



EMPLOYMENT APPLICATION

INSTRUCTIONS: If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

- Please read "Applicant Note" below.
- Complete all pages of this application.
- Print clearly. Incomplete or illegible applications may not be accepted.
- If more space is needed to complete any question, use comments section on the back.
- Application will be valid for 60 days.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment with us, an independently owned and operated Ageless Home Care franchise. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

PERSONAL INFORMATION

Today's Date: _____

Positions(s) Applied For: _____

Name: _____

_____ Last

First

Middle

Current Address: _____

_____ Street _____ City _____ State

Zip Code

Previous Address: _____

_____ Street _____ City _____ State

Zip Code

Home Phone: (_____) _____

Work Phone: (_____) _____

Cell Phone: (_____) _____

Alternate Phone: (_____) _____

Emergency Contact(s): _____ (_____) _____

Name

Phone

Name

Phone

Valid Driver's License #: _____ State Issued: _____ Exp. Date: _____

Make & Model of Vehicle: _____ Year of vehicle: _____

Auto In Co: _____ Policy # _____ Exp Date: _____ - _____

Have you ever submitted an application here before? **Yes / No** If yes, when?

Have you ever been employed here before? **Yes / No** If yes, when?

How did you hear about our Ageless Home Care franchise?

Have you have been given a copy of the job description for the position for which you have applied to review. **Yes / No**

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? **Yes / No**

Why are you interested in employment with us?

AVAILABILITY

Due to the nature of the business, no guarantee can be made as to the schedule or the amount of hours worked.

What date are you available to begin work? _____

Please complete all areas of availability:

_____ Mornings _____ Afternoon _____ Evenings _____ Overnights _____ Weekdays
_____ Weekends

Please indicate the days of the week as well as the earliest and latest times that you are available for work.

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Shift	From:							
	To:							

PREFERENCES

Please indicate all counties in which you are willing to work:

_____ (Duval) _____ (Clay) _____ (St. Johns)

Please indicate the types of services which you are willing to provide:

Companionship	Housekeeping (dust/vacuum)	Errands/Shopping/Transportation*
Meal Preparation	Laundry/Ironing	Personal Care
Activities (games/crafts)	Medication Reminders	Dementia/Alzheimer's Care

**In order to be able to provide transportation or run errands, you will be required to have a valid driver's license and current auto insurance. A motor vehicle record check will be conducted and proof of insurance will be required.*

Are you willing to provide service to a client with a pet? **Yes / No** If yes, which ones: _____ Cats
_____ Dogs

Caregiver Policies and Procedures

Rev 5/2013

Are you willing to provide service to a client that smokes? Yes / No

JOB RELATED SKILLS

Describe any training or life skills you have that apply to caring for a senior:

Describe any work history you have that would apply to caring for a senior:

What do you like (or think you would like) most about working with older adults?

What do you like (or think you would like) least about working with older adults?

What personal rewards do you get from working with seniors? _____

EDUCATION *

Please circle highest grade completed:

Grade School: 6 7 8

High School: 9 10 11 12

College: 13 14 15 16 16+

School Type	School Name	City, State	Major/Subject	# Yrs Attended	Graduate
High School					Y / N
Vocational/Technical					Y / N
College/University					Y / N

*For employment our minimum education requirement is either a GED or High School diploma

WORK HISTORY

Your application will not be considered unless all questions in this section are answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

MOST RECENT EMPLOYER

Caregiver Policies and Procedures

Rev 5/2013

Are you currently working for this employer? **Yes / No** If yes, may we contact? **Yes / No**

(_____) _____ Company Name	_____ City	_____ State	_____ Phone Number
Dates Employed: From _____ to _____		_____ Supervisor's Name	
_____ Job Title			
_____ Duties			
\$ _____ per _____			
Salary	(Hour, Week, Month)	Reason for Leaving	

SECOND MOST RECENT EMPLOYER

(_____) _____ Company Name	_____ City	_____ State	(_____) _____ Phone Number
Dates Employed: From _____ to _____		_____ Supervisor's Name	
_____ Job Title			
_____ Duties			
\$ _____ per _____			
Salary	(Hour, Week, Month)	Reason for Leaving	

THIRD MOST RECENT EMPLOYER

(_____) _____ Company Name	_____ City	_____ State	(_____) _____ Phone Number
Dates Employed: From _____ to _____		_____ Supervisor's Name	
_____ Job Title			
_____ Duties			
\$ _____ per _____			
Salary	(Hour, Week, Month)	Reason for Leaving	

SECURITY

*****Please be sure to complete the attached Authorization to do a criminal and motor vehicle background check.

As a condition of employment all employees must be "Bondable"& "Insurable". Are you at least 18 years of age? **Yes / No**

List states *and* counties of residence for the past seven years:

Have you had any moving traffic violations? **Yes / No** If yes, please describe:

Have you been charged/convicted of a felony and/or misdemeanor/or served time **Yes / No** If yes, please describe:

	<u>Incident</u>	<u>City/State</u>	<u>Charge</u>
1)			
2)			

Have you ever been a charged perpetrator or appeared on any child abuse registry in the last 5 years? **Yes or No.**

REFERENCES (Do not include relatives)

Please complete all six references. Your application will not be considered unless six references are provided. Since we will contact these references, please notify them in advance. If we are unable to reach all 6 references, you will be asked to provide additional references.

