



Next Evolution

HEALTHCARE

*Evolving with our patients,
for our patients*

**NEXT EVOLUTION HEALTHCARE, INC.
EMPLOYEE HANDBOOK AND COMPANY
GUIDELINES**

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WELCOME TO OUR FAMILY

This handbook (hereinafter “Handbook”) contains information regarding many of the policies and procedures of Next Evolution Healthcare Home, LLC, a State licensed Home Care Agency (hereinafter referred to as “NEHC”, “Agency” or “the Agency”). This Employee Handbook is intended to provide staff, interns and volunteers with a general understanding of the Agency’s personnel protocols, policies and Patient Consumer guidelines. This Handbook cannot anticipate every situation or answer every question about employment. **THIS HANDBOOK IS NOT AN EMPLOYMENT CONTRACT OR A LEGAL DOCUMENT.** In order to retain necessary flexibility in the administration of policies and procedures, NEHC reserves the right to change or revise policies, procedures and benefits described in this Handbook, other than the employment-at-will provisions, whenever NEHC determines that such action is warranted. None of the following policies or standards of conduct are intended, nor shall they have the effect of interfering or inhibiting any Employee in the exercise of any right guaranteed or protected by law.

EMPLOYMENT AT WILL:

It is the goal of this Agency to provide a positive work environment and a solid economic foundation upon which all Employees may build a future. However, NEHC also recognizes that Employees’ and management alike must sometimes initiate change. **In this regard, it is expressly understood that your employment is “at will.” Thus, you retain the right to terminate your employment with our Agency at any time for any reason and NEHC retains a corresponding right to end the employment relationship at any time for any reason.** This Handbook is not intended as a formal or exhaustive statement of Employee rights and responsibilities, nor is it a contract of employment. This Handbook is composed of general statements of NEHC’s current policies, rules, procedures and benefits. We feel strongly that we must retain flexibility to meet future economic challenges. Accordingly, NEHC reserves the right to amend, modify and/or eliminate any of these policies, rules, procedures and benefits at any time and at our sole discretion, with or without prior notice. On termination for any reason, you are only entitled to those benefits that are offered at the time your separation takes place. Any benefits offered in this Handbook apply only so long as this Handbook is current. They do not provide vested rights. This Handbook supersedes any previous oral or written provisions, descriptions or understandings of this Agency’s policies, rules, procedures and benefits. Any

variation from these policies will only be made upon written approval from the Administrator of this Agency.

EMPLOYEE INTRODUCTORY PERIOD:

All new Employees are in an introductory period during their first ninety (30) days of employment. During the introductory period, NEHC evaluates the Employee's work performance, including attendance and other work-related factors. NEHC is the sole judge in making all evaluations. We will continue to evaluate the work performance of each Employee who completes the introductory period. Employees' should use this introductory period to learn about NEHC in order to understand what we expect of our workers and understand the benefits of being an Employee.

EMPLOYEES IN THEIR INTRODUCTORY PERIOD ARE NOT ELIGIBLE TO PARTICIPATE IN COMPANY BENEFITS PLANS SUCH AS HEALTH INSURANCE AND PAID HOLIDAYS/SICK DAYS. ONCE AN EMPLOYEE SUCCESSFULLY COMPLETES THE INTRODUCTORY PERIOD, HE OR SHE WILL BE ELIGIBLE TO PARTICIPATE IN THE COMPANY'S BENEFIT PLANS IF SUCH BENEFITS ARE OFFERED. FAILURE TO ENROLL IN BENEFITS BY THE 60TH DAY OF EMPLOYMENT WILL BE CONSIDERED AN AUTOMATIC WAIVER OF BENEFITS AND EMPLOYEES WILL BE REQUIRED TO WAIT UNTIL THE NEXT OPEN ENROLLMENT PERIOD TO ENROLL.

The Who is Who at Next Evolution Healthcare OFFICE: 724-550-4474 for ALL inquiries.

Recruiters: These are the people who open the door to our relationships with our staff

Amanda Fischer amandafischer@nextevolutionhealthcare.com

Danielle Doerfler danielledoerfler@nextevolutionhealthcare.com

Schedulers: These are the people who receive scheduling requests and who coordinate with the clients, facilities, and co-workers.

Danielle Doerfler- Staffing Homecare danielledoerfler@nextevolutionhealthcare.com

Holy Jones-Facility Staffing holyjones@nextevolutionhealthcare.com

Frequently Contacted People: (Direct Field Staff; AKA Human Resources) :

Heidi Fields-heidifields@nextevolutionhealthcare.com

Lori Johnson-lorijohnson@nextevolutionhealthcare.com

Suzanne Love (Suzi)- slove@nextevolutionhealthcare.com

Amanda Fischer -amandafischer@nextevolutionhealthcare.com

Direct Field Management -Direct Field Support- Home Care Management-Marketing

Responsible for ALL things related to payroll, updated CPR cards, Annual TB, Covid Test, benefits, the office functions, the staff, and the clients.

Peeking at the top:

Holly Jones

Business Development Manager

holyjones@nextevolutionhealthcare.com

Responsible for the growth of the company and its business relationships in addition to being a fill in for the homecare manager.

Danielle Doerfler

Business Coordination Manager

danielledoerfler@nextevolutionhealthcare.com

Aside from having the longest email address, this is the person who pieces together the inner workings of the office. If a concern or complaint has not been resolved by the Direct Field Staff this is the next person in line to receive those questions and concerns. This is both for the Staffing and the Homecare sides of the company.

The Head Honcho:

Shelly Hendricks

Director of Business Operations

shellyhendricks@nextevolutionhealthcare.com

This is the HEAD of our office. It is the DBO's responsibility to know what is going on in all aspects of the office, the staff, the clients and the programs being run by Next Evolution Healthcare. The DBO to offer promotions, to perform disciplinary meetings, and to set initial wages. This is the last stop in the chain of command to resolve issues, and answer questions.



EQUAL OPPORTUNITY AND NON-DISCRIMINATION POLICY:

NEHC affirms its personal commitment to fairness and equal opportunity for all Employees and Patient's it faithfully serves. NEHC values diversity and seeks the most qualified and talented Employees and Staff from diverse backgrounds.

POLICY:

No NEHC Employee shall discriminate against any other Employee, Patient or potential Patient for employment and or home care services because of race, color, religious creed, age, sex, ancestry, union membership, sexual orientation, gender identity, national or ethnic origin, disability or because the other Employee or Patient is/has been a victim of a violent crime (including crimes involving domestic violence). All matters related to recruiting, hiring, compensation, benefits, promotions, transfers, wellness programs, terminations, layoffs, returns from layoff, home care-sponsored training, education, and tuition reimbursement will be administered without regard to race, color, religious creed, age, sex, ancestry, union membership, sexual orientation, gender identity, national or ethnic origin, disability, and without regard to whether the person is a victim of a violent crime (including crimes involving domestic violence).

VIOLATIONS OF THIS POLICY:

All treatment on or at Patient assignment and NEHC offices must be free from discriminatory practices. Employees found to have violated this Policy will be subject to disciplinary action up to and including termination of employment.

ADA POLICY AND ACCOMMODATIONS:

NEHC will not engage in any unlawful discriminatory practices against any citizen, person, department, board, commission, institution, agency, state or local government, school district, or any entity or individual served/serviced by NEHC. In addition to the above and consistent with applicable law, it is the policy of NEHC not to discriminate against qualified individuals with disabilities. Reasonable accommodations will be provided in accordance with the law. Should you require additional services due to any injury and or disability please contact our office and alert us of such need or services and reasonable accommodations will be provided in accordance with the law.

CONTACT AND REPORT:

If you believe you have been sexually harassed in violation of NEHC's Sexual Harassment Policy, please contact the Agency Administrator IN ADDITION, you may contact:

The Office of Equal Opportunity

316-E Finance Building
Harrisburg, PA 17120-0018
(717) 705-3691

The Pennsylvania Human Relations Commission

301 Chestnut Street
Suite 300
Harrisburg, PA 17101-2515
(717) 783-8274

The Pennsylvania Department of Health

Health and Welfare Building
8th Floor West
625 Forster Street Harrisburg, PA 17120
1-800-254-5164

NEXT EVOLUTION HEALTHCARE, INC. COMPLIANCE POLICY AND PROCEDURE FOR AMERICANS WITH DISABILITIES ACT.

POLICY: It is the policy of Next Evolution Healthcare, Inc., (hereinafter "Agency"), to comply with all Federal and State requirements of the Americans with Disabilities Act (ADA), the Rehabilitation Act of 1973, and other similar statutes and regulations. Agency will provide auxiliary aids and services to patients and employees with hearing, speech or vision impairments in accordance with 28 C.F.R. ^36.303, and otherwise make reasonable modifications to its policies and practices in accordance with 28 C.F.R. ^36.302, in order that its services and programs are accessible to individuals with a disability. If you have a need for auxiliary aids or services, or other modifications to Agency's policies and practices, please contact Agency's ADA Coordinator. Agency will not discriminate against anyone with any physical or mental disability, and that this Agency/company has read, understands, and will comply with the ADA provisions. Also, that your agency/company will provide reasonable accommodations and inclusions for participants with disabilities to ensure compliance with ADA.

Further, and as a matter of policy, Agency prohibits discrimination based on disability against otherwise qualified individuals from participation in the services, programs or activities of the Company including employment practices. Any employee who is found to be in violation of this policy will face disciplinary action up to and including the possibility of termination of employment.

PROCEDURES: The ADA Coordinator for Agency is the President of the Company. Any employment, client and or client access issues regarding ADA compliance may be brought to the ADA Employment Coordinator for resolution in accordance with the procedures contained herein.

EMPLOYMENT PRACTICES:

Agency will take reasonable steps to ensure that:

1. Applicants are able to make application and take pre-employment tests even if accommodation is needed;
2. Applicants are not discriminated against on the basis of a disability and hiring practices and interview techniques are consistent with the intent of the ADA;
3. Where reasonable, accommodation is made for qualified applicants with disabilities who are offered a position with the Company;
4. Employee retention and promotion decisions will not be based on any real or perceived disability; and
5. No other benefits or rights of employment will be denied otherwise qualified individuals with disabilities.

The President will work with employees with disabilities to coordinate reasonable accommodations based on individual needs. Employees or applicants who feel they have been wrongly discriminated against on the basis of a real or perceived disability must notify the Employment Coordinator in writing within 45 days of the alleged discrimination. Within 15 working days of receipt of notification, the Employment Coordinator will conduct an investigation, including meeting with the grievant if reasonable, and prepare a formal response to the grievant. The Employment Coordinator will also recommend any corrective action deemed necessary to the President of the Company.



EMPLOYEE AND PATIENT SEXUAL HARASSMENT POLICY:

NEHC has pledged to preserve a working environment free from sexual harassment. Harassment is against the law and is a form of gender discrimination. The aim of this policy is to prevent harassment of any kind by anyone employed by or associated with the Agency.

POLICY:

Sexual harassment consists of unwelcome sexual advances, requests for sexual favors or unwanted sexual attention by anyone associated with the Agency, whether male or female. Harassment may include references to employment status or conditions or may serve to create a hostile, intimidating or uncomfortable work environment. Harassment includes, but is not limited to, obscene jokes, lewd comments, sexual depictions, repeated requests for dates, touching, staring or other sexual conduct committed either on or off company premises. "Victims of sexual harassment have the right to sue both the Agency and the perpetrator by contacting the Equal Employment Opportunity Commission or a state agency. For this reason and for the protection of all our Employees, NEHC seeks to prevent sexual harassment.

OBSERVE AND REPORT:

All NEHC Employees' are responsible for helping ensure that our workplace is kept free of sexual harassment. If you feel you have been a victim of sexual harassment, report the behavior to our Sexual Harassment Coordinator, the Administrator or to any Supervisor. If you have witnessed sexual harassment, you also are required to report the incident(s) so that prompt action(s) may be taken. All complaints will be treated seriously, kept as confidential as possible and investigated fully. NEHC expressly forbids any retaliation against Employees for reporting sexual harassment. If, however, the company finds that false charges have been filed, disciplinary action may be taken against anyone who provides false information. If an investigation confirms that sexual harassment has occurred, immediate action will be taken to put an end to the harassment.

VIOLATIONS OF THIS POLICY:

NEHC will take appropriate corrective actions against anyone found to be in violation of this policy, including possible immediate termination of employment.

CONTACT AND REPORT:

If you believe you have been sexually harassed in violation of NEHC's Sexual Harassment Policy, please contact the Agency Administrator IN ADDITION, you may contact:

The Office of Equal Opportunity

316-E Finance Building
Harrisburg, PA 17120-0018
(717) 705-3691

The Pennsylvania Human Relations Commission

301 Chestnut Street
Suite 300
Harrisburg, PA 17101-2515
(717) 783-8274

The Pennsylvania Department of Health

Health and Welfare Building
8th Floor West
625 Forster Street Harrisburg, PA 17120
1-800-254-5164



PATIENT GIFTS, FINANCIAL ABUSE RULES AND GUIDELINES:

PURPOSE:

1. To establish rules and guidelines for Employees caring for Patients at (NEHC).
2. To establish rules concerning Employee gifts, taking money, signing, receiving or endorsing personal checks from Patients', Patient's and or their family members.
3. To provide direction for Employees' and Staff when interacting with Patients and their families.
4. To minimize interruption of Patient care and Staff productivity.
5. To ensure that all Patient contact is consistent with NEHC Patient's Care mission.

DEFINITIONS:

PATIENT: Any person or their immediate family currently receiving any form of service(s) from NEHC.

POLICY:

All Patients including their immediate families that are actively receiving in-home care services will do so in accordance with NEHC policy. Employees shall interact with Patients and their families in a manner that meets ethical standards, avoids conflicts of interest, protects Patient confidentiality, does not interfere with the process of Patient care and encourages the appropriate home care services of the primary Patient at their residence. It is the responsibility of all Staff to monitor and assure that they are compliant with this Policy.

GIFTS FROM PATIENTS AND FAMILIES:

Gifts to Individuals: NEHC Policy strictly prohibits Employees and Staff from receiving any gift(s) which may improperly influence Employees in the conduct of their home care services and responsibilities in furtherance of this Policy, Patients and their families are prohibited from giving gift(s) of any kind to NEHC Employees or Staff.

This includes meals, food, gifts, gift cards and or related entertainment.

1. Employees and Staff are not allowed to have meals paid for by Patients' or its family.

2. Employees and Staff are not allowed to receive gifts, including money, gift cards, travel vouchers, personal checks, pens, books, souvenirs and any other items from Patients' and their family.
3. Employees and Staff are not permitted to sign or endorse Patients' and or its family checks.

DISCLOSURE:

All Employees and Staff are required to disclose to the AGENCY all donations, gifts, gratuities and other gifts offered by Patients and or its Family to assure compliance with this policy.

PROMOTIONAL MATERIALS NOT ALLOWED:

Employees and Staff are not permitted to distribute post or leave any non-NEHC printed or handwritten materials, advertisements, signs, or other promotional materials anywhere in the Patients residence or NEHC premises. Moreover, unsolicited educational, promotional, or informational materials may not be given to Patients and their families unless explicitly requested. All requested promotional materials must be approved before dissemination to Patients and or their family by the Agency Administrator.

PATIENT FINANCIAL INSTRUMENTS AND FIDUCIARY ROLE:

Employees and Staff are not permitted, at any time, during services to the Patient and their family, to offer, accept, receive and on enter into any fiduciary role (Power of Attorney, Guardian, Receivership, Trustee, and Administrator) or any other non-home caregiver role. Employees and Staff are not permitted at any time during services to Patient and their family, to offer, accept, receive, take, sign, endorse, cash and/or convert for personal use, any local, state, federal or other personal check(s) for made payable to a Patient and/or their family during or after services.

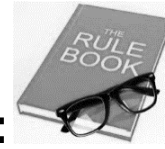
VIOLATIONS OF THIS POLICY:

1. Employees and Staff shall report noncompliance with these policies to their Supervisor and to the Agency Administrator.
2. The Agency Administrator will take action when violations are reported or uncovered; Supervisors are also responsible for enforcing these Policies within their departments.
3. Actions taken when Employees and Staff do not comply with this Policies can include any of the following:
 - a. Employees and Staff may be terminated and or suspended without further notice and or pay.

- b. Employees and Staff who violate **Section (B) Financial /Fiduciary Rules** may face criminal prosecution in addition to being immediately terminated.
- c. Patients and their families will be notified of any violations of this Policy.
- d. Patients and their family may face termination of service and restriction of future business if they continually ignore and/or repeatedly offer gifts to Employees and Staff.
- e. Reserved.

[THIS SECTION LEFT BLANK INTENTIONALLY]

EMPLOYEE WORK RULES OF CONDUCT



AT WORK OR PATIENT'S RESIDENCE:

PURPOSE:

NEHC has developed prohibited work rules all Employees should follow when at NEHC office and or its Patient residences.

POLICY:

This Policy helps ensure Employees' and Staff know what behavior is unacceptable at its office and at Patients' residence. The list of rules does not contain every possible standard of conduct expected from our Employees, **but** it states many of the more fundamental rules. If you are unsure about what is expected of you in a certain circumstance, please ask your Supervisor.

PROHIBITED CONDUCT INCLUDES:

Nothing in this prohibited work rules is intended to conflict with the NEHC's employment at-will policy. You hereby agree and understand that NEHC interpretation and judgment of whether a rule has been violated is final and binding on both you and the Agency.

1. Violating safety rules or Patient safety practices.
2. Engaging in horseplay, scuffling, or throwing things.
3. Failing to immediately and accurately report a personal or Patient related injury.
4. Being tardy or absent more than three (3) times without authorization or notification.
5. Missing two (2) consecutive scheduled workdays without notifying NEHC.
6. Contributing to unsanitary condition(s) or poor housekeeping of a Patient.
7. Smoking in unauthorized areas (NEHC and Patient's home).
8. Unauthorized use of NEHC or Patient phones and other work-related equipment.
9. Posting, altering, or removing any matter on bulletin boards on NEHC property.
10. Being dishonest or committing a fraudulent act(s) or acts of breach of trust.
11. Threatening, intimidating, coercing, or interfering with fellow Employees or Patient on NEHC/Patient property or on Agency business.
12. Using profane, abusive, or threatening language in front of Employees' or Patients'.
13. Engaging in emotional outburst and displaying hostility in front of Patients' or co-workers'.
14. Leaving your assigned Patient location during the shift without your Supervisor's permission.
15. Gross insubordination including willfully disobeying a Supervisor 's direct verbal or written instructions.
16. Working overtime without authorization or failure to work assigned posted hours.
17. Failing to follow job instructions, verbal or written, insubordination.
18. Stealing, misusing, destroying, or removing property from NEHC or Patient premises.
19. Using NEHC/Patient facilities, equipment time or materials without authorization.

20. Restricting production or causing, creating, or participating in a disruption of any kind during work time.
21. Provoking or instigating a fight or fighting during work hours, on NEHC or Patient property.
22. Engaging in criminal conduct whether it is related to job performance.
23. Sleeping on the job during work hours.
24. Falsifying any NEHC/Patient records or work logs, including employment information.
25. Recording the work time of another Employee.
26. Allowing any Employee to record your work time or allowing falsification of any Employee timecard.
27. Engaging in any conduct that NEHC, believes to be averse to the best interest of NEHC or the Patient.
28. Carrying firearm(s) or any other dangerous weapon(s) on NEHC or the Patient property.
29. Violating any NEHC rule, Policy and or safety procedure.
30. Being rude or disrespecting a Patient or a member of its family.
31. Violating the NEHC's number 1 rule # "The Patient is Always Right".
32. Reserved.

VIOLATIONS OF THIS POLICY:

Misconduct or violation of NEHC policies, rules or procedures may result in a verbal or written warning, a suspension with or without pay or if NEHC deems in its sole direction necessary immediate termination. NEHC will base the type of discipline it administers upon the facts of each particular case as determined by NEHC.

None of the above standards of conduct or work rules are intended, nor shall they have the effect of interfering or inhibiting any Employee in the exercise of any right guaranteed or protected by law.

KEY PERSONNEL AND CONTACT INFORMATION:

Caregiver Line - Monday to Friday, 9 am to 5 pm: (724) 550-4474

Emergency/On call Line - After hours & weekends: (724) 550-4474

Patient Line - Monday to Friday, 9 am to 5 pm: (724) 550-4474

Administrator personal line: (724) 570-2165

NOTE: The emergency/on call line will be answered 24 hours a day / 7 days a week, it should be used by caregivers to report last minute scheduling issues and other emergencies after hours and/or on weekends.

EMPLOYEE AVAILABILITY:



PURPOSE: NEHC, is committed to providing every DCW with a quality work shift and making every attempt to offer work hours and times that best suit them and their schedules all while ensuring the Agency is staffed properly at all times.

PERSONNEL: All DCW's who are assigned a full or part time Patient.

PROCEDURE: During orientation each Employee is asked to complete and sign a NEHC Availability Sheet. This sheet details the times each week that you as a DCW are available to work for NEHC. When new cases (Patient hours) become available, Staffing is performed using this information. Therefore, the more available time(s) each DCW can commit to - the more likely that they will be placed on the new case.

Should your availability change, please call the office to ensure that your caregiver availability profile is updated in the system. Each week a schedule will be created and communicated (via email, mail and/or phone) to each caregiver and Patient. Once this is done, each caregiver is expected to commit to the schedule and/or immediately call the office with questions or issues. If you don't get a weekly schedule by Wednesday (for the following week), please contact the office immediately. It is the caregiver's responsibility to know their schedule each week.

If you are scheduled for a shift and do not properly call out (TEXTING A MESSAGE IS NOT ALLOWED) there is an issue of Patient safety and well-being and NEHC must honor its commitments to our Patients therefore, this is grounds for immediate termination. In the event you are unable to report as scheduled, you must call your immediate supervisor (text message is not acceptable). This should be done no later than three (3) hours prior to your starting time and occur each day until you either return or are given other reporting instructions. Leaving a message with a co-worker does not relieve you of your reporting responsibility. If you fail to call in for two (2) consecutive workdays, NEHC will accept this as your voluntary resignation from the company.

EMPLOYEE ATTENDANCE POLICY

AGENCY EXPECTATIONS: NEHC expects all Employees to be on time, at work and ready to work a full shift as a condition of hire and continued employment. Absenteeism, early departures and late arrivals burden your fellow Employees. While it is recognized that it may be necessary for you to be absent occasionally, it is important that absences be kept to a minimum. You are expected to take care of personal affairs and obligations at a time other than during working hours. However, if it is necessary to be off for personal convenience, prior approval must be received from your immediate Supervisor. In reviewing that request, he or she will take into consideration the operating needs of his or her department. You may also want to review the policy on obtaining a leave of absence.

EMPLOYEE CALL-IN REQUIREMENTS: If you will be, absent from work for any reason, it is absolutely necessary for you to personally notify your Supervisor before the start of your scheduled shift; unless an unforeseeable event or an emergency prevents you from giving advance notice (TEXT MESSAGES ARE NOT PROPER NOTICE). In the case of an unforeseeable event or emergency, you must personally notify the Administrator within two (2) hours after the event or emergency. Notice of the Employee's absence from a spouse, parent or other person is **not acceptable**, unless an emergency prevents the Employee from personally contacting the Administrator. You must state why you are unable to attend work and must leave a phone number where you can be reached. Notifying NEHC of an absence or tardiness does not excuse the absence or tardiness. Upon request, **you must furnish proof satisfactory** to NEHC to substantiate the reason for absence or tardiness. Any Employee who knowingly falsifies information relating to their absence will be disciplined. Incarceration for any alleged criminal or civil law violation is not a valid excuse for not following this call-in policy. Failure to call in violates the call-in policy and will lead to disciplinary action up to and including discharge. If you fail to either call in or report to work for two (2) consecutive workdays, NEHC will accept this as your voluntary resignation from the Agency.

DOCTOR'S RELEASE AND STATUS REPORTS: A doctor's release may be required after any illness. A doctor's release will be required verifying that you are able to return to work following an injury or illness resulting in two (2) or more consecutive days' absence. If you are off work due to an injury or illness, you are required to contact your Supervisor once each week to report the status of your ailment and anticipated return-to-work date. Reporting requirements are the same for both on the job and off the job injuries and illnesses. NEHC may grant reasonable accommodation in complying with this Policy to individuals with disabilities if it does not cause undue hardship to NEHC's operations or cause a direct threat to health and safety of Patients and Employees'. However, regular attendance and promptness are considered part of each Employee's essential job functions.

VIOLATION OF POLICY: Excessive absenteeism or tardiness may lead to disciplinary action, up to and including termination of employment. Other continuing patterns of absences, early departures or tardiness, regardless of the exact number of days, may warrant disciplinary action or termination. NEHC may consider your record of tardiness, unexcused absences, excessive excused absences, suspensions, personal days off, leave of absence (except when provided according to state and federal law) and non-industrial sickness or injury resulting in time missed.

NEXT EVOLUTION HEALTHCARE, INC. EMPLOYEE POLICY AND PROCEDURES FOR COMMUNICATION WITH PERSONS WITH LIMITED ENGLISH PROFICIENCY.

POLICY: Next Evolution Healthcare, Inc., (hereinafter “Agency”), will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits at no additional costs to them. The policy of the Agency is to ensure meaningful communication with LEP patients/clients and their authorized representatives involving their companion care. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided through use of competent bilingual staff, staff interpreters, contracts or formal arrangements with local organizations providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

Agency will conduct a regular review of the language access needs of our patient population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

PROCEDURES:

1. IDENTIFYING LEP PERSONS AND THEIR LANGUAGE:

Agency will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or “I speak cards,” available online at www.lep.gov) or posters to determine the language. In addition, when records are kept of past interactions with patients (clients/residents) or family members, the language used to communicate with the LEP person will be included as part of the record.

2. OBTAINING A QUALIFIED INTERPRETER:

The Office manager and President of the Company are responsible for:

(a) Maintaining an accurate and current list showing the name, language, phone number and hours of availability of bilingual staff;

(b) Contacting the appropriate bilingual staff member to interpret, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret;

(c) Obtaining an outside interpreter if a bilingual staff or staff interpreter is not available or does not speak the needed language.

Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and **after** the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person.

Children and other clients/patients/residents will **not** be used to interpret, in order to ensure confidentiality of information and accurate communication.

3. PROVIDING WRITTEN TRANSLATIONS:

(a) When translation of vital documents is needed, each department in Agency will submit documents for translation into frequently encountered languages to the Office Manager or COO. Original documents being submitted for translation will be in final, approved form with updated and accurate legal and medical information.

(b) Facilities will provide translation of other written materials, if needed, as well as written notice of the availability of translation, free of charge, for LEP individuals.

(c) Agency will set benchmarks for translation of vital documents into additional languages over time.

4. PROVIDING NOTICE TO LEP PERSONS:

Agency will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted and provided in intake areas and other points of entry, including but not limited to the front office and waiting areas, etc. .Notification will also be provided through one or more of the following: outreach documents, telephone voice mail menus, local newspapers, radio and television stations, and/or community-based organizations.

5. MONITORING LANGUAGE NEEDS AND IMPLEMENTATION:

On an ongoing basis, Agency will assess changes in demographics, types of services or other needs that may require reevaluation of this policy and its procedures. In addition, Agency will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from patients and community organizations, etc.

EMPLOYEE COMMUNICATIONS POLICIES:



TELEPHONE CALLS:

For our business, the telephone is an important link to our Patients and Employees and without it, NEHC would not be able to adequately support them and you. Proper and effective use of the telephone is critical to all of us. Personal telephone calls while at work can steal precious time and productivity and therefore should be limited and not to the detriment of care to the Patient and the NEHC's contracted services.

VEHICLES AND CELL PHONES:

The primary responsibility of an Employee driver is to operate a motor vehicle safely. The task of driving requires full attention and focus. Cell phone use can distract drivers from this task, risking harm to themselves, passengers and the general public. Therefore, the safest course of action is to completely refrain from using cell phones and or texting while driving.

PERSONAL CELL PHONES USAGE PROTOCOL:

NEHC is committed to providing a work environment that is safe, Patient focused, and free of unnecessary distractions related to personal cell phone usage. The use of cell phones or PDAs in the workplace or Patient's residence can interfere with the Patient care, Employee productivity, safety and can create issues regarding privacy, breach of HIPPA, Agency security, unacceptable customer service and loss of sensitive information.

CELL PHONE USAGE GUIDELINES:

Personal cell phone use is only allowed:

1. During breaks and/or lunches, and
2. Should only be utilized in designated areas permitted by the Patient.
3. Cell phones must be set to vibrate or silent mode instead of sounding ringtones

Cell phones must not interfere with Employee productivity, Patient safety or become a disturbance to Patient(s). Unless used for company related business, the company prohibits the use of the camera/video function on phones or PDA's in the workplace and at Patient's residences as a preventative step to secure Patient's privacy, HIPPA and other confidential Patient information. The Agency or its Patients' are not responsible and will not be liable for the loss or damage of personal cell phones or electronic devices brought into the workplace or Patients' residence.

MOBILE DEVICES AND USE OF HEADPHONES:

The Agency prohibits the use of personal mobile devices which include audio, video, and communication equipment while engaged in work activities at the Patients residence. This includes the use of electronic devices including but not limited to personal cell phones/PDAs used for voice, data, text, video, music or data functions. The use of mobile devices is allowed during designated breaks and lunch periods in designated areas (based on location). Agency issued mobile devices for work-related job requirements are permitted.

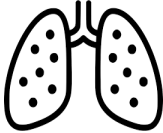
ELECTRONIC COMMUNICATION:

All electronic communication systems and all communications and information transmitted by, received from, or stored on any NEHC or Patient computer systems by Employees are the property of NEHC and as such are to be used solely for job-related purposes. The use of any software or business equipment, including, but not limited to, facsimiles, copiers, computers, cell phones, palm pilots, and copy machines, for private purposes (including games and other entertainment features) is strictly prohibited. Transmitting or displaying messages or pictures of a pornographic, sexist, racist, or otherwise offensive nature are also prohibited at NEHC's offices' and Patient residents.

EMPLOYEE PARKING:

Parking at NEHC facility may be provided. However, at Patient residences please respect the wishes of the Patient as to where they would like you to park.

TUBERCULOSIS SCREENING



COMPANY POLICY:

PURPOSE:

NEHC has established and maintains a Policy to comply with regulations pertaining to current and new office Staff, interns, volunteers and Employees regarding Tuberculosis testing and pre-hire (TB) screening.

POLICY:

All NEHC Employees, interns and volunteers who have direct Patient contact and contact with the public will be tested for active tuberculosis utilizing a two-step process in accordance with CDC guidelines prior to Patient contact and screened annually thereafter to prevent the potential infection and spread of TB and shall adhere to the following:

- This Agency requires all Staff, interns and volunteers whose functions require or necessitate contact with participants in or food preparation to be tested for TB prior to Patient contact per 4.4.2.6.1, and additionally screened in accordance with directives from the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services May 16, 2019; updated Guidelines.
- Provide pre-employment health screenings, which include a test for TB, within sixty (60) days prior to employment; it is NEHC policy not to provide any employment offers prior to receiving the applicants TB test results.
- NEHC Agency TB and Employment Policies provides for subsequent screening and or retesting only and after an occupational exposure in accordance with directives from the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services May 16, 2019, updated Guidelines.
- NEHC also maintains TB screening results in personnel records for at least three (3) years following termination of employment.
- NEHC TB and Employment Policies include temporarily relieving Employees from duty, any personnel with evidence of a physical illness that poses a threat to the health and safety of Patients, Staff and/or the public.

TUBERCULOSIS

TESTING + TREATMENT OF U.S. HEALTH CARE PERSONNEL

	2005 Recommendations	2019 Recommendations — Key Changes
Screening	<p>Recommended for all health care personnel pre-placement/upon hire*</p> <p>Annual screening may be recommended based on risk assessment of health care facility and setting</p>	<p>Individual baseline TB risk assessment added</p> <p>Annual TB screening no longer routinely recommended for most health care personnel unless occupational risk or ongoing exposure</p>
Post-exposure testing	<p>Recommended IGRA or TST test for all health care personnel when an exposure is recognized*</p> <p>If that test is negative, do another test 8–10 weeks after the last exposure*</p>	<p>No change</p>
Treatment of positive TB test	<p>Referral to determine whether latent TB infection (LTBI) treatment is indicated</p>	<p>Treatment is encouraged for all health care personnel with untreated LTBI</p> <p>Shorter course (3 to 4 month) treatments encouraged over the longer (6 or 9 month) regimens because they are easier to complete</p>
TB education	<p>Recommended annually for all health care personnel*</p>	<p>Annual education should include information about TB risk factors, the signs and symptoms of TB disease, and TB infection control policies and procedures</p>

*No change in the 2019 recommendations

Full recommendations available at cdc.gov/tb/topic/testing/healthcareworkers.htm



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

AGENCY HIPAA NOTICE & COMPLIANCE POLICY.

It is Next Evolution Healthcare, Inc., (hereinafter “Agency”) policy that its employees comply with the Health Insurance Portability and Accountability Act “HIPAA” of 1996 (Pub. L. 104-191) at all times. Any violations of this policy will result in disciplinary action up to and including discharge.

To ensure the Agency and its employees are properly trained in Protected Health Information (“PHI”) and HIPAA employees, cannot have access to PHI unless they have successfully completed HIPAA training through the Agency’s web-based training and certification program. HIPAA training covers billing, patient records confidentiality and patient communications. This training is required by federal HIPAA regulations. 2. Retraining shall occur at least annually, or sooner whenever there are material changes in HIPAA regulations or whenever the campus or individual units determine it is necessary to ensure compliance with HIPAA regulations

Agency’s company policies require all staff to be trained at the time of hire and annually thereafter with specific provisions and compliance with “HIPAA). The Administrative Simplification standards adopted by Health and Human Services (HHS) under (HIPAA) apply, to any entity that is:

A health care provider that conducts certain transactions in electronic form (called hereinafter a “covered health care provider”), a health care clearinghouse or a health plan. An organization or individual that is one or more of these types of entities is referred to as a “covered entity” in the Administrative Simplification regulations and must comply with the requirements of those regulations. Agency, is NOT a “covered entity” that is required to comply with “PHI” or “HIPAA”; however, Agency, voluntarily complies as follows:

Agency and its employees shall protect Client’s privacy and provide for the security of all “PHI” disclosed to it and its employees in connection with any and all retail pharmacy medical and non-medical services performed in compliance with the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. §1320d – 1320d-8 (“HIPAA”) and its implementing regulations promulgated by the U.S. Department of Health and Human Services, 45 C.F.R. Parts 160 and 164 (the “Privacy Rule”) and other applicable laws, as amended.

“PHI” means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

In compliance with “PHI” and “HIPAA” guidelines, Agency and its employees hereby agree not to disclose Client’s medical condition(s) and or history either during or after the term of employment to any third parties including but not limited to customers, relatives, friends, family friends, guest, or invitees of Agency. Said medical history and records as described above is deemed confidential information of Agency. Customers must provide Agency with prior written permission before said confidential information will be released to any third party including customer’s family, guest, invitees or agents.

REGULATION COMPLIANCE POLICY.

REGULATORY COMPLIANCE STATEMENT:

This Next Evolution Healthcare, Inc., (hereinafter “Agency”), is committed to compliance with the laws and regulations in each state in where we operate. This agency’s recognizes and fully complies with all regulated law including but not limited to multiple federal statutes such as the Gramm-Leach-Bliley Act (GLBA), Health Insurance Portability and Accountability Act (HIPAA) and Sarbanes-Oxley (SOX). It is this agency’s policy to establish a centralized mechanism to track and ensure compliance with all applicable state and federal laws, accreditation standards, rules and regulations to achieve the goal of preventing fraud and abuse. This agency will adopt a Regulatory Compliance Plan.

The objective of this Plan will be to prevent, detect, and correct violations of laws, rules, regulations, and the Code of Conduct within the agency. The Regulatory Compliance Plan will also outline the agency’s self-audit process for risk management related to compliance with laws, rules, regulations, and ethics. The agency shall review policies, procedures, staff practices, staff education and training annually. All known or suspected violations shall be reported to the Regulatory Compliance Officer, who will initiate the appropriate response.

Agency will further comply with all applicable federal and state regulations including but not limited to 55 Pa Code Chapter 52.

PURPOSE OF COMPLIANCE PROGRAM: This Agency’s Compliance Program is intended to provide reasonable assurance that:

- Complies with applicable federal, state and local laws, rules and regulations; • Satisfies the regulatory compliance requirements outlined by the Pennsylvania Department of Health and Area Agency on Aging and related agencies; • Prevents, detects, and reports known or suspected fraud and abuse or other forms of • misconduct that might expose this agency to significant criminal or civil liability; • Promotes self-auditing and self-policing, and provides for voluntary disclosure of • violations of laws, rules or regulations;
- Establishes, monitors, and enforces high professional and ethical standards. • The purpose of the Compliance Plan is to articulate a structure for establishing a compliance program based on ethical business standards. The intent is to create a coherent model of regulatory compliance as recommended by corporate business/services management and accrediting agencies.

SCOPE OF COMPLIANCE PROGRAM: The provisions of the Compliance Program apply to all clinical functions, claims processing, contracting, business and legal activities performed by this agency’s staff. The elements include:

- Adherence with this agency’s mission statement, Regulatory Compliance Policy and • Code of Conduct;
- Designation of a Regulatory Compliance Officer;

- Designation of a HIPAA Privacy Officer;
- Designation of a HIPAA Security Officer;
- Establishment of a Regulatory Compliance Committee;
- Establishing and maintaining a system for receiving reports of fraud or abuse;
- Developing and implementing education and training for staff and contractors;
- Regular monitoring and assessment;
- Establishment of a system for investigation and correction of identified problems or abuse.

CODE OF CONDUCT: The Code of Conduct includes business, personal and professional standards of conduct, which are aligned with the system management functions of the agency. This agency's business will be conducted in good faith, with integrity and in accordance with the principles contained in this document. Adherence to these principles is essential to the mission of this agency and its ability to successfully accomplish its mission.

ETHICAL STANDARDS: Each staff member is expected to adhere to this agency's Code of Conduct. This agency will deal with staff and contractors fairly, honestly and impartially. All parties shall make every effort to avoid even the appearance of illegal, unethical or unprofessional conduct. Staff shall respect the views and beliefs of co-workers and shall treat each other with fairness and courtesy.

CONFLICT OF INTEREST: Staff and contractors are expected to avoid actual or perceived conflicts of interest. No staff may engage in any activity that results in personal gain for themselves or family members. No staff or family member may have a financial or business interest in any contract organization of this agency. Employment with this agency shall be the staffs' first business priority and any secondary employment shall not interfere with job performance related to this agency.

GIFTS AND FAVORS: Staff may not accept gifts or favors of any kind from a consumer or a contracted or prospective Provider of this agency. This includes cash, items of any value and meals. Staff also may not solicit any gift in any manner. It is the responsibility of each staff person to avoid actual or perceived situations where a party is attempting to gain unfair influence or advantage.

COMPLIANCE: Staff and contractors shall comply with all applicable state and federal laws, rules and regulations. All staff who becomes aware of violations must report the incident to the agency's Regulatory Compliance Officer. Staff shall be free to report without fear of reprisal.

POLITICAL ACTIVITIES: Staff are encouraged to participate in the political process however must do so within the following parameters:

- Shall not advocate for a political view, candidate or party during working hours.
- Shall not engage in any situation which may appear to represent the opinion of this agency.

RESPONSIBLE PERSONS: Everyone who works for this Agency is expected to obey the law and behave ethically. In addition, the following individuals have specific responsibilities to oversee or promote compliance with the agency's standards, policies and procedures:

The President;
The Chief Operating Officer, and

General Counsel who shall serve as the Regulatory Compliance Officer and HIPAA Privacy Officer.

REGULATORY COMPLIANCE OFFICER: The Regulatory Compliance Officer (RCO) is the custodian of the Regulatory Compliance Plan. The RCO or his/her designee is required to report on compliance activities that include but are not limited to:

- level of compliance or non-compliance found as a result of monitoring and auditing, •
- the success of efforts to improve compliance, including training and education, •
- corrective or disciplinary actions taken with respect to those who were found to be non-compliant.

HIPAA PRIVACY OFFICER: The agency HIPAA Privacy Officer is responsible for managing the agency's compliance with Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, 42 CFR Part 2, state laws, and internal privacy policies including implementation, maintenance of, and adherence to the organization's policies and procedures relating to the confidentiality of protected health information (PHI).

The Privacy Officer is responsible for:

- Providing information for the development of privacy policies and procedures in coordination with administration.
- Performing periodic HIPAA risk assessments and determining level of organization's • compliance with requirements.
- Coordinating with the Management Team, relevant departments, and committees to create and maintain required documents including amendments, authorization forms, notices, and other required materials.
- Conducting orientation, annual training, and awareness activities to increase staff knowledge and understanding of confidentiality and privacy requirements. • Developing and monitoring all business associate/qualified service organization agreements to ensure HIPAA Privacy Rule and 42 CFR Part 2 requirements are met.

HIPAA SECURITY OFFICER: The agency HIPAA Security Officer (HSO) is responsible for protecting the confidentiality, integrity, and availability of the agency information systems and electronic Protected Health Information (EPHI), as well as promoting the agency information systems compliance with applicable federal and state laws and regulations.

The agency HIPAA Security Officer (HSO) is responsible for:

- Conducting evaluations to avoid the agency information system from compromising the confidentiality, integrity, or availability of any other the agency information systems •
- Developing, documenting, and disseminating security policies, procedures, and standards for authorized users of the agency information systems and the data contained therein

- Coordinating the selection, implementation, and administration of the agency's security controls

PROCESSES TO DETECT NON-COMPLIANCE (ORGANIZATIONAL PLANS): One of the mechanisms the agency implements to proactively prevent and detect non-compliant behavior is the development and implementation of organizational plans. Organizational plans provide guidance to the agency's workforce regarding the standards and process as well as the expectations of conduct.



EMPLOYEE RESTRICTIVE COVENANTS:

OUTSIDE EMPLOYMENT:

Outside employment can have a detrimental effect on performance and should be considered carefully. It will be considered a conflict of interest if it has any actual or potential adverse impact on the Agency. We expect that before you would pursue outside employment, you would discuss it with your Supervisor and garner support. Should your Supervisor determine that your outside work interferes with your performance or ability to meet the requirements of your job, you will be asked to terminate the outside employment.

NON-SOLICITATION OF PATIENTS:

As an Employee of NEHC and as a condition of employment you agree during your period of my employment and for twelve (12) months thereafter ("the Non-Solicitation Period"), you will not, directly or indirectly, engage solicit, provide services to or attempt to solicit or provide services to NEHC's current Patients at my termination; Patients for whom NEHC provided services within twelve (12) months prior to my termination and prospective Patients at the time of my termination from whom NEHC has or plans actively to solicit business.

NON-SOLICITATION OF EMPLOYEES:

During the entire Non-Solicitation Period, I will not, directly or indirectly, solicit, hire or attempt to persuade any Employee(s) or agent of NEHC to terminate his/her relationship with NEHC. I agree that the time period provided for non-competition and non-solicitation in this Agreement shall be extended for any period of time during which I am in violation of any of the provisions of this Agreement. I expressly agrees that any breach or threat of breach of this provision in the Handbook by me shall entitle NEHC, in addition to any other legal remedies at law or equity available to it, to apply to any court for an injunction, temporary and/or permanent, to present any violation of this provision within Agreement, and you recognizes, acknowledge and agree that such injunction would be necessary to protect NEHC business interests. NEHC shall also be entitled to recover the costs of prosecuting any action hereunder, including, but not limited to,

reasonable attorneys' fees. In the event it is necessary for NEHC to sue to enforce the provisions of the restrictive covenant, the applicable period on non-competition by you shall be extended by a period of time equal to the duration of such litigation.

PERMISSION TO CONTACT 3RD PARTY:

You hereby agree and understand throughout the term of your employment and anytime thereafter during the non-solicitation period as described. You shall make full and complete disclosure of the existence of these Non-solicitation and Clauses to any Home Care or Skilled Home Care Services business within twenty-five (25) miles of the NEHC offices. If you fail to do so and or if you are deemed to be in violation of these provision(s) in any way, you hereby authorize NEHC and or its legal representatives to contact and notify any third party that this provision of non-solicitation exists. As such, you hereby release and indemnify NEHC and or its legal representative of any liability, damages, claims or losses for such violation notification(s).

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JOB DESCRIPTION FOR:

Direct Care Worker

JOB CLASSIFICATION:

Non-Exempt

JOB SUMMARY:

Responsible for (Non-Medical), in-home provide for the comfort and general supervision of Patients as well as home management services. Provides companionship to those individuals requiring socialization and/or minimum guidance to assure a safe, protected, clean and orderly environment.

QUALIFICATIONS:

Minimum of ninth education; high school diploma or GED preferred. Must demonstrate satisfactory completions of any stated mandated training. Applicant must be bondable and meet or exceed minimum qualifications for each of the following background checks: criminal background investigation, professional reference checks and give permission to submit to random drug testing.

Must satisfactorily complete the following:

1. Complete and pass NEHC's Competency Training Test the following subject areas:
 - Confidentiality
 - Patient control and the independent living philosophy.
 - Instrumental activities of daily living.
 - Recognizing changes in the Patient that need to be addressed.
 - Basic infection control.
 - Universal precautions.
 - Handling of emergencies.
 - Documentation.
 - Recognizing and reporting abuse or neglect.
 - Dealing with difficult behaviors.

ESSENTIAL JOB FUNCTIONS:

1. Provide general attention to Patient's non-medical needs in accordance with a Plan of Care.
2. Provides companionship for Patients' including talking and listening, reading aloud, providing social and emotional support.
3. Promote the Patient's mental alertness through involvement in activities of interest.
4. Provides emotional support and promotes a sense of well-being,

5. Provide for a clean, safe, and healthy environment for Patients and family members. Provides light housekeeping tasks including laundering of Patient's garments and linens,
6. Prepare and serve meals as directed and ensure dishes are washed and kitchens are clean after each meal.
7. Assists patients in completing necessary phone calls, letter writing, etc.
8. Accompanies Patient on walks, community trips, doctor's office, bank, beauty salons, etc.
9. Reminds patients to take self-administered medications.
10. Observes and reports any changes in the Patient's mental, physical, or emotional condition or home situation to the immediate supervisor in a timely manner.

WORKING ENVIRONMENT:

Patient's home setting and automobile. Contact with blood or other body fluids may pose a risk for exposure to blood borne pathogens and infectious diseases.

POSITION PHYSICAL DEMANDS:

The work requires light physical exertion on a regular and recurring basis, such as driving, assisting the Patient in activities, and light housekeeping. You are regularly required to sit, walk, talk, hear and occasionally required to reach and lift. NEHC requires all employees prior to any offer of employment being extended; all employees must successfully pass a state mandatory criminal background check. NEHC is prohibited from hiring and or retaining any individual(s) with a prohibited conviction or Department of Aging ineligibility determination.

AS REQUIRED UNDER PA CODE § 611.52.(E) PROHIBITION:

The home care agency or home care registry may not hire, roster or retain an individual if the State Police criminal history record reveals a prohibited conviction listed in 6 Pa. Code § 15.143 (relating to facility responsibilities), or if the Department of Aging letter of determination states that the individual is not eligible for hire or roster.

I acknowledge receipt and understanding of this Job Description, I realize that this reflects a general list responsibility of the position, as well as a general description of the working environment and physical demands of the position I have accepted.

NEXT EVOLUTION HEALTHCARE, INC. STAFF TRAINING POLICY.

SCOPE:

Next Evolution Healthcare, Inc., (hereinafter “Agency”), as a licensed provider must meet the training requirements necessary to maintain its appropriate licensure or certification, or both, in addition to meeting the training requirements under 55 PA Code Chapter 52.21, maintain the below Staff Training Policies (“STP”).

REQUIRED TRAINING:

Prior to providing a service to a participant, all staff members shall be trained on how to provide the service in accordance with the Participant’s (hereinafter “Client’s”) service plan.

COMPETENCY TEST (§ 611.55. Competency requirements).

PRIOR TO PROVIDING DIRECT CARE SERVICES TO CLIENT’S ALL EMPLOYEES ARE REQUIRED TO GO THROUGH THE AGENCY’S TRAINING ORIENTATION PROGRAM AND PASS ITS.

REQUIRED TRAINING AND MAINTAINED DOCUMENTATION:

This Agency shall maintain documentation for the following:

- (1) Staff member attendance at trainings.
- (2) Content of trainings.

REQUIRED ANNUAL TRAININGS:

This Agency has implemented a standard annual training for staff members providing services contains the following:

- (1) Prevention of abuse and exploitation of participants.
- (2) Reporting critical incidents.
- (3) Participant complaint resolution.
- (4) Department-issued policies and procedures.
- (5) Agency’s Quality Management Plan / Policy (“QMP”).
- (6) Fraud and financial abuse prevention.

NEXT EVOLUTION HEALTHCARE, INC. EMPLOYEE SOCIAL SECURITY VERIFICATION POLICY.

POLICY:

It is the policy of Next Evolution Healthcare, Inc. to verify that each employee is legally eligible to work in the United States.

PROCEDURE:

Prior to any offer of employment, Next Evolution Healthcare, Inc. does verify employee's and employee candidate's social security information including names and identification numbers through:

1. The Social Security Administration (SSA) social security number (SSN) verification system, and
2. Through E-Verify is a web-based system <https://www.e-verify.gov/>

Ensuring this Agency is in compliance with 55 PA Code Chapter 52.11, which ensures that all employees are legally eligible to work in the United States.

NEXT EVOLUTION HEALTHCARE, INC. EMPLOYEE SCREENING FOR EXCLUSION POLICY: (LEIE, EPLS & MEDICHECK)

POLICY:

Next Evolution Healthcare, Inc., (hereinafter “Agency”), maintains strict adherence to its policy requiring All employees, vendors, contractors, service providers, and referral sources whose functions are a necessary component of providing items and services to MA recipients, and who are involved in generating a claim to bill for services, or are paid by Medicaid (including salaries that are included on a cost report submitted to the Department), should be screened for exclusion before employing and/or contracting with them and, if hired, should be re-screened on an ongoing monthly basis to capture exclusions and reinstatements that have occurred since the last search.

Examples of individuals or entities that providers should screen for exclusion include, but are not limited to:

- Individual or entity who provides a service for which a claim is submitted to Medicaid;
- Individual or entity who causes a claim to be generated to Medicaid;
- Individual or entity whose income derives all, or in part, directly or indirectly, from Medicaid funds;
- Independent contractors if they are billing for Medicaid services;
- Referral sources, such as providers who send a Medicaid recipient to another provider for additional services or second opinion related to medical condition.

PROCEDURE: To establish sound compliance practices, and to prevent potential monetary and other sanctions, Agency, in addition to its exclusion screening Agency does the following:

1. Has developed a policy and procedure for screening of all employees and contractors (both individuals and entities), at time of hire or contracting; and, thereafter, on an ongoing monthly basis to determine if they have been excluded from participation in federal health care programs; hereinafter called “**Exclusion Screening Policy and Procedure**”.
2. Use the following databases to determine exclusion status; a. **Pennsylvania Medichcek List:** a data base maintained by the Department that identifies providers, individuals, and other entities that are precluded from participation in Pennsylvania’s MA Program:

http://www.dpw.state.pa.us/learnaboutdpw/fraudandabuse/medicheckprecludedproviderslist/S_001152

If an individual’s resume indicates that he/she has worked in another state, Agency does check that state’s individual list.

b. List of Excluded Individuals/Entities (LEIE): data base maintained by HHSOIG that identifies individuals or entities that have been excluded nationwide from participation in any federal health care program. An individual or entity included on the LEIE is ineligible to participate, either directly or indirectly, in the MA Program. Although the Department makes best efforts to include on the Medicare List all federally excluded individuals/entities that practice in Pennsylvania, providers must also use the LEIE to ensure that the individual/entity is eligible to participate in the MA Program:

<http://oig.hhs.gov/fraud/exclusions.asp>.

c. Excluded Parties List System (EPLS): Worldwide data base maintained by the General Services Administration (GSA) that provides information about parties that are excluded from receiving Federal contracts, certain subcontracts, and certain Federal financial and nonfinancial assistance and benefits: <https://www.epls.gov/>.

3. Immediately self report any discovered exclusion of an employee or contractor, either an individual or entity, to the Bureau of Program Integrity; via e-mail through the MA Provider Compliance form at the following link:

<http://www.dpw.state.pa.us/learnaboutdpw/fraudandabuse/maprovidercompliancehotlineresponseform/index.htm>

By U.S. mail at the following address:

Bureau of Program Integrity
Commonwealth of Pennsylvania
P.O. Box 2675

Harrisburg, PA 17105-2675 or by fax at: 1-717-772-4655 or 1-717-772-4638

4. Develop and maintain auditable documentation of screening efforts, including dates the screenings were performed and the source data checked and its date of most recent update; and

5. Periodically conduct self-audits to determine compliance with this requirement.

BACKGROUND FOR POLICY: The Department of Health and Human Services' Office of Inspector General (HHS-OIG) excludes individuals and entities from participation in Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), and all Federal health care programs (as defined in Section 1128B(f) of the Social Security Act (the Act)) based on the authority contained in various sections of the Act, including Sections 1128, 1128A, and 1156.

When the HHS-OIG excludes a provider, Federal health care programs (including Medicaid and SCHIP programs) are generally prohibited from paying for any items or services furnished, ordered, or prescribed by excluded individuals or entities. Section 1903(i)(2)(A),(B) of the Act (42 U.S.C.A. § 1396b(i)(2)(A),(B)); and 42 Code of Federal Regulation (CFR) Section 1001.1901(b). This payment ban applies to any items or services payable under a Medicaid program that are furnished by an excluded individual or entity, and extends to:

- all methods of reimbursement, whether payment results from itemized claims, cost

reports, fee schedules, or a prospective payment system;

- payment for administrative and management services not directly related to patient care, but that are a necessary component of providing items and services to Medicaid recipients, when those payments are reported on a cost report or are otherwise payable by the Medicaid program; and
- payment to cover an excluded individual's salary, expenses or fringe benefits, regardless of whether they provide direct patient care, when those payments are reported on a cost report or are otherwise payable by the Medicaid program.

In addition, no Medicaid payments can be made for any items or services directed or prescribed by an excluded physician or other authorized person when the individual or entity furnishing the services either knew or should have known of the exclusion.

This prohibition applies even when the Medicaid payment itself is made to another provider, practitioner or supplier that is not excluded. 42 CFR § 1001.1901(b).

Similarly, Pennsylvania law provides that the Department of Public Welfare does not pay for services or items rendered, prescribed, or ordered on and after the effective date of a provider's termination from the MA Program. 55 Pa. Code §§ 1101.66(e). See also 55 Pa. Code § 1101.77(c): (i) a provider is not paid for services or items rendered on and after the effective date of his termination from the program; (ii) a participating provider is not paid for services, including inpatient hospital care and nursing home care, or items prescribed or ordered by a provider who has been terminated from the program; (iii) a participating provider is paid for services or items prescribed or ordered by a provider who voluntarily withdraws from the program. Furthermore, a provider whose enrollment in the program has been terminated may not, during the period of termination: (i) own, render, order or arrange for a service for a recipient; or (ii) receive direct or indirect payments from the Department in the form of salary, equity, dividends, shared fees, contracts, kickbacks or rebates from or through a participating provider or related entity. 55 Pa. Code § 1101.77(c). See also 55 Pa. Code § 1101.42(c). The listing below sets forth some examples of types of items or services that are reimbursed by Medicaid which, when provided by excluded parties, are not payable.

MANDATORY BACKGROUND



CRIMINAL CHECK AND EMPLOYEE CONSENT:

NEHC requires all employees prior to any offer of employment; all employees must successfully pass a state mandatory criminal background check. NEHC is prohibited from hiring and or retaining any individual(s) with a prohibited conviction or Department of Aging ineligibility determination.

NEHC Background Check Investigation adheres to the Background Investigation guidelines as required under PA Code § 611.52 (a-j).

(A) GENERAL RULE:

The home care agency or home care registry. An applicant for employment as a member of the office staff for the home care agency or home care registry and the owner or owners of the home care agency or home care registry also are required to obtain a criminal history report in accordance with requirements contained in this section.

(B) STATE POLICE CRIMINAL HISTORY RECORD:

If the individual required to submit or obtain a criminal history report has been a resident of this Commonwealth for 2 years preceding the date of the request for a criminal history report, the individual shall request a State Police criminal history record.

(C) FEDERAL CRIMINAL HISTORY RECORD:

If the individual required to submit or obtain a criminal history report has not been a resident of this Commonwealth for the 2 years immediately preceding the date of the request for a criminal history report, the individual shall obtain a Federal criminal history record and a letter of determination from the Department of Aging, based on the individual's Federal criminal history record, in accordance with 6 Pa. Code § 15.144(b) (relating to procedure).

(D) PROOF OF RESIDENCY:

The home care agency or home care registry may request an individual required to submit or obtain a criminal history record to furnish proof of residency through submission of any one of the following documents:

1. Motor vehicle records, such as a valid driver's license or a State-issued identification.
2. Housing records, such as mortgage records or rent receipts.
3. Public utility records and receipts, such as electric bills.
4. Local tax records.
5. A completed and signed, Federal, State or local income tax return with the applicant's name and address preprinted on it.
6. Employment records, including records of unemployment compensation.

(E) PROHIBITION:

The home care agency or home care registry may not hire, roster or retain an individual if the State Police criminal history record reveals a prohibited conviction listed in 6 Pa. Code § 15.143 (relating to facility responsibilities), or if the Department of Aging letter of determination states that the individual is not eligible for hire or roster.

(F) RECORDS MAINTAINED:

The home care agency or home care registry shall maintain files for direct care workers and members of the office staff which include copies of State Police criminal history records or Department of Aging letters of determination regarding Federal criminal history records. The files shall be available for Department inspection. The agency or registry shall maintain copies of the criminal history report for the agency or registry owners, which shall be available for Department inspection.

(G) CONFIDENTIALITY:

The home care agency or home care registry shall keep the information obtained from State Police criminal history records and Department of Aging letters of determination regarding Federal criminal history records confidential and use it solely to determine an applicant's eligibility to be hired, rostered or retained.

(H) OPPORTUNITY TO APPEAL:

If the decision not to hire, roster or retain an individual is based in whole or in part on State Police criminal history records, Department of Aging letters of determination regarding Federal criminal history records, or both, the home care agency or home care registry shall provide an affected individual with information on how to appeal to the sources of criminal history records if the individual believes the records are in error.

(I) EXCEPTIONS:

A direct care worker who has complied with this section and who transfers to another agency or registry owned and operated by the same entity is not required to obtain another criminal history report. A direct care worker employed or rostered by an entity that undergoes a change of ownership is not required to obtain another criminal history report to submit to the new owner.

(J) INDIVIDUALS CURRENTLY EMPLOYED OR ROSTERED:

A direct care worker and each member of the agency or registry office staff who is employed by or rostered by a home care agency or home care registry as of December 12, 2009, shall obtain and submit a State Police criminal history record or Department of Aging letter of determination, as applicable, to the home care agency or home care registry by April 12, 2010. This subsection does not apply if the home care agency or home care registry obtained a criminal history report meeting the requirements of this subsection when the direct care worker or office staff member was hired or rostered and a copy of the report is included in the individual's file. In connection with my application for employment, my continued employment, or in connection with my desire to engage in home care services for NEHC, I have been advised and I hereby consent and authorize either NEHC and its agent, at any time during my application process and/or employment, to obtain an investigative consumer report that will include, but not be limited to, a criminal record check, employment and education verifications, verifications of personal references and reputation; and driving record.

(K) EMPLOYEE AUTHORIZATION AND CONSENT:

I do hereby consent and authorize either NEHC or its agent to use any information provided on this form or during the application process in obtaining the investigative consumer report. I have been informed that I have the right to review and challenge any negative Information that would adversely impact me or adversely affect a decision to offer employment. I agree to release, indemnify and hold harmless either NEHC or any consumer reporting agency used by either NEHC with regard to any information reported by the consumer reporting agency.

I understand that I am to be provided the name, address and telephone number of the consumer reporting agency and the nature and scope of the investigative report will be disclosed to me. I acknowledge that facsimile, copy or email of this document shall have the same validity, force and effect as the original.

AGENCY'S PROVISIONAL HIRING POLICY:

This Agency may hire a person or persons for employment on a provisional basis, pending receipt of a criminal history check, provided that the following are met:

(1) This Agency is in the process of obtaining a criminal history check as required under § 52.19 (relating to criminal history checks).

(2) This Agency will not hire a person provisionally if we have knowledge that the applicant would be disqualified for employment under 18 Pa.C.S. § 4911 (relating to tampering with public records or information).

(3) A provisionally hired employee shall swear or affirm in writing that he/she is not disqualified from employment under this chapter.

(4) This Agency shall monitor the provisionally hired person awaiting a criminal history check through random, direct observation and participant feedback. The results of monitoring must be documented in the employee employment file.

(5) The period of provisional hire may not exceed thirty (30) days for a person who has been a resident of this Commonwealth for at least 2 years.

(6) The period of provisional hire may not exceed ninety (90) days for a person who has been a resident of this Commonwealth for less than 2 years.

(b) If the information obtained from the criminal history check reveals that the person is disqualified from employment under § 52.19, the provider shall terminate the provisionally hired person immediately.

(c) When subsection (a) conflicts with Chapters 2380 and 2390 (relating to adult training facilities; and vocational facilities), 6 Pa. Code Chapter 11 (relating to older adult daily living centers) or 28 Pa. Code Chapters 601 and 611 (relating to home health care agencies; and home care agencies and home care registries), subsection (a) is not applicable.

AGENCY'S CHILD ABUSE POLICY:

POLICY: It is the Policy of this Agency that a successful Child Abuse Clearance(s) are required for all direct care workers and service providers, including Service coordinators and contractors, providing services in homes where children reside.

Child Definition: A child is defined as an individual under 18 years of age.

PROCEDURE: This Agency will successfully obtain the following three (3) certifications for all Direct Care Workers, Service Providers, including any Service coordinators or Contractors, providing services in homes where children reside **Prior** to providing services in homes where children reside:

- Patients will be asked during their initial Patient In-Take if children reside or may come in the home during Agency's service(s).
- Patients will be re-interviewed on an annual basis inquiring if children now reside in the home.
- A report of criminal history from the Pennsylvania State Police (PSP);
- Fingerprint based federal criminal history submitted through the Pennsylvania State Police or its authorized agent (FBI); and
- Child Abuse History Certification from the Department of Human Services (Child Abuse).

AGENCY'S COMPLIANCE UNDER C-2: GENERAL SERVICE SPECIFICATIONS (WAIVER PROGRAMS)

This Agency shall monitor annually and requires its employees to be in compliance with Participant Services HCBS Waiver rules and requirements for Agency Providers and it employees as follow:

- Child Abuse and related Certification Clearance must be obtained every 60 months regardless of patient services.
- Any employee with current certification issued prior to July 1, 2015, must renew their certifications within 60 months from the date of their oldest certification or if their current certification is older than 60 months.
- IF AN EMPLOYEE IS ARRESTED FOR OR CONVICTED OF AN OFFENSE THAT WOULD CONSTITUTE GROUNDS FOR DENYING EMPLOYMENT OR PARTICIPATION IN A PROGRAM, ACTIVITY OR SERVICE, OR IS NAMED AS A PERPETRATOR IN A FOUNDED OR INDICATED REPORT, THE EMPLOYEE MUST PROVIDE THE ADMINISTRATOR OR THEIR SUPERVISOR WITH WRITTEN NOTICE **NOT LATER THAN 72 HOURS** AFTER THE ARREST, CONVICTION OR NOTIFICATION THAT THE PERSON HAS BEEN LISTED AS A PERPETRATOR IN THE STATEWIDE DATABASE.
- An employee who willfully fails to disclose information as required above commits a misdemeanor of the third degree and shall be subject to discipline up to and including

termination or denial of employment.

- This Agency through its Administrator or HR, shall maintain copies of the required information and is responsible for securing clearances for prospective support service workers.

NEW EMPLOYEE BACKGROUND CHECK AND AFFIRMATION AND RELEASE

In connection with my application for employment, my continued employment, or in connection with my desire to engage in home care services for Agency, I have been advised and I hereby consent and authorize either Agency and its agent, at any time during my application process and/or employment, to obtain a investigative consumer report that will include, but not be limited to, State Police criminal history record check, previous employment, education verifications and verifications of personal references and reputation and Driver Motor Vehicle record check if applicable. I do hereby consent and authorize either Agency or its Agent to use any information provided on this form or during the application process in obtaining the above stated reports and verifications. I have been informed that I have the right to review and challenge any negative Information that would adversely impact me or adversely affect a decision to offer employment. I agree to release, indemnify and hold harmless either Agency or any consumer reporting agency used by either Agency with regard to any information reported by the consumer reporting agency. I understand that I am to be provided the name, address and telephone number of the consumer reporting agency and the nature and scope of the investigative report will be disclosed to me. I acknowledge that facsimile, copy or email of this document shall have the same validity, force and effect as the original.

(PLEASE PRINT ALL INFORMATION CLEARLY)

____ **NAME: FIRST M. LAST**

____ **CURRENT ADDRESS:**

____ **CITY: STATE: ZIP**
CODE:

____ **DATE OF BIRTH: COUNTY:**

____ **DRIVER LICENSE NO: STATE LICENSED ISSUED:**

PROOF OF RESIDENCY DOCUMENT(S): *(Please check box for the document you are*

submitting)

A valid driver's license or a State-issued identification.

(REQUIRED) **Housing records, such as mortgage records or rent receipts.**

Public utility records and receipts, such as electric bills.

Local tax records.

A completed and signed, Federal, State or local income tax return with the applicant's name and address preprinted on it.

Employment records, including records of unemployment compensation.

If I am hired provisionally I hereby swear or affirm in writing that I am not disqualified from employment under chapter § 52.20.

SIGNATURE DATE

Paid Time Off Policy

Effective 03/10/2020

Policy:

Hourly Employees:

Full time employees are eligible for PTO after thirty (30) days of employment the hourly employee will earn 0.7692307692 hours of PTO for every forty (40) hours worked totalling 40 hours per year. In addition to the accruing PTO each employee is entitled to eight (8) hours of PTO to use ANY day during the month of their birthday. This is our gift to them, to demonstrate our appreciation. The birthday PTO is a use it or lose it policy. The PTO will not have a cash out option, it does not roll into the next year. It must be used by the end of the fiscal year, June 30. Their year will begin on July 1 of every calendar year. Example: They are hired January 10, they begin accruing PTO after ninety (90) days, March 10. They will accrue for every forty (40.0) hours worked and must use what they have accrued by June 30.

After three (3) years with the company the PTO increases to 1.5384615385 hours earned for every forty (40) hours worked totaling eighty (80) hours of PTO to use annually. The PTO does not have a cash out policy and it does not roll over to the next fiscal year. The employee is entitled to eight (8) hours of PTO to use ANY day of their birthday month. The birthday PTO is use it or lose it, it does not roll over. This remains our gift to them, to demonstrate our appreciation. The fiscal year begins on July 1, and ends on June 30.

After six (6) years with the company the PTO increases to 3.0 hours earned for every forty (40) hours worked, totaling one hundred twenty (120) hours off annually. The PTO does not have a cash out option, and does not roll over into the next fiscal year. The employee is entitled to eight (8) hours of PTO to use ANY day of their birthday month. This remains our gift to them, to demonstrate continued appreciation. The birthday PTO is a use it or lose it opportunity, it must be used within the month of their birthday. The fiscal year begins on July 1 and ends on June 30.

After ten (10) years of service with the company the employee will earn 4.0 hours of PTO for every forty (40.0) hours worked, totaling one hundred sixty (160) hours to PTO to use annually. This is the maximum amount of PTO to be accrued. There is not a cash out option connected to this PTO, and there is no roll over of unused PTO into the next fiscal year. The employee will be given eight (8) additional hours of PTO in the month of their birthday to be used ANY day of their birthday month to demonstrate continued appreciation to our company. The birthday PTO is to be used only in the month of their birthday and if they do not use it they lose it. The fiscal year begins on July 1 and ends on June 30.

EMPLOYEE REQUESTED DAYS OFF POLICY AND PROCEDURE

EFFECTIVE 03/03/2020

Policy:

Time off should be requested at least four (4) weeks in advance of the requested day(s) off.

When requesting time off, please consider the time of the year, program/activities scheduled and other time off requests when making a request.

Procedure:

Field Staff:

Send an email to Requests@nextevolutionhealthcare.com to submit your request.

Office Staff:

1. Place a TIME OFF REQUEST FORM in the "Request off binder"
2. File under the appropriate month of request
3. Place the request on the inserted calendar in the front of the binder

Scheduler:

Forward to the Field Management/Payroll Department, if PTO is being requested follow the next steps:

1. Once time has been approved, sign the request form
2. Copy in the employees file
3. Update the tracking spreadsheet
4. Email and/or mail copy to the employee.

EMPLOYEE CALL OFF POLICY AND PROCEDURE

EFFECTIVE 03/03/2020

Policy:

In the event an employee is unable to report to a scheduled appointment/shift, she/he must contact their immediate supervisor four (4) hours prior to the start time, and must do so each day until returning to work.

It is not sufficient to leave a voicemail message, text, or an email when calling off. An employee must actually speak to a member of the office staff. When calling off outside of office hours, the employee must call the main number and speak to the on-call person.

Failure to call in, will be considered a resignation of position if the employee does not speak to a member of the office staff with the reason for the no-show by the end of that business day.

Weekend Call Off Policy

I. PURPOSE

Identifies the steps Next Evolution will take to handle weekend calls offs and Weekend Warrior pay rates.

II. POLICY

Weekend call off policy includes all shifts beginning Friday 3pm through Monday 7am. This policy applies to all of Next Evolutions employees and will be applied consistently and fairly.

- Managers of Next Evolution will address any call offs falling within the time frame listed above in a prompt and timely manner in accordance with this policy
- This policy includes late reports and early leaves of greater than 15 minutes.

III. PROCEDURE(S)

1. Verbal warning
2. Official Written warning
3. Do Not Return Status to current facility working.

IV. FURTHER EXPLANATION

1. Do not return status may result in a lapse of schedule up to 2 weeks.
2. Call offs supported by a Physician's note will not be subject to disciplinary action of this policy.
3. Weekend Warriors facing disciplinary action of this policy will be removed from the Weekend Warrior program and will be required to work 6 months without a call off in order for W/E Warrior rate to be reinstated.

Employee Holiday Policy

Effective date: 3/3/20

Purpose: To provide employees with paid time off to recognize major holidays

Policy: Eligible employees who work 32 hours or more a week are entitled to paid time for the following holidays: New Year's Day, Easter, Memorial Day, 4th of July, Labor Day, Thanksgiving Day and Christmas Day.

Procedures:

1. To be paid for the holiday, the employee must be in paid status on the last scheduled shift before and the first scheduled shift following the holiday. Employees are deemed to be in paid status when receiving regular, or PTO pay for shifts before and after the holiday.
2. Holiday is considered 12am - 11:59pm
3. Employees will receive time and a half for each holiday worked.

Bereavement Policy

Effective Date: 03/03/2020

Purpose: When a death occurs in an employee's immediