well-being of our employees, clients, and communities where we provide care. We work hard to ensure that crisis is preventable, but no matter how thorough our preventive practices, certain crisis situations can occur.

Being that employees are in different client's homes you are required to know that emergency procedures for the specific situation. You must also be comfortable with handling the client in any emergency situation. If you feel it would be difficult to evacuate the client, notify the office to help design an evacuation plan.

If an accident occurred where the client or the employee has been harmed, the employee is required to complete a written incident report and deliver it to the office within 24 hours of the injury.

## ***Client Incident Reporting***

All incidents will be documented on the Incident Report form and reported to the agency as soon as possible after the incident. An Incident Report form will be:

- Completed in its entirety.
- Client's outcomes will be documented in the progress report.
- Reportable incidents include, but are not limited, to: Missing or damaged property; client falls; medication and service/care error; equipment-related incidents; other medical mishaps'; vehicle use and driving accidents.
- The agency will follow up on any reported client incidents or injuries.
- Incident Reports will be filed in an administrative file that contains original report, follow-up report, and specific interventions, if any, to prevent reoccurrence.
- All incidents are summarized and are a component of the continuing quality improvement.

## ***Care Giver Incident Reporting***

All incidents will be documented on the Employees Incident Report form and reported to the agency as soon as possible, but no later than the next business day after the incident. If medical attention is sought, then the office should be notified immediately. Written reports are due in the office within 3 business days after the incident. An Incident Report form will be in the folder at

the client's home or available from the office. The form must be completed in its entirety and include as much detail as possible.

Reportable incidents include, but are not limited, to missing or damaged property; client falls; medicating and service/care error; equipment-related incidents; other medical mishaps.

#### OSHA Regulations/ Infection Control / Exposure Control Plan

The agency maintains policies and procedures for the care of clients with infectious or contagious diseases and for employee infection control practices that conform to OSHA regulations and recently accepted standards of care.

If a client is suspected or known to have an infectious or contagious disease, the agency personnel will be advised and will implement the procedures specific to the suspected disease. In addition, employees will implement infection control procedures with regard to clients, employees, and their environment. The agency will ensure the client or will provide employees with appropriate protective equipment including, but not be limited to, gloves, gowns or aprons, masks, eye protection, and face shields.

Client infection control procedures include, but are not limited to:

- Wearing and changing gloves as necessary during the delivery of client care.
- Appropriate client skin care.
- Appropriate handling and disposal of waste product.
- Proper packaging of laboratory specimens of blood and other infectious materials.
- Using appropriate containers for needle disposal.
- Frequent hand washing by home health care disposal.
  - Before and after the provision of direct client care.
  - Before working in the kitchen.
  - After handling soiled or contaminated materials.
  - After going to the toilet.
  - After removing gloves.
- Covering nose and mouth when coughing or sneezing.
- Covering open sores or cuts on fingers or hands with clean bandages or gloves.
- Use of appropriate protective equipment including gloves, gowns and masks when indicated.

Environmental infection control procedures include, but are not limited to:

- Maintaining a clean work environment; i.e. clean counters, tables, and food storage shelves.
- Refrigerating food promptly and covering food by closing cartons and replacing covers.
- Rinsing cans and bottles before disposal in the garbage.
- Using assistive means to pick up broken glass.
- Washing garbage cans, dirty pails and trash cans with hot soapy water.
- Disposing of garbage properly by:
  - Draining off liquid before putting garbage in paper or plastic lined pails.

- Wrapping garbage in paper and placing in covered trash cans.
- Keeping clean and dirty items separate.
- Keep the client's environment & bathroom clean, neat and orderly
- Keep supplies off the floor and out of the reach of children.
- Regularly cleaning client tools of appliances such as commodes, bedpans, urinals, suction machines and measuring containers.
- Decontamination of equipment prior to servicing or shipping and properly labeling equipment as cleans or contaminate.
- Using protective coverings, such as aluminum foil and plastic and replacing coverings if contamination is thought to have occurred.

The agency will provide information to clients regarding infection control principles and procedures as appropriate. To comply with OSHA requirements, Maplewood Home Care will ensure that the infection control plan is appropriately implemented.

If a client is suspected to have an infectious or contagious disease, the agency personnel providing care will use procedure specific to the suspected disease.

Employees providing client care will comply with the agency's health requirements. Employees with a known or suspected infectious and/or contagious disease will be restricted from providing client care until a statement is received from the employee's physician stating that the employee is no longer contagious and able to return to work.

The agency will be aware of and comply with all state requirements for the reporting of communicable diseases.

Gloves, gowns, aprons, and other protective equipment will be worn at any time an employee is at risk of exposure.

### ***Employees at Risk for Exposure or Who Have Been Exposed to TB***

The agency will establish a protocol for early identification of individual with active tuberculosis. The agency requires every employee to provide a negative two step Mantoux test proper to being assigned to a client. The employee can be assigned to work with a client after the first negative Mantoux test and if required to deliver result of the second test no later than two weeks after the first. If the second test is not received, the agency may pull the employee from their assignment and assume they have voluntarily decided not to meet the requirements of the job.

Employees who can show evidence of a negative Mantoux within 12 months prior to hire date do not need to have the test prepared at the time of employment. Annually, employees will need to complete a TB authorization form indicating they have not traveled out of the country and/or were not exposed or in any situation where TB may be prevalent. The agency will, at no cost to the employee, offer TB Mantoux skin test as indicated in situation of TB exposure.

## ***Universal Precautions for All Health Workers***

Assume that blood and all body fluids, with or without visible blood, from all clients are potentially infectious.

### ***Proper Handwashing***

- Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
- Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
- Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
- Rinse your hands well under clean, running water.
- Dry your hands using a clean towel or air dry them.

What should you do if you don't have soap and clean, running water?

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not available, use an alcohol-based that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label. Alcohol-based hand sanitizers can quickly reduce the number of germs on hands in some situations, but sanitizers do **NOT** get rid of all types of germs.

Hand sanitizers may not be as effective when hands are visibly dirty or greasy. Furthermore, hand sanitizers might not remove harmful chemicals like pesticides and heavy metals from hands. Be cautious when using hand sanitizers around children; swallowing alcohol-based hand sanitizers can cause alcohol poisoning if a person swallows more than a couple mouthfuls.

How do you use hand sanitizers?

- Apply the gel to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all surfaces of your hands and fingers until your hands are dry.

### ***Gloves***

Such as vinyl or latex medical gloves, must be worn when cleaning reusable equipment, when having direct contact with blood, body fluids, mucous membranes or non-intact skin, when handling items soiled with blood, or when handling equipment contaminated with blood or body fluids. Gloves should be changed after each client contact. When gloves are removed, thorough hand washing is required. Gloves do not take the place of hand washing.

## **Part 2 – Benefits**

### ***General***

Full-time employees are eligible to participate in the insurance program offered by the agency on their first day of employment. Periodically there will be an Open Enrollment period. If you decline to participate in these programs on your initial eligibility date, you may request entry into the plan during Open Enrollment.

### ***Medical Insurance***

Maplewood Home Care offers medical coverage for eligible employees and their eligible dependents. An employee contribution for coverage will be deducted from your salary based on your benefit selections.

### ***Employee Contributions***

The agency's benefit package is contributory; that is, you are responsible for a portion of the premium for your benefits. A portion of the premium, up to a maximum per month, is contributed by the agency. Your contributory cost is deducted from your paycheck.

### ***Open Enrollment***

The Open Enrollment period allows employees to add or change their benefits coverage. Changes, additions and other elections made during Open Enrollment will take effect on October through December or based on the state's open enrollment. Once you have made a change, you cannot change that selection until the next Open Enrollment period.

## **Part 3 – Holidays, Vacation and Other Leave**

### ***Vacation***

Maplewood Home Care encourages all staff to take reasonable time off from work. All time off from an employee's established schedule must be requested at least two (2) weeks in advance, except in the case of an emergency. Management may approve or deny requests for time off or request other arrangements based on the operational needs of the business. An employee will receive one (1) hour of PTO for every fifty-two (52) hours worked. Your PTO hours will only accumulate up to eighty (80) hours a year. Hours may not be carried over to the next year.

### ***Holiday Pay***

Due to the nature of the industry and the needs of our clients, employees may be required to work on a holiday depending on the operational needs of the agency. Employees are entitled to the following paid holidays:

New Year's Day  
Memorial Day  
Independence Day

Labor Day  
Thanksgiving Day  
Christmas Day

### ***Personal Leave***

Personal leave may be used for the following:

- Medical and dental appointments for yourself or family members;
- Your personal illness or that of a member of your family; or
- Personal business that cannot be tended to outside of work hours, e.g., a house closing.

You are not required to give any specific reason for using your personal/sick time. However, when you do take personal/sick time you should give your immediate supervisor as much advance notice as possible.

### ***Family and Medical Leave***

The federal Family and Medical Leave Act (FMLA) provide employees up to 12 weeks of unpaid leave per year. Employees qualify for FMLA leave when either they or a family member suffer from a “serious health condition.” The condition must either prevent the worker from performing his or her job, or require the worker to care for a family member. For additional information contact Maplewood Home Care.

### ***Military Service Leave***

Employees serving in the uniformed services, including the Army, Navy, Marine Corps, Air Force, Coast Guard and Public Health Service commissioned corps, as well as the reserve components of each of these services, may take unpaid military leave, as needed, to enable them to fulfill their obligations as service members. Service members must provide advance written or verbal notice to the agency for all military duty, unless giving notice is impossible, unreasonable, or precluded by military necessity. Employees may, but are not required to, use accrued vacation or personal leave while performing military duty.

### ***Jury & Witness Duty***

Employees shall be granted leave in order to serve as a juror or witness in a court proceeding. Employees must provide a copy of the summons for jury or witness duty to their supervisor prior to requesting the leave.

### ***Voting***

The agency encourages all employees to vote. Most polling facilities for elections for public office are scheduled to accommodate working voters. The agency, therefore, requests that employees schedule their voting for before or after their work shift. An employee who expects a conflict, however, should notify his or her supervisor, in advance, so that schedules can be adjusted if necessary.

## **Part 4 – Termination of Employment**

### ***Resignation***

Maplewood Home Care understands that it may become necessary for you to leave your employment. If you wish to resign your employment with the agency, you are requested to notify

Yong Yang of your anticipated departure date at least two (2) weeks in advance. This notice should be in the form of a written note or letter. Employees who voluntarily resign shall receive their final paycheck on the next scheduled payday.

### **Involuntary Termination**

Employees whose employment is terminated involuntarily will be notified as soon as possible. The employee will be paid for all other wages earned on the next scheduled payday.

### **Reference for Future Employment**

Maplewood Home will respond to reference requests on former employees upon approval to release information.

## **Part 5– Employee Orientation**

- Orientation
- PCA Choice Acknowledgement
- Emergency Contact
- Minnesota Home Care Bill of Rights
- Service Recipient Rights
- Background Study Policy
- HIPPA
- Notice of Privacy
- Access to your Personnel File
- Grievance Policy
- Sexual Abuse Policy
- PCA Supervision Policy
- PCA Job Description Policy
- Homemaking Job Description
- Restrictive Covenant Agreement
- Hepatitis Fact Sheet
- Hepatitis B Accept Decline Form
- Baseline TB Screening
- Fair and Accurate Billing Policy
- Dress Code Policy
- PCA Time & Activity Documentation
- Certificate of Completion
- Vulnerable Adult Assessment Brochure
- Direct Deposit Authorization
- Payroll Calendar
- DHS PCA Provider Agreement
- Medical Insurance Enrollment Form
- PCA Choice Acknowledgement
- W-4
- I-9
- Certificate of Training



## **PERSONAL CARE PROVIDER ORGANIZATIONS BACKGROUND STUDY PRIVACY NOTICE**

Because the Minnesota Department of Human Services is requesting that you provide private information about yourself, the Minnesota Government Data Practices Act requires that you be informed of the following:

**1. Purpose and intended use of the information:** Minnesota Statutes, section 256B.0627, requires the Minnesota Department of Human Services (DHS) to conduct background studies on all managerial officials and owners with 5% interest or more in a personal care provider organization, and all personal care assistants and other employees providing direct contact services for non-licensed personal care provider organizations. The background studies are to be completed according to the requirements in Minnesota Statutes, chapter 245C. The information requested will be used to perform a background study of you that will include at least a review of criminal conviction records held by the Minnesota Bureau of Criminal Apprehension and records of substantiated maltreatment of vulnerable adults and children. DHS may also later require you to submit additional information and/or your fingerprints if necessary to complete your background study. For all individuals who are subject to background studies by DHS, the corrections system will report new criminal convictions for disqualifying crimes to DHS. County agencies and the Minnesota Department of Health report substantiated findings of maltreatment of minors and vulnerable adults to DHS.

**2. Whether you may refuse or are legally required to provide the information:** Minnesota Statutes, chapter 245C, states that the individual who is the subject of a study must provide sufficient information to ensure an accurate background study.

**3. Known consequences that may arise from supplying the information:** Individuals who are found to have histories with the characteristics identified in Minnesota Statutes, chapter 245C, will be disqualified from positions allowing direct contact with persons receiving services. Disqualification of owners and managerial officials will result in denial or termination of enrollment in the Medical Assistance program, unless the disqualification is set aside as provided in Minnesota Statutes, chapter 245C. Health-related licensing boards will make a determination whether to impose disciplinary or corrective action on individuals regulated by health-related licensing boards who have been determined to be responsible for substantiated maltreatment. Individuals who do not found have disqualifying characteristics will not be disqualified.

**4. Known consequences that will arise from refusing to supply the requested information:** Only items identified as "optional" may be left blank. Refusal to provide the information necessary to ensure an accurate and complete background study will result in your disqualification and an order to the agency or facility to remove you from any position allowing direct contact to persons receiving services.

**5. Identification of other agencies or entities authorized to receive this information:** The information you provide form will be shared with the Minnesota Bureau of Criminal Apprehension. If DHS has reasonable cause to believe that other agencies may have information pertinent to a disqualification, the information may also be shared with county attorneys, county sheriffs, courts, county agencies, local police, the Federal Bureau of Investigation, the Office of the Attorney General, agencies with criminal record information systems in other states, and juvenile courts. Background study results may be shared with the Minnesota Department of Health, the

Minnesota Department of Corrections, the Office of the Attorney General, and health-related licensing boards. If you have a disqualifying characteristic, the facility will be told only that you are disqualified and will not be told what caused your disqualification, unless you were disqualified for refusing to cooperate with the background study or for serious and/or recurring maltreatment of a minor or vulnerable adult. The information about you received as part of a background study is classified as private data and, except for the agencies noted, cannot be shared without your consent.

**6a. If CURRENT background study results in a disqualification that is set aside upon reconsideration:** If you are disqualified as a result your background study, and you request reconsideration and your disqualification is set aside for the program/agency that initiated the current background study, subsequent background studies initiated by other programs/agencies may result in the disqualification being set aside for other programs/agencies when the following criteria are met:

1. While you are disqualified, you are not disqualified for an offense specified in section 245C.15, subdivision 1 or 2;
2. the program that initiates the subsequent background study is licensed or regulated under the same provisions of law and rule as the program for which your disqualification was previously set aside;
3. the commissioner has not received any new information to indicate that you may pose a risk of harm to any person served by the program; and
4. the previous set aside was not limited to a specific person(s) receiving services.

If the above criteria are met, the notice of disqualification sent to the program/agency that initiates the subsequent background study will state that you are disqualified and will include the reason you are disqualified. It will also state that your disqualification has been set aside for their program/agency, and that upon request, and without your consent, information about the factors that were the basis for the decision to set aside your disqualification are available to them. (§245C.22, subd. 5)

**6b. If a PREVIOUS background study resulted in disqualification that was set aside:** If you were the subject of a previous background study which resulted in your disqualification, and your disqualification was set aside upon reconsideration, DHS will review the information in your record in connection with your current background study and determine whether the following criteria are met:

1. While you are disqualified, you are not disqualified for an offense specified in section 245C.15, subdivision 1 or 2;
2. the program that initiated the current background study is licensed or regulated under the same provisions of law and rule as the program for which your disqualification was previously set aside;
3. the commissioner has not received any new information to indicate that you may pose a risk of harm to any person served by the program; and
4. the previous set aside was not limited to a specific person(s) receiving services.

If the above criteria are met, the notice of disqualification sent to the program/agency that initiated the current background study will state that you are disqualified and will include the reason you are disqualified. It will also state that your disqualification has been set aside for their program/agency, and that upon request, and without your consent, information about the factors that were the basis for the decision to set aside your disqualification are available to them. (§245C.22, subd. 5)

## **Criminal Background Check Policy**

In accordance with Minnesota Law, Maplewood Home Care (MHC) require criminal background checks for all individuals who have direct contact with clients in their home or in the community, including managerial officials, supervisors, direct caregivers and volunteers. Having and maintaining a clear background is an essential requirement for employment by MHC and if you fail now or later to meet that requirement, your employment with MHC shall terminate immediately.

Additionally:

- Employee must receive a copy of the BACKGROUND STUDY PRIVACY NOTICE.
- A criminal background check is required before an individual may begin work;
- No employee or volunteer may work prior to receiving a completed background study notice stating the individual PCA or Qualified Professional “is not disqualified” or has had a “disqualification set aside”;
- No employee or volunteer may work if their name appears on the Office of Inspector General (OIG) Exclusion List regardless of their background study disqualification status;
- Your criminal background check results will be kept on file during the period you work for Maplewood Home Care and may be updated; and
- If you are later terminated from DHS, are later disqualified, or appear on the OIG Exclusion List your employment with MHC shall terminate the date the disqualification is effective or the date of your appearance on the OIG list.

By following these policies, we can be sure that our home care services are provided in a manner that protects the health, safety, and well-being of the clients we serve.

By signing below, I have read and understood MHC’s Criminal Background Check Policy. I acknowledge that I have received a copy of the BACKGROUND STUDY PRIVACY NOTICE and authorize MHC to conduct a background study. I will abide by all requirements as listed above.

## **HIPAA ORIENTATION FORM**

I participated in Maplewood Home Care HIPAA training during employee orientation and understand the agency’s policy on the confidentiality of protected personal health information. In consideration of my employment or association with Maplewood Home Care and as an integral part of the terms and conditions of my employment or association, I agree that I will not at any time during my employment or after my employment or association ends, access or use personal health information or reveal or disclose to any persons within or outside Maplewood Home Care any personal health information except as may be required in the course of my duties and responsibilities and in accordance with applicable legislation. I also understand that unauthorized use or disclosure of such information will result in disciplinary action up to and

including termination of employment or association and imposition of fines pursuant to applicable state and federal laws.

## **NOTICE OF PRIVACY RIGHTS**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**WE ARE REQUIRED BY LAW TO MAINTAIN THE PRIVACY OF PROTECTED HEALTH INFORMATION, TO PROVIDE INDIVIDUALS WITH NOTICE OF OUR LEGAL DUTIES AND PRIVACY PRACTICES WITH RESPECT TO PROTECTED HEALTH INFORMATION AND TO NOTIFY AFFECTED INDIVIDUALS FOLLOWING BREACH OF UNSECURED PROTECTED HEALTH INFORMATION.**

1. Below is a description, including at least one (1) example, of the types of uses and disclosures that the above organization is permitted to make for each of the following purposes: treatment, payment and health care operations.

Disclosures to other health care providers, including, for example, to patients' attending physicians. Submission of claims and supporting documentation including, for example, to organizations responsible to pay for services provided by the organization. Disclosures to conduct the operations of the organization, including, for example, sharing information to supervisors of staff members who provide care to patients.

2. Below is a description of each of the other purposes for which the organization is permitted or required to use or disclose protected health information without an individual's written consent or authorization.

To patients, incident to another permitted use or disclosure, by agreement, to the Secretary of the U.S. Department of Health and Human Services, as required by law, for public health activities, information about victims of abuse, neglect or domestic violence, health oversight activities, for judicial and administrative proceedings, for law enforcement proceedings, about decedents, for cadaveric organ, eye or tissue donation, for research purposes, to avert a serious threat to health or safety, for specific government functions, to business associates of the organization, to personal representatives, de-identified information, to workforce members who are victims of crimes, to workers' compensation programs, for involvement in the individual's care and for notification purposes, with the individual present, for limited uses and disclosures when the individual is not present, and for disaster relief purposes.

3. Other uses and disclosures, such as disclosure of psychotherapy notes, use of protected health information for marketing activities and the sale of protected health information, will be made only with the individual's written authorization and the individual may revoke such authorization.

4. The organization may contact the individual to schedule visits and for other coordination of care activities.

5. The individual has the right to request further restrictions on certain uses and disclosures of protected health information, but the organization is not required to agree to any requested restriction(s), except disclosures must be restricted to health plans if the disclosure is for the purpose of carrying out payment

or health care operations and is not otherwise required by law and the protected health information pertains solely to a health care item or service for which the individual or person other than the health plan on behalf of the individual has paid the organization in full.

6. The individual has the right to receive confidential communications of protected health information, the right to inspect and copy protected health information, the right to amend protected health information, the right to receive an accounting of disclosures of protected health information and the right to obtain a paper copy of this Notice from the organization upon request.

7. The organization 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 and to notify affected individuals following a breach of unsecured protected health information.

8. The organization is required to abide by the terms of this Notice currently in effect.

9. The organization reserves the right to change the terms of its Notice and to make the new notice provisions effective for all protected health information that it maintains. Individuals may obtain a revised copy of this Notice upon request.

10. Individuals may complain to the organization and to the Secretary of the U.S. Department of Health and Human Services if they believe their privacy rights have been violated. Complaints should be directed to Yong Yang— Owner, at the organization at the following telephone number: 952-456-6561. Individuals will not be retaliated against for filing a complaint.

11. For further information, individuals should contact Yong Yang – Owner, at the organization at the following telephone number: 952-456-6561.

12. This Notice is in effect as of September 23<sup>rd</sup>, 2013.

#### **YOUR RIGHTS UNDER THE MINNESOTA PERSONNEL RECORDS STATUTE**

You have a right to review your personnel file once every six months while you are employed with **Maplewood Home Care**. If you choose to exercise this right, you must submit a good faith, written request to review your file to **Maplewood Home Care**. Within seven working days of receiving your request (or within 14 working days if your personnel records are stored out of state), **Maplewood Home Care** will make available for your review either your original file or an accurate copy of your file. You will have access to your file during normal operating hours either at your job site or at a nearby location. **Maplewood Home Care** may require that this review take place in the presence of a **Maplewood Home Care** representative.

After you have had an opportunity to review your file, you may make a written request for a copy of the record. If you make such a request, **Maplewood Home Care** will provide you with a copy of your file at no charge. After your separation from employment (for whatever reason), you may review your file once annually for as long as **Maplewood Home Care** maintains the record. If you make a good faith, written request to review your file after your employment with **Maplewood Home Care** has ended; **Maplewood Home Care** will provide a copy of your file at no cost.

**Maplewood Home Care** will not retaliate against you for asserting your rights under the Minnesota Personnel Records Statute. The full text of this statute, which sets forth all your available rights and remedies, <http://www.leg.state.mn.us/leg/statutes.asp> If, after reviewing your file, you dispute specific information contained in the record, **Maplewood Home Care** may agree to remove or revise the

disputed information. If no such agreement is reached, you are entitled to submit a written statement of no more than five pages explaining your position. This position statement will be included in your file, along with the disputed information, for as long as **Maplewood Home Care** maintains the record.

### **Grievance Procedure:**

1. Client will be provided with a copy of the Home Care Bill of Rights.
2. Agency requests that client contact the above designated agency representative to discuss their concerns and resolve issues.
3. If a complaint regarding services is received, the Director will contact the involved parties to discuss the situation and attempt to reconcile.
4. If the complaint is not resolved verbally it will be recorded on a Complaint Form.
5. A written response will be sent to the client as soon as possible, but no later than 15 days after receipt of the complaint.
6. If the complaint is not resolved, it may be appealed to the Governing Body within 30 days of receipt, with a written response of the appeals decision provided.
7. Client is informed both verbally and in writing of outside agency resources to assist client with grievance resolution including:

**The Office of Health Facilities Complaints-  
MN Department of Health  
Monday-Friday 8am-5pm  
Metro: 651-201-4201  
Outside Metro Area: 1-800-369-7994**

7. Agency will not obtain any waiver of client rights and will not retaliate in any way if a complaint is filed.

### **Sexual Abuse Policy**

Maplewood Home Care prohibits and does not tolerate sexual abuse in the workplace or in any organization related activity. Maplewood Home Care provides procedures for employees, volunteers, family members, board members, patients, victims of sexual abuse, or others to report sexual abuse and disciplinary penalties for those who commit such acts. No employee, volunteer, patient or third party, no matter his or her title or position has the authority to commit or allow sexual abuse.

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

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

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

Physical evidence of abuse:

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

Behavior signs of sexual abuse:

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

### **Reporting Procedure**

If you are aware of or suspect sexual abuse taking place, you must immediately report it to your President/CEO or another person you designate such as a human resource person. If the suspected abuse is to an adult, you should report the abuse to your local or state Adult Protective Services (APS) Agency. If it is a child who is the victim, then you should report the suspected abuse to your local or state Child Abuse Agency. If you do not know your state child abuse agency you can call the Child Help's National Child Abuse Hotline, 1-800-422-4453, TDD 1-800-222-4453. Appropriate family members should be notified of alleged instances of sexual abuse.

Maplewood Home Care should report the alleged sexual abuse incident to their insurance agent.

### **Anti-retaliation**

Maplewood Home Care prohibits retaliation made against any employee, volunteer, board member or patient who reports a good faith complaint of sexual abuse or who participates in any related investigation. Making false accusations of sexual abuse in bad faith can have serious consequences for those who are wrongly accused. Maplewood Home Care prohibits making false and/or malicious sexual abuse allegations, as well as deliberately providing false information during an investigation. Anyone who violates this rule is subject to disciplinary action, up to and including termination.

### **Investigation and Follow-up**

Maplewood Home Care will take all allegations of sexual abuse seriously and will promptly and thoroughly investigate whether sexual abuse has taken place. Maplewood Home Care will use an outside third party to conduct an investigation. If Maplewood Home Care has a trained internal investigation team in place, the team will be used to investigate the incident. Maplewood Home Care will cooperate fully with any investigation conducted by law enforcement or other regulatory agencies. It is Maplewood Home Care's objective to conduct a fair and impartial investigation. Maplewood Home Care provides notice that they have the option of placing the accused on a leave of absence or on a reassignment to non-patient contact.

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

# PERSONAL CARE ASSISTANT (PCA) JOB DESCRIPTION D-240

## **Position Purpose:**

The Personal Care Assistant performs personal care services to clients unable to live independently in the community without assistance. The Personal Care Assistant is a position created to serve the clients in the Minnesota Medicaid Personal Care Assistant Program. Clients must be in a stable medical condition and be able to direct their own care. The Personal Care Assistant works within the guidelines of a plan of care established by the client, physician, and supervising RN. The PCA reports directly to the Nursing Supervisor.

## **Qualifications: Professional and Personal:**

- Be eighteen (18) years of age or have been approved to work by the employer and met state guidelines for persons between the age of 16-18 years
- Have demonstrated ability to work with little direct supervision and make appropriate judgments.
- Have demonstrated dependability, tact and ability to follow orders.
- Possess good interpersonal communication skills.
- Possess and maintain good physical and mental health, including current TB testing. (Refer to Health Screening policy).
- Have US Citizenship or evidence of alien work permit.
- Disclose any conviction and criminal history records pertaining to any crime related to the provision of health services or to the occupation of Personal Care Assistant (no candidate who has been convicted of such crimes will be hired.)
- Must not have jeopardized health and welfare of vulnerable adults through physical abuse, sexual abuse or neglect as defined in Minnesota Statutes Section 626.557.
- Must not misuse or show dependency on mood altering chemicals including alcohol.

## **Must have completed one or more of the following:**

- A Nursing Assistant training program or its equivalent, for which competency as a Nursing Assistant is determined according to a test administered by State Board of Vocational Technical Education **or**
- A Homemaker-Home Health Aide training program using a curriculum recommended by Minnesota Department of Health **or**
- An accredited educational program for registered nurses or licensed practical nurses **or**
- A training program that provides the assistant with skills required to perform personal care assistant services specified by the Agency **or**

- Determination by the supervising RN that the assistant has the skills required, through training and experience, to perform the personal care services specified under Covered Services in Medical Assistance Manual.
- Maintain compliance with client privacy rights as specified in the privacy rule of the Health Information Portability and Accountability Act (HIPAA) regulation

<b>Physical Activities</b>	Rarely <.5hr/ day	Occasionally .5-2.5hr. day	Frequently 2.5-5.5hr/day	Continually 5.5-8hr/day	Not Applicable	Unique Application
Sitting			x			
Stationary Standing			x			
Walking			x			
Ability to be mobile			x			
Crouching (bend at Knees)		x				
Kneeling/ Crawling	x					
Stooping (bend at the waist)			x			
Twisting (knees/ waist/ neck)			x			
Turning/ pivoting			x			
Climbing		x				
Balancing			x			
Reaching Overhead	x					
Reaching Extension	x					
Grasping			x			
Pinching			x			
<b>Pushing/ Pulling</b>		x				
Typical Weight 25-50 #		x				
Max. Weight 50- 75#	x					
<b>Lifting/ Carrying</b>		x				
Typical Weight 25-50 #	x					
Max Weight 50-75#	x					
<b>Sensory Activities</b>			x			
Talking in person			x			
Talking on the phone			x			
Hearing in person			x			
Hearing on the phone			x			
Vision for close work			x			

## **PERSONAL CARE ASSISTANT (PCA) JOB DESCRIPTION D-240**

**Physical/ Environmental Demands:  
See ADA Requirements**

# **HOMEMAKER/COMPANION JOB DESCRIPTION D-280**

## **Position Purpose:**

The Homemaker/Companion works under the supervision of the Director or Registered Nurse and performs tasks that contribute to client's comfort and safety in the home. The Homemaker/Companion reports to the Director.

## **Qualifications:**

- Be eighteen (18) years of age.
- Demonstrate ability to read, write, follow written care plan and document tasks performed.
- Be self-directed and work with minimal supervision.
- Demonstrate dependability, tact, patience, and the ability to follow instructions.
- Possess good interpersonal communication skills.
- Have experience in cooking, cleaning, laundry, and shopping.

## **Specific Functions/Responsibilities:**

- Function within the limitations of the individual assignment.
- Attend to the client's request promptly.
- Provide companionship, socialization and housekeeping services.
- Assist with meal planning, purchase of food and food preparation.
- Assist client to live in clean, safe environment:
- Cleaning bathrooms and kitchen,
- Personal errands including refrigerator and stove
- Laundry
- Vacuum and dusting
- Scrubbing floors
- Changing bed linens
- Know and follow infection control policies including proper hand washing techniques.
- Maintain appropriate communication with the Nursing Supervisor (written and verbal) and with all members of the interdisciplinary team.
- Document cares given and pertinent observations accurately as directed by the Care Plan/Licensed Nurse.
- Treat clients and families with respect and maintains confidentiality.

- Maintain compliance with client privacy rights as specified in the privacy rule of the Health Information Portability and Accountability Act (HIPAA) regulation
- Accept and fulfill assignments with the agency and exercise judgment in accepting assignments. Attend required in-service programs per agency policy.

## **HOMEMAKER/COMPANION JOB DESCRIPTION D-280**

**Physical/ Environmental Demands:**

**See ADA Requirements**

### Caregiver Safety Acknowledgement

<b>Physical Activities</b>	Rarely <.5hr/ day	Occasionally .5-2.5hr. day	Frequently 2.5-5.5hr/day	Continually 5.5-8hr/day	Not Applicable	Unique Application
Sitting			x			
Stationary Standing			x			
Walking				x		
Ability to be mobile				x		
Crouching (bend at Knees)		x				
Kneeling & Crawling		x				
Stooping (bend at the waist)			x			
Twisting (knees/ waist/ neck)			x			
Turning/ pivoting			x			
Climbing		x				
Balancing			x			
Reaching Overhead		x				
Reaching Extension		x				
Grasping			x			
Pinching			x			
<b>Pushing/ Pulling</b>		x				
Typical Weight 25-50 #		x				
Max. Weight 50- 75#	x					
<b>Lifting/ Carrying</b>		x				
Typical Weight 25-50 #		x				
Max Weight 50-75#	x					
<b>Sensory Activities</b>			x			
Talking in person			x			
Talking on the phone			x			
Hearing in person			x			
Hearing on the phone			x			
Vision for close work			x			

No caregiver shall dead-lift in excess of fifty (50) pounds while performing homecare services.

-Should a special request from client be made, all aspects of the particular issue must be brought to the Director prior to any agreement between caregiver and client.

Caregiver must notify the office of any and all unsafe observations made in the care recipient's home. Examples include, but are not limited to the following:

- Any loose carpeting on hardwood, tile or vinyl flooring.
- Any exposed and/or questionable wiring such as worn out extension / lamp cords for any lights and/or appliances.
- Any flammable materials exposed to the elements of the care recipient's home.
- No certified and current fire extinguisher available in the kitchen area of the care recipient's home.
- Please make careful and safety conscious observations to ensure everyone's safety.

### **CAREGIVER RESTRICTIVE COVENANT AGREEMENT**

This agreement confirms the conditions under which you will provide services to clients as an employee of Maplewood Home Care. You will provide home care services on an intermittent "as needed" basis, with the understanding that we will inform you on the earliest possible date the days on which services are required.

**Your service to our clients:** You agree to exert every reasonable effort to have the client constantly attended to during the assigned times on the predetermined schedule. You agree that you will not abandon the client at any time. You also agree:

- Not to explore any of the client's personal items without the client's written permission or via a direction from a care plan.
- Not to allow your friends, relatives, or pets to enter the home of the client
- Not to smoke inside the client's home
- Not to make personal telephone calls without the permission of the client
- To get written permission from the client prior to leaving the home of the care recipient during predetermined working hours

**Tasks:** *We do not provide medical services to clients and you agree not to provide medical services including administering medication(s) to a care recipient.*

If hired to provide personal cares, you agree to provide assistance with all matters of personal hygiene and grooming. All caregivers can assist with meal planning and preparation, light housekeeping, laundry, and coping with routines of everyday life, including providing basic companionship and moral support.

Light housekeeping defined: Typical light housekeeping tasks include: Tidying and vacuuming rooms where the care recipient spends time (bedroom, living room, and kitchen); meal preparation and washing dishes, wiping spills; light mopping; tidying bathrooms (rinsing tub or shower after use, wiping spills on sink or floor).

**Non-disclosure agreement:** All client information we provide to you shall be considered confidential. You agree not to, directly or indirectly, make available to anyone our confidential information without our specific written consent.

You also agree not to circumvent or bypass our rights by doing business directly with any client or business we introduce to you. You may not enter into employment with any individual or business that Maplewood Home Care introduces to you for a period of one year without our written consent.

**Background checks:** You authorize Maplewood Home Care to conduct criminal checks, verify your social security number, and perform a driving record check. We also have a right to perform employment reference checks.

### **FAIR AND ACCURATE BILLING POLICY**

1. Employees may only submit time cards that reflect hours actually worked.
2. All employees must use the most recent time card provided by Maplewood Home Care.
3. Employees will only be paid for time cards that are signed by the Recipient or if Responsible Party is required all time sheets must be signed by the Responsible Party.
4. No employee shall be paid for PCA services provided in the employee's home; unless the employee resides in the recipient's household.
5. Employee may not work during the same time that another employee is scheduled to work unless you receive written approval by Maplewood Home Care.
6. Employees will only be paid for services that are provided as specified in the PCA care plan.
7. No employee shall be paid for time where the recipient is in a hospital, nursing home, or other out of home placement; and
8. Any payments made to an employee for time submitted while a recipient is in a hospital, nursing home, or other out of home placement facility shall be treated as overpayments and shall be recovered from the employee in accordance with State and/or Federal law.
9. Employees may not work more than 275 hours per month for all agencies.
10. Employees shall not be paid for more than 275 hours per month.
11. The Agency shall coordinate with other agencies to ensure employees are not paid more than 275 hours per month.
12. Any payments made to an employee where it is later determined that the employee submitted time in excess of 275 hours per month shall be treated as overpayments and shall be recovered from the employee in accordance with State and/or Federal law.
13. The agency shall notify employees when there is a gap in a recipient's health insurance.
14. No employee shall be paid for time where there is a gap in a recipient's health insurance coverage without the written permission of the Agency.
15. Any payments made to an employee for time submitted while there is a gap in a recipient's health insurance coverage shall be treated as overpayments and shall be recovered from the employee in accordance with State and/or Federal law.
16. Employees may only begin providing services after receiving the express permission of Maplewood Home Care. Recipients may not alter the decision of the Agency regarding any employee's start date. No employee shall be paid for services provided without the express written permission of the Agency.
17. Employees may not work more hours per day than a recipient is authorized to receive without the express written permission of the Recipient / Responsible Party or Maplewood Home Care.
18. Maplewood Home Care shall notify employees when a recipient has exhausted their PCA approved units.

19. No employee shall be paid for time where the recipient has exhausted his/her PCA approved units and
20. Any payments made to an employee for time submitted after a recipient has exhausted his/her PCA approved units shall be treated as overpayments and shall be recovered from the employee in accordance with State and/or Federal law.

**IT IS A FEDERAL CRIME TO PROVIDE FALSE INFORMATION ON PCA BILLINGS FOR MEDICAL ASSISTANCE PAYMENT. PROVIDING FALSE INFORMATION ON PCA BILLINGS WILL RESULT IN YOUR TERMINATION OF EMPLOYMENT WITH SENIOR HOME LIVING.**

## **Maplewood Home Care**

### **Dress Code Policy**

#### **Policy Statements:**

Personal appearance is regarded as an important aspect of an employee's overall effectiveness and in the interest of staff and patient safety. All employees are expected to keep themselves neat, clean and well-groomed at all times. The appearance of an employee is also an important part of public relations to the recipients and visitors alike. Employees Maplewood Home Care. Failure to observe and follow the provisions of the personal appearance policy is considered a violation of the conditions of employment subject to counseling and disciplinary action.

#### **Responsibility:**

Employees of Maplewood Home Care are responsible for compliance with this policy.

#### **Definitions:**

Employees of Maplewood Home Care are defined as:

- Direct Patient Caregivers – employees providing “hands on” patient contact.
- Non-Uniform Employees – all other employees working at Maplewood Home Care not providing “hands on” patient contact.

Personal appearance must demonstrate neatness, cleanliness, and good hygiene. Extremes in appearance or accessory attire potentially interfering with recipient care or perception are not acceptable.

1. Staff identification badge must be worn at all times.
  - a. Identification badges are to be clearly visible, above the waist.
  - b. Name on identification badge must be visible.
2. Hair must be clean, neatly groomed and controlled.
  - a. Long hair must be secured away from the face.
  - b. Hair decorations must be kept plain and simple.
  - c. Extreme styles and colors are not permitted.
  - d. Facial hair must be kept neat and well-trimmed.
  - e. Fashion headscarves or skullcaps are not permitted.
  - f. Head covers worn for religious purposes or medical treatments are acceptable.
3. Nails must be neat, clean, and support the functional use of hands and fingers.
  - a. Artificial fingernails are prohibited for all staff who touch or transport patients.

- b. Extreme nail color, chipped polish or decorative designs are not acceptable.
- c. Length of natural nails will be kept at less than ¼ inch long.

4. Jewelry must be plain and inconspicuous. Jewelry must not interfere with recipient care or present a hazard to the employee.

- a. Earrings are permitted with the following criteria:
  - Should not be dangling.
- b. A single plain necklace or neck length may be worn.
- c. Bracelets or armbands are not permitted unless they are a Medical Alert bracelet.
- d. Only one ring or ring set per hand is allowed.
- e. A form fitting wrist watch is permitted.
- f. Facial piercing is not allowed unless:
  - It is small enough to be covered with a Band-Aid.
  - If a nose ring is worn for religious purposes, the employee must supply the manager with proper documentation to support this.

5. Fragrances must be minimally evident. With some recipient care populations, fragrances may not be permitted.

6. Tattoos must be inconspicuous or covered.

7. Footwear should be clean, appropriate for clothing, protective and fit securely.

- a. Shoes should be non-permeable, predominantly white, black, or navy.
- b. Canvas shoes or “cros” with holes are not permitted in recipient care areas.
- c. Clogs may be worn if they have a closed heel or strap.
- d. Shoe and shoelace must be kept clean. Shoelaces must be white or match shoes.
- e. Staff must wear socks at all times.

8. Uniform accessories:

- a. Buttons, hats, pins (or other types of insignia), which could be offensive to recipients/visitors/staff during working hours, are not permitted.
- b. Organizational belt/adjustable belt pack (“fanny packs”) must be a solid color, reasonable size, washable, and free of logos.
- c. Pens worn around the neck are prohibited.

9. Employees of Maplewood Home Care have the option of wearing uniform/scrubs, or casual dress in accordance with the guidelines of this policy.

10. Uniform/Scrubs are purchased by the employee. The employee may wear a clean uniform to and from work. Appropriate clothing must be worn to and from work. The following are the requirements for uniforms/scrubs:

- a. Fit:
  - Tight form-fitting or low cut attire is not acceptable.
  - Clothing must fit appropriately without horizontal pull lines or gaps between closures.
  - No midriff should be showing, even when reaching or bending.

11. Uniform/Clothing Standards:

- a. Undergarments must be worn and inconspicuous under uniform or clothing.
- b. Clothing must be clean and neatly pressed.
- c. Faded/yellowish, discolored or ripped clothing is not acceptable.
- d. All clothing should be non-see through.
- e. Casual attire such as blue jeans, stretch or stirrup pants, sweatpants / sweatshirts, tee shirts, jogging clothes or shorts are not to be worn.
- f. Tops:
  - 1) Appropriate color uniform or scrub top, top with collar, mock turtleneck or turtleneck may be worn.
  - 2) Non-scrub tops worn alone must be non-fitted.
  - 3) A shirt that is the same color of the scrubs, or white solid color mock turtleneck, turtleneck or tee shirt, (long or short sleeves) may be worn under the scrub top. No tee shirt writing may be visible under scrub top.
  - 4) Sleeveless, cap sleeves and low cut tops are prohibited.
- g. Pants:
  - 1) Appropriate color uniform or scrub ankle length pants may be worn.
  - 2) Scrub pant bottoms are not permitted to drag on floor.
- h. Dress/Skirts:
  - 1) Dress or Skirts are not permitted.
- i. Scrub Jackets:
  - 1) Appropriate solid color scrub jackets may be worn.
  - 2) Scrub jackets must be removed when it can potentially interfere with patient care, for example, sterile dressing changes.

### **PCA TIME AND ACTIVITY DOCUMENTATION (TIME SHEET) POLICY**

PCA TIME AND ACTIVITY DOCUMENTATION: is written document recording PCA services provided to assist a PCA recipient.

Maplewood Home Care has developed our own documentation form with all the components required by the Minnesota Department of Human Services.

Each employee must document all time and activity provided to each PCA recipient daily. Documentation must document at minimum the following required components:

- Dates of Service: Month and Year of each service in consecutive order.
- Dates and Location of recipient stays in hospital, care facility, or incarceration document on the line provided and report within 24 hours to Maplewood Home Care staffs at: (952) 456-6561.
- Daily activities provided as specified in the PCA care plan: dressing, grooming, bathing, eating, transfers, mobility, positioning, toileting, health-related needs, behavior observation and redirection.
- Instrumental Activities of Daily Living (IADLs) as specified on the PCA care plan: light housekeeping, laundry, meal preparation, other.  
NOTE: IADLs are not allowed for recipients under age 18.
- Shared Services: Ratio of staff to recipients and location of visit.
- Arrival and departure times of each visit and must circle AM or PM notations.
- Calculate the total time you worked in minutes daily.
- Total the time you worked in minutes weekly.
- Recipient's Information: Recipient's name, MHCP ID number or date of birth must be written legibly.
- PCA's Information: PCA's name and UMPI must be written legibly.
- Must be signed and dated by the recipient or responsible party and employee prior to turning in.

All time and activity documentations must be turned in according to Maplewood Home Care's payroll schedule (Deadline: Tuesday at 12:00PM of the payroll week)

Time sheets with no signature or incorrect signatures will not be processed for payroll until signed. Time sheets turned in late will be processed on the next payroll schedule.

Maplewood Home Care does not give advances on employee payroll checks nor does the company hand checks out early.

Pay days are on Friday. Checks can be picked up any time after 8:30 A.M. Friday. On Friday evening, any checks that are not picked up will be mailed unless prior arrangements have been made.

Maplewood Home Care uses these documents to bill Medical Assistance for authorized PCA services. Medical Assistance only pays for PCA time and activity authorized and described in the care plan.

## **Part 6- Policies & Procedures**

### ***Administration/ Dispensing of Medication and Non- Prescription Medication***

Maplewood Home Care employees are not allowed to dispense medication. Employees can only assist. Assisting is defined as brining the prescription (bottle or container), opening the prescription, and allowing the client to take the prescription out of the container and take the

prescription without the assistance of the employee. This includes putting the pill in the client's mouth.

- Admission Criteria Policy
- Client Discharge Policy
- Data Privacy Policy
- Patient's Bill of Rights
- Drug Alcohol Prohibition Policy
- Emergency Report and Internal Review Form
- Emergency Response Reporting and Review Policy
- Emergency Use of Manual Restraint (EUMR) Policy
- Grievance Policy
- Health Needs Change Report Form
- Health Service Coordination and Care Policy
- Incident Report and Internal Review Form
- Incident Reporting Requirements- Who to Notify Form
- Incident Response Reporting Review Policy
- Individual Abuse Prevention Plan Form
- Maltreatment of Vulnerable Adults Reporting Policy
- Person Centered Planning and Service Delivery Requirements
- Quality Management Evaluation and Program Improvement Plan Form
- Release of Information Authorization Form
- Service Admission Checklist for Basic Service Form
- Service Recipient Rights Restrictions Form
- Service Recipient Information Cover Sheet Form
- Service Recipient Record Checklist
- Service Recipient Rights Packet
- Service Suspension and Termination for Basic Services Checklist Form
- Service Suspension and Termination for Basic Services Checklist Form
- Service Suspension and Termination Policy
- Staff Orientation and Training Packet Form
- Status Progress Report for Basic Support Services Form
- Support Team Meeting Summary Form
- Universal Precaution and Sanitary Practices Policy

### **Subject Background Study Requirement**

**Please note:**

1. Entities are **required by state law to verify** that the information provided for the background study is complete and correct by viewing an acceptable form of identification. The background study subject's full name and date of birth must match exactly to the identity document that the subject uses to be fingerprinted and photographed. **If the information does not match exactly, the person cannot be fingerprinted.**

2. It is important to provide a current mailing address for the background study subject because DHS will mail background study notices to the person.
3. Information identified by an asterisk (\*) is required. The personal descriptive information is required by the Minnesota Bureau of Criminal Apprehension (BCA) and the Federal Bureau of Investigation (FBI) to conduct fingerprint-based criminal record checks.

**Personal and Demographic Information**

*\* Required*

<b>*First Name:</b>			<b>SSN:</b>		
<b>*Middle Name:</b>			<b>Date of Birth:</b>		
<b>*Last Name:</b>			<b>Suffix:</b>		
<b>*Race:</b>	<b>*Eye Color:</b>	<b>*Hair Color:</b>	<b>*Sex:</b> Male or Female	<b>*Height:</b>	<b>*Weight:</b> Lbs.
<b>*Permanent Physical Address:</b>			<b>U.S. Citizen:</b> Yes or No		
<b>*Address Line 1:</b>			<b>*Place of Birth</b>		
<b>Address Line 2:</b>			<b>Primary Phone:</b>		
<b>*City:</b>	<b>*State:</b>		<b>Secondary Phone</b>		
<b>*Zip:</b>	<b>*Country</b>				
<b>Prior Names and Aliases:</b> <input type="checkbox"/> *The individual reports that they have not been known by any other name.			<b>Prior Addresses:</b> <input type="checkbox"/> *The individual reports that they have not lived out state during the specified time frame.		
Prior Names and Aliases, including maiden names, married names, name changes, and any name the person has used or been known by. These are required for the background study to be valid and are required by law.			Prior out-of-state addresses within the last 5 years (if more than two, please list on the back of this sheet)		
1.			1.		
2.					
3.			2.		
4.					

**Verify Identity** \* Document Type:

\* Issuing State/Authority:

\* Document Number:

Expiration Date: / /

**Testing Your Knowledge  
Minnesota Home Care Bill of Rights**

1. You have seen some unexplained bruises on the neck of your care recipient, Minnesota Law mandates (requires) that you report your observations only if you suspect another family member.

- True
- False

2. If your care recipient is having neck or jaw pain (potential indicators of a heart attack), the first thing you should do is:

- Call the Senior Home Living office
- Call the care recipient's oldest child
- Call 911
- Order a sausage and pepperoni pizza

3. As long as you don't tell the care recipient's address, it would probably be okay to tell a friend how much money the care recipient has in the bank.

- True
- False

4. If a doctor orders care for a care recipient, it is our job to see that the care recipient gets that care, even if they don't want it.

- True
- False

5. It is really none of a care recipient's business how much their care costs, if the bill is paid for by their children.

- True
- False

6. If a care recipient has a complaint about their care and is not able to file a grievance by themselves, they are out of luck.

- True
- False

7. If a client says that they want to make a formal complaint about the way you are providing service, you should do which of the following:

- Defend yourself by saying that you are experienced and that they are out of line by complaining.
- Call the office and inform us of "both side of the story"
- Call a family member to inform them of "both sides of the story"
- Leave the client until the "situation" cools down

8. Senior Home Living's caregivers are allowed to do which of the following?

- Provide physical therapy
- Give insulin shots
- Do light housekeeping
- Count out medication

9. If you suspect a care recipient is the victim of emotional or physical abuse, you are required to report it:

- Within the first 4 hours after you noticed it
- Within 24 hours after you noticed it
- Within one week
- Before the end of the month

### **Acknowledgment of Receipt of Maplewood Home Care Employee Handbook**

My signature below acknowledged that I have received a copy of Maplewood Home Care's Employee Handbook ("Handbook"). I have read it and understand the policies and procedures contained in it. I have had an opportunity to ask questions about and discuss the policies with my supervisor Yong Yang.

I have been advised that the purpose of this Handbook is to inform me of the Agency's policies and procedures, and it is not a contract of employment. No promise of job security has heretofore been given to me and there are no promises contained in the Handbook since I am employed AT WILL. Nothing in this Handbook provides any entitlement to me or to any Agency employee, nor is it intended to create contractual obligations of any kind. I understand that the Agency has the right to change any provision of this Handbook at any time and that I will be bound by any such changes.

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*Printed Name of Applicant or Employee*

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*Signature of Applicant or Employee*

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*Date*