	Full Name	Phone Number	Best Time of Day to Call	Relationship	Number of Years Known
1)		H () W ()	AM / PM AM / PM		
2)		H () W ()	AM / PM AM / PM		
3)		H () W ()	AM / PM AM / PM		
4)		H () W ()	AM / PM AM / PM		
5)		H () W ()	AM / PM AM / PM		
6)		H () W ()	AM / PM AM / PM		

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one (1) of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release this company from any liability that might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that this application is not a contract of employment. My employment is contingent upon confirmation of credentials and successful completion of drug test or criminal background check. I also understand that if hired, regardless of any oral presentations to the contrary, the employment relationship between Ageless Home Care and myself is terminable at-will, so that both the company and I remain free to choose to end out work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing. My signature below acknowledges that I have read, understand, and agree to the above disclosure. I also understand that due to the nature of the business, no amount of work can be guaranteed.

APPLICANT SIGNATURE

DATE

INFECTION CONTROL

Ageless Home Care caregivers must be constantly alert to the need for cleanliness. It is vitally important to prevent infections, both for you and the person you care for.

People usually refer to infectious agents as “germs”. These include bacteria, virus, and fungus. Examples of communicable diseases, which can be spread from one person to another, are colds, flu, respiratory infections (such as flu and pneumonia), gastrointestinal infections (which lead to vomiting and/ or diarrhea), and AIDS.

Various Factors Put A Person At Higher Risk For Infection:

- Poor nutrition
- Chronic disease
- Stress and fatigue
- Dehydration (not drinking enough fluids), and
- Poor personal hygiene—not washing hands, not keeping skin healthy.

Infection control means preventing the spread of disease from one person to another. There are some simple steps you can take to prevent spreading any disease you may have to an ill person, or to protect yourself from disease. Some of these are commonsense, for instance covering your nose when you sneeze or your mouth when you cough.

Other Actions You Can Take

Hand washing is the single most effective way to control infections and disease. You should wash your hands:

- Before and after caring for the person’s body, and after using the bathroom
- After you remove gloves or other protective clothing
- Before preparing food and after handling raw meat, poultry, or fish
- After eating or smoking
- Immediately after hand contact with blood or other body fluids or feces
- Frequently throughout the day

Wear Gloves

Wear disposable gloves if there is contact with body fluid. Wear household gloves for general cleaning activities.

Wear gloves when you might have direct contact with:

- Blood
- Infectious materials such as body fluids
- Mucous membranes
- Non-intact skin
- Surfaces soiled with blood or other infectious materials

Always wear gloves if you have open cuts, sores, or dermatitis on your hands.

Use disposable gloves made of intact latex or intact vinyl. Don’t use gloves if they are peeling, cracked, or discolored, or if they have holes or tears in them.

If you are concerned that you may have encountered any type of infectious disease, either during interactions with a client or otherwise, contact your supervisor immediately to report the incident.

Employee: _____

Date: _____

Ageless Home Care, Inc.

THE SAFE MEDICAL DEVICES ACT

Term: The Safe Medical Devices Act

Description: The Safe Medical Devices Act requires health-care professionals to report death or injuries caused or suspected to have been caused by a particular medical device to the FDA or the product's manufacturer. It was designed so that the FDA could be quickly informed of these dangerous medical products and could then track or recall the product. The hospital must file the report within ten working days after the event is determined to need to be reported. The Safe Medical Devices Act was signed into law in 1990. It was an update to the Federal Food, Drug, and Cosmetic Act that was last modified in 1976. The 1976 law required new high-risk products to go through a premarket procedure. It required FDA approval based on clinical experience before a product could be marketed. This, however, proved insufficient as FDA employees lacked the necessary information to be able to make informed decisions about said devices. This is the reason The Safe Medical Devices Act was written into law. A medical device is defined by the Safe Medical Devices Act of 1990 to include any instrument, apparatus, or other article that is used to prevent, diagnose, mitigate or treat a disease as to affect the structure or function of the body with the exception of drugs. A medical device can range from gauze sponges to implanted devices such as pacemakers.

Application: The act enables regulators to observe operability of a device and make necessary corrections to the functionality if something was wrong. Now the FDA could be quickly informed of dangerous medical products and could then proceed to track or recall the product for repair/replacement. The law gave the FDA newfound power to suspend approved medical applications under circumstances where usage of medical devices led to injury or death. The FDA could enforce a recall on items deemed unsafe and had the ability to fine manufacturers up to \$15,000 for violating the safety provisions of the act. Further provisions to the Safe Medical Devices Act of 1990 have since been updated through the signing of the Food and Drug Administration Modernization Act of 1997. Now doctor's offices and hospitals are required to submit a report summary citing all device-related incidents within the last year of the previous submission. Also, manufacturers are no longer required to file status reports about the device problems to the FDA. Medical professionals are obligated to report instruments suspected of causing harm to their patients to the FDA. Medical devices are now regulated under a program called MedWatch and in order to submit a report you must fill out a "Reporting Form 3500" found on the FDA's website. Reports may also be submitted via phone, fax, or the mail however the hospital must file the report within ten working days after the event is determined to need reporting.

[Source: <http://healthinformatics.wikispaces.com/The+Safe+Medical+Devices+Act>]

MEDICAL DEVICE ACT IN-SERVICE

A medical device is a product which is used for medical purposes in patients, in diagnosis, therapy or surgery. Whereas *medicinal products* (also called *pharmaceuticals*) achieve their principal action by pharmacological, metabolic or immunological means. *Medical devices* act by other means like physical, mechanical, physicochemical or chemical means. *Medical devices* are included in the category: *Medical technology*.

Medical devices include a wide range of products varying in complexity and application. Examples include tongue depressors, medical thermometers, blood sugar meters, total artificial hearts, fibrin scaffolds, stents, and X-ray machines.

The global market of medical devices reached roughly 209 billion US Dollar in 2006 and is expected to grow with an average annual rate of 6 - 9% through 2010.

Medical Device Definition

A device is:

1. "an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a component part, or accessory which is:
2. recognized in the official National Formulary, or the United States Pharmacopoeia, or any supplement to them,
3. intended for use in the diagnosis of disease or other conditions, or in the cure, mitigation, treatment, or prevention of disease, in man or other animals, or
4. intended to affect the structure or any function of the body of man or other animals, and which does not achieve any of its primary intended purposes through chemical action within or on the body of man or other animals and which is not dependent upon being metabolized for the achievement of any of its primary intended purposes

The Food and Drug Administration has recognized three classes of medical devices based on the level of control necessary to assure the safety and effectiveness of the device:

Class I: General Controls

Class I devices are subject to the least regulatory control. Class I devices are subject to "General Controls" as are Class II and Class III devices. General controls include provisions that relate to adulteration; misbranding; device registration and listing; premarket notification; banned devices; notification, including repair, replacement, or refund; records and reports; restricted devices; and good manufacturing practices. Class I devices are not intended for use in supporting or sustaining life or to be of substantial importance in preventing impairment to human health, and they may not present a potential unreasonable risk of illness or injury. Most Class I devices are exempt from the premarket notification and/or good manufacturing practices regulation. Examples of Class I devices include elastic bandages, examination gloves, and hand-held surgical instruments.

Class II: General Controls with Special Controls

Class II devices are those for which general controls alone are insufficient to assure safety and effectiveness, and existing methods are available to provide such assurances. In addition to complying with general controls, Class II devices are also subject to special controls. A few Class II devices are exempt from the premarket notification. Special controls may include special labeling requirements, mandatory performance standards and postmarket surveillance. Devices in Class II are held to a higher level of assurance than Class I devices, and are designed to perform as indicated without causing injury or harm to patient or user. Examples of Class II devices include powered wheelchairs, infusion pumps, and surgical drapes.

Class III: General Controls and Premarket Approval

A Class III device is one for which insufficient information exists to assure safety and effectiveness solely through the general or special controls sufficient for Class I or Class II devices. Such a device needs premarket approval, a scientific review to ensure the device's safety and effectiveness, in addition to the general controls of Class I. Class III devices are usually those that support or sustain human life, are of substantial importance in preventing impairment of human health, or which present a potential, unreasonable risk of illness or injury. Examples of Class III devices which currently require a premarket notification include implantable pacemaker, pulse generators, HIV diagnostic tests, automated external defibrillators, and endosseous implants.

Medical Devices Incorporating RFID

In 2004, the FDA authorized marketing of two different types of medical devices that incorporate radio-frequency identification, or RFID. The first type is the SurgiChip tag, an external surgical marker that is intended to minimize the likelihood of wrong-site, wrong-procedure and wrong-patient surgeries. The tag consists of a label with passive transponder, along with a printer, an encoder and a RFID reader. The tag is labeled and encoded with the patient's name and the details of the planned surgery, and then placed in the patient's chart. On the day of surgery, the adhesive-backed tag is placed on the patient's body near the surgical site. In the operating room the tag is scanned and the information is verified with the patient's chart. Just before surgery, the tag is removed and placed back in the chart.

The second type of RFID medical device is the implantable radiofrequency transponder system for patient identification and health information. One example of this type of medical device is the VeriChip, which includes a passive implanted transponder, inserter and scanner. The chip stores a unique electronic identification code that can be used to access patient identification and corresponding health information in a database. The chip itself does not store health information or a patient's name.

Practical and Information Security Considerations

Companies developing RFID-containing medical devices must consider product development issues common to other medical devices that come into contact with the body, are implanted in the body, or

use computer software. For example, as part of product development, a company must implement controls and conduct testing on issues such as product performance, sterility, adverse tissue reactions, migration of the implanted transponder, electromagnetic interference, and software validation. Medical devices that use RFID technology to store, access, and/or transfer patient information also raise significant issues regarding information security. The FDA defines "information security" as the process of preventing the modification, misuse or denial of use, or the unauthorized use of that information. At its core, this means ensuring the privacy of patient information.

Four Components of Information Security

The FDA has recommended that a company's specifications for implantable RFID-containing medical devices address the following four components of information security: confidentiality, integrity, availability and accountability (CIAA).

1. Confidentiality means data and information are disclosed only to authorized persons, entities and processes at authorized times and in the authorized manner. This ensures that no unauthorized users have access to the information.
2. Integrity means data and information are accurate and complete, and the accuracy and completeness are preserved. This ensures that the information is correct and has not been improperly modified.
3. Availability means data, information and information systems are accessible and usable on a timely basis in the required manner. This ensures that the information will be available when needed.
4. Accountability is the application of identification and authentication to ensure that the prescribed access process is followed by an authorized user.

Although the FDA made these recommendations in the context of implantable RFID-containing medical devices, these principles are relevant to all uses of RFID in connection with pharmaceuticals and medical devices.

List of Medical Devices

High-risk devices

High-risk devices are life supports, critical monitoring, energy emitting and other devices whose failure or misuse is reasonably likely to seriously injure patient or staff. Examples include:

1. Anesthesia units
2. Anesthesia ventilators
3. Apnea monitors
4. Argon enhanced coagulation units
5. Aspirators
6. Auto transfusion units
7. Cardiac defibrillator, external or internal

8. Electrosurgical units
9. External pacemaker
10. Fetal monitors
11. Heart-lung machine
12. Incubators
13. Infusion pump
14. Invasive blood pressure units
15. Pulse oximeters
16. Radiation-therapy machines
17. Ventilator
18. Stent
19. An example of the stent used in an EVAR procedure

Medium-risk Devices

These are devices including many diagnostic instruments whose misuse, failure or absence (e.g. out of service) with no replacement available would have a significant impact on patient care, but would not be likely to cause direct serious injury. Examples include:

1. ECG
2. EEG
3. Treadmills
4. Ultrasound sensors
5. Phototherapy units
6. Endoscopes
7. Human-implantable RFID chips
8. Surgical drill and saws
9. Laparoscopic insufflators
10. Phonocardiographs
11. radiant warmers (adult)
12. Zoophagous agents (e.g., medicinal leeches; medicinal maggots)
13. Lytic bacteriophages

Low-risk Devices

Devices in this category are those whose failure or misuse is unlikely to result in serious consequences. Examples include:

1. Electronic thermometer
2. Breast pumps
3. Surgical microscope
4. Ultrasonic nebulizers
5. Sphygmomanometers
6. Surgical table
7. Surgical lights.

8. Temperature monitor
9. Aspirators
10. X-ray diagnostic equipment
11. Lensometer
12. Keratometer

Standardization and Regulatory Concerns

Starting in the late 1980s the FDA increased its involvement in reviewing the development of medical device software. The precipitant for change was a radiation therapy device (Therac-25) that overdosed patients because of software coding errors. FDA is now focused on regulatory oversight on medical device software development process and system-level testing.

A 2011 study by Dr. Diana Zuckerman and Paul Brown of the National Research Center for Women and Families, and Dr. Steven Nissen of the Cleveland Clinic, published in the Archives of Internal Medicine, showed that most medical devices recalled in the last five years for “serious health problems or death” had been previously approved by the FDA using the less stringent, and cheaper, 501(k) process. In a few cases the devices had been deemed so low-risk that they did not need FDA regulation. Of the 113 devices recalled, 35 were for cardiovascular issues. This may lead to a reevaluation of FDA procedures and better oversight.

Packaging Standards

Medical device packaging is highly regulated. Often medical devices and products are sterilized in the package. The sterility must be maintained throughout distribution to allow immediate use by physicians. A series of special packaging tests is used to measure the ability of the package to maintain sterility. Relevant standards include: ASTM D1585- Guide for Integrity Testing of Porous Medical Packages, ASTM F2097- Standard Guide for Design and Evaluation of Primary Flexible Packaging for Medical Products , EN 868 Packaging materials and systems for medical devices which are to be sterilized. General requirements and test methods, ISO 11607 Packaging for terminally sterilized medical devices, and others.

Package testing needs to be conducted and documented to ensure that packages meet regulations and all end-use requirements. Manufacturing processes need to be controlled and validated to ensure consistent performance.

Ageless Home Care Compliance

If you encounter any of the listed devices or another device not on this list that is not functioning properly, it is critical that you let your direct supervisor know so we can file a report with the FDA. Please report the faulty device as soon as you encounter it.

I HAVE RECEIVED TRAINING IN **MEDICAL DEVICES AND THE SAFE MEDICAL DEVICES ACT.**

Signature: _____ Date: _____

There are Florida State laws specific on what type of assistance with self-administered medication that Home Health Aides or CNAs may perform for a non-skilled Home Care Agency. The assistance examples are listed below. Please become familiar with them.

(1) Clients must agree in writing before assisting with self-medication.

(2) Self administered medications include both legend and over the counter oral dosage forms, topical dosage forms and topical ophthalmic, optic, and nasal dosage forms, including solutions, suspensions, sprays, and inhalers.

(3) Assistance with self-administration of medication includes:

- (a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored and bringing it to the patient.
- (b) In the presence of the patient, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container.
- (c) Placing an oral dosage in the patient ' s hand or placing the dosage in another container and helping the patient by lifting the container to his or her mouth.
- (d) Applying topical medications.
- (e) Returning the medication container to proper storage.
- (f) Keeping a record of when a patient receives assistance with self-administration under this section.

59A-8.0095(5)(o) The home health aide and CNA may also provide the following assistance with self-administered medication, as needed by the patient, in accordance with s.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.

400.488(4) Assistance with self-administration does not include: (a) Mixing, compounding, converting, or calculating medication doses, except for measuring a prescribed amount of liquid 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 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 for 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) Medication 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.

I have read and understand the FL State limitations for self-administered medication assistance.

Caregiver

Ageless Home Care Representative

Emergency/Evacuation Agreement

The safety and well-being of our clients and caregivers are of primary concern in the event of an emergency situation. Ageless Home Care defines an emergency as a sudden, urgent, usually unexpected occurrence or occasion requiring immediate action. Emergencies include but are not limited to:

- a. Inclement weather (thunderstorms, snow storms, etc.)
 - b. Natural disaster (hurricanes, earthquakes, tornadoes, floods, etc.)
 - c. Industrial or community crisis- (road blocks, power outages, fires, etc.)
 - d. Man made- (war, riot (other civil disorder), terrorism, etc.)
 - e. Damage to client home or neighborhood
 - f. Suspected abuse, exploitation or neglect
 - g. Severe staffing shortages or illnesses
 - h. Disease outbreak
- In the event of a disaster, clients should continue to receive services, if possible with minimal disruption of service.
 - You are to continue to provide care until it is deemed unsafe to do so.
 - If possible, contact the local police station, emergency operations center, fire rescue department, local ambulance services or most appropriate emergency response organization for the situation.
 - Notify the designated Ageless Home Care contact person if phone lines are available.
 - Whenever possible, attempts are to be made to keep family members and/or representatives informed of the situation.
 - You will be contacted if any of your clients have evacuated. You will also be notified when it is safe to resume services.
 - If you have an emergency/crisis situation, contact your Area Director as soon as possible.

I understand/agree to Ageless Home Care emergency/evacuation policy as outlined above.

Signature

Date

Caregiver Policies and Procedures

POLICY

All personnel will adhere to AGELESS HOME CARE's standards of conduct in their interactions with internal and external customers. These standards will apply to any individual working within the organization, including clinical, clerical, administrative, financial, and marketing representatives.

It is important to understand the philosophy of Ageless Home Care. You are to assist clients maintain their independence. It is important that you integrate stimulating conversations, encourage social activities and nutritious meals whenever necessary and applicable. Also watch for signs of anxiety, self-esteem issues and decline in health.

Introduce yourself as an Ageless Home Care Caregiver and tell them your name.

Get driving directions.

At the first visit, introduce yourself as an Ageless Home Care Caregiver and tell them your name. Let any family member that is involved in the client's care know that you are available during the last few minutes of each visit to update them on the client's care.

You should arrive on time and be appropriately dressed for each visit.

If you are going to be late for a visit, contact the Director/Scheduler.

During all visits: Come prepared. If you need to finish something, make sure the clients have asked you to stay and understand that you will need to contact the Director and they will inform the patients that they will have to pay for the extra time. Remember to complete and have the client sign the Daily time record on well sky.

When you arrive to and leave the client's home, be sure to clock in and out by logging into your well sky app.

If you forget to clock in, do so as soon as you remember. If you forget to clock out before you left the client's home, let your director know as soon as possible. You will have to return to the home and get a client's signature.

Important: Be sure to notify your director whenever additional care has been requested to be performed.

If the client cancels a visit, you must contact your director to notify them.

If the client is tardy, wait 15 minutes for the client to arrive. If the client does not arrive within the 15 minutes, then you may leave; the client will be responsible for payment of the entire visit. If the client arrives within the 15 minute period, then provide services for the remainder of the scheduled visit.

In order to receive payment you will need to send the director the following paperwork each week (these can be emailed for easier delivery and faster payment):

- Weekly Client Summary signed by the client's or designated representative (if you did not sign in the well sky app)

(Important: To avoid a delay in payment, be sure to track your hours carefully and make sure that your itemized invoice matches the dates and hours reflected on the Weekly Client Visit Summary)

Be sure to keep in contact with your director regarding your client. Communicate your successes as well as any challenges you may be facing. We are here to help.

PROCEDURE

1. Personnel will complete daily assignments as scheduled or assigned by the supervisor. If an emergency arises, personnel will notify their immediate supervisor as soon as possible during the workday.
2. Personnel will not leave the field or their work area without completing the scheduled visits/shifts/deliveries for that day or their work assignments for that day.
3. All paperwork or electronic documentation will be completed in a timely, accurate manner. Any falsification of documentation in the clinical/service record and billing record may result in disciplinary action, including termination.
4. All representation of the organization in marketing literature or verbal presentations is to be accurate and truthful. Only care and services that the organization is capable of providing either directly or through written contracts is to be promised to potential referral sources.
5. Whenever a client is referred to another organization (i.e., hospital, skilled nursing facility, another organization), the client will receive an explanation of any relationship that receiving organization has to this organization, if any, including financial benefit to AGELESS HOME CARE.
6. All personnel will follow organization policies, especially policies relating to appropriate admitting, transferring, referral, and discharging practices within the organization. Billing personnel will follow financial policies for assuring accuracy of bills and billing practices.
7. Personnel must not allow their private interests to conflict with those of their patients.
8. Personnel will not be permitted to ask for or accept a loan or gift of money or any object of material value from patients, their families, or caregivers.
9. Failure to adhere to any of the following or falsification of any personnel record as well as documentation within the course of one's workday will result in immediate dismissal:
 - A. Refusal or deliberate failure to carry out instructions given by supervisor
 - B. Fighting or creating a disturbance on organization premises or in a patient's home
 - C. Willful idleness or loafing during working hours
 - D. Unauthorized possession or use of intoxicants or non-prescription narcotics
 - E. Reporting for duty under the influence of intoxicants which could interfere with proper work performance
 - F. Unexcused absence or abandonment of post
 - G. Falsification of employment applications, payroll cards, billing records, or any patient clinical record
 - H. Theft
 - I. Deliberate or negligent misuse of organization or client property

- J. Failure to follow or unauthorized alteration of organization policies and procedures
- K. Obscene or indecent conduct
- L. Smoking in unauthorized areas
- M. Solicitation
- N. Possession of weapons or explosives
- O. Threatening or interfering with work of others
- P. Excessive absenteeism or tardiness
- Q. Endangering the welfare of others
- R. Divulging confidential information concerning patients, organization personnel, or the organization, including posting that information on social media sites such as Facebook, Twitter, LinkedIn, etc.
- S. Leaving organization premises on a scheduled workday without authorization
- T. Failure to maintain personal appearance

10. Client contact personnel will adhere to the following guidelines:
- A. Dress according to organization policy.
 - B. Avoid engaging in personal discussion with patients, families, or caregivers.
 - C. Avoid voicing personal opinions about patients, families or caregivers.
 - D. Do not offer medical advice.
 - E. Do not smoke during home visits
 - F. Avoid abusing patient's hospitality; use the telephone only in emergency situations or to call the office.
 - G. Be punctual and responsible.
 - H. Do not take anyone into the clients' homes without administrative and client approval.
11. All client contact personnel will communicate with the office to confirm itinerary and to give and receive reports according to organization policy.

Caregiver Signature

Date

Health Insurance Portability Accountability Act (HIPAA)- Privacy Rule

The HIPAA Privacy Rule protects the privacy of patient (client) health information.

Protected Health Information

When a client gives any personal health information to an agency in order to receive care, that information becomes protected health information. Protected Health Information includes information given orally, recorded on paper or sent electronically about a person's physical or mental health services rendered or payment of those services. This includes personal information that connects the client to the records.

Examples include:

- The client's name or address
- Social security (or any other identification numbers)
- The client's plan of care or any notes
- Billing information

Disclosing Personal Health Information (PHI)

Client protected health information can be disclosed:

- For client care by Ageless Home Care caregivers/staff members.
- In the case of a medical emergency. This information can be shared to aid the professionals that are providing the client's care.
- For public health purposes related to disease prevention and control or to prevent a risk to health and safety of an individual or the public.
- If any suspicions of abuse, domestic violence, or neglect are confirmed or required by law.
- In coordination of other suitable in-home services. This may include discussions with doctors, nurses, other health care personnel, facility staff, etc.
- For legal investigations/law enforcement.
- To coroners, medical examiners, funeral directors, or for the purpose of tissue/organ donations.
- To Health and Human Services (HHS) during HIPAA compliance investigations.
- To authorized family members, representatives and other individuals that are involved in the management of the services.

Disclosure of PHI must be limited to the least amount of people as possible. When in doubt contact your director.

Health Insurance Portability Accountability Act (HIPAA)

Client Confidentiality Agreement

I have read and understand Ageless Home Care's policy on confidentiality of personal health information (PHI) that is in accordance with relevant and federal legislation.

In addition, I acknowledge that I am aware of and understand the Ageless Home Care policies regarding the protection of personal health information including the policies relevant to the use, collection, disclosure, disposal and destruction of personal health information. In consideration of my employment with Ageless Home Care and as an essential part of the terms and conditions of my employment, I hereby agree that I will not at any time, during my employment or association with Ageless Home Care or after my involvement ends, access, use privilege personal health information to any individual within or outside of my responsibilities and in accordance with applicable legislation, and policies governing appropriate release of information.

I understand that my obligations as outlined above include client financial, personal and health information.

I also understand that my responsibility regarding the security of the discretion of personal information relates to all personal information whether obtained through my employment or affiliation with Ageless Home Care. I further understand that unauthorized use or disclosure of such information will lead to disciplinary action up to and include termination of employment, the imposition of fines pursuant to related to state and federal legislation and (when applicable) a report to my professional regulatory body.

Signature

Date

Client Confidentiality Guidelines

DO:

- Inform your supervisor if you believe any client information has been disclosed.
- Prior to looking or accessing a client's information, ask yourself "Do I need to know this to provide the services."
- When discussing client personal information, close all doors and speak softly.
- Lock client's paper records in a paper trash bin until they can be destroyed.
- Log off of computers when you are done and change your password regularly.

DO NOT:

- Give out your clients' location, condition, financial status or contact information.
- Talk about your clients in public places.
- Leave telephone messages containing client information on answering machines (or voicemail boxes).
- Leave faxes, emails or notes with client information lying around.
- Share your computer password with anyone. Choose passwords that cannot be easily guessed.

ELDER ABUSE POLICY

All Ageless Home Care Caregivers must review and adhere to the following rules and procedures:

Elder Abuse/Neglect

As defined by the National Center on Elder Abuse, elder abuse is any knowing, intentional or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult. Elder abuse can be (but is not limited to) physical, emotional, sexual, exploitation, neglect or abandonment.

Reporting Elder Abuse & Neglect

Any person that witnesses or has reasonable cause to suspect that an elderly individual is being/has been abused, exploited or neglected shall report such knowledge or suspicion in written form (via the Ageless Home Care Incident Report Form) immediately. The area director will be responsible for reviewing the report and in turn reporting to the proper authorities if necessary.

In the event that an accusation of elder abuse is made against you, the caregiver, you will be responsible for contacting the area director and submitting a written description of the allegations via the Ageless Home Care Incident Report Form. Please include as much detail as possible including dates and times where applicable.

Signature

Date

** To report abuse, neglect or exploitation, please call AHCA at (800) 962-2873.*

Employee Caregiver Agreement

This Agreement is entered into this ____ day of _____, 202__ by and between **May Enterprises LLC** d/b/a Ageless Home Care at 12724 Gran Bay Parkway W. Suite 410 Jacksonville, FL 32258 (hereinafter Ageless Home Care)

and _____ (name of caregiver)

of _____ (address) (hereinafter "Employee", "you", or "your").

Ageless Home Care is an independently owned and operated company.

In consideration of the mutual terms, conditions and covenants set forth herein, Ageless Home Care and Employee hereby agree as follows:

1. Services

Ageless Home Care hereby hires Employee to perform care services for clients of Ageless Home Care on a part time basis.

2. Effective Date

The effective date of this Agreement is _____ (date) (insert date Employee is hired -usually when employee is available to start care.)

3. Employee At-Will

Your employment with Ageless Home Care is on at at-will basis which means that your employment has no specific duration and that either you or Ageless Home Care may terminate your employment at any time, with or without cause.

4. Duties

- You will personally provide care services to clients of Ageless Home Care assigned to you by Ageless Home Care using Ageless Home Care methods and materials.
- You are not under any obligation to accept any assignment offered.
- You must perform your duties in a timely and professional manner and use your best efforts in performing the assignment.
- Ageless Home Care does not guarantee any minimum number or duration of assignments that may be offered to you. All assignments will be immediately canceled upon termination of your employment.

5. Hours

The hours you work (times of day/evening and number of hours) will depend on your availability and the needs of Ageless Home Care 's clients.

6. Terms of Payment

You shall be paid at an hourly rate.

If you are assigned a shift of 24 hours or more, then you agree that for each such shift you will not be paid for a sleeping period of eight (8) hours and two (2) thirty (30) minute meal periods.

In the event you are required to assist a client during a sleep period or a meal period, you must document the time you begin and end that activity, as well as what that activity entailed. If this time is not documented, it will be assumed you had an uninterrupted sleep period of eight (8) hours and two (2) thirty (30) minute meal periods.

If you are assigned a shift of less than twenty-four (24) hours, you do not get a sleep period. You are expected to work your entire shift. You will be completely relieved from duty for the purposes of eating a regular meal although you will not be allowed to leave the premises.

Should you be a no-show and/or quit before a shift, you agree that your wages for this pay period be at minimum wage. Initials _____

- **Break Time Pay**

You will be allowed to take paid breaks at a time that is convenient and safe for the client. Paid breaks require that you are available to provide care if and when client should need assistance, even if the break is not completed.

7. No Reimbursement of Expenses

Ageless Home Care shall not pay you for any expenses paid or incurred by you unless otherwise agreed in writing.

8. Equipment, Tools, Materials and Supplies

You shall supply, at your sole expense, all equipment, tools, materials, and/or supplies that you use to perform your duties.

OR

Ageless Home Care will provide, at its expense, the materials and supplies you need to perform your job.

9. No Benefits

As a part-time employee, you will not be entitled to participate in or to receive any benefits or rights under any of Ageless Home Care 's employee benefit or welfare plans including but not limited to any pension plans, health plans, disability insurance, or paid vacation or sick time.

10. Policies and Procedures

You agree to adhere to all of Ageless Home Care 's policies and procedures which may be amended from time to time.

11. No Authority

You shall have no authority to bind or make commitments on behalf of Ageless Home Care for any purpose and shall not hold yourself out as having such authority.

12. Good Health

You represent that you are in good health and free from communicable diseases. If at any time, the state of your health can harm the health of Ageless Home Care 's clients, you must report such change to Ageless Home Care immediately.

13. Background Representations and Verification

You represent that you have never been convicted of any crime and specifically that you have never been convicted of any sex-related or child abuse related offenses. You understand and agree that Ageless Home Care will investigate your background, including your criminal background, and you have completed and signed a Disclosure and Release Form authorizing same.

14. Confidentiality

As an employee of Ageless Home Care, you will be privy to certain confidential information regarding Ageless Home Care 's clients and Ageless Home Care methods. You promise to keep secret and confidential all confidential information and you shall not disclose, discuss, reproduce, distribute or otherwise release any confidential information of any third party without Ageless Home Care 's prior written consent. Upon demand by Ageless Home Care, you shall return all documents containing confidential information immediately.

15. Providing Services Elsewhere

You are not restricted from providing care services on behalf of other home care companies and/or offering care services to others so long as you do not provide services to clients you previously serviced through Ageless Home Care and you do not use Ageless Home Care materials or proprietary methods.

16. Non-Solicitation/Non-Competition Covenants/Liquidated Damages

You agree not to provide services for or to solicit, divert or attempt to divert, directly or indirectly, any business, business opportunity or client and/or client of Ageless Home Care to yourself or any competitor of Ageless Home Care during the term of your employment and for two (2) years from the date your employment with Ageless Home Care is terminated. If you do, you will be responsible for liquidated damages for twenty-five thousand dollars (\$25,000.00) per client or client involved. This obligation shall survive the termination or expiration of your employment and this Agreement.

17. Governing Law

This agreement is governed by the laws of the State of Florida as if the agreement was executed and wholly performed therein.

18. Entire Agreement

This agreement and its exhibits constitute the entire agreement of the parties and may be modified only in writing signed by both parties.

May Enterprises LLC, d/b/a Ageless Home Care of Jacksonville

By Director

Employee:

Print/Type Name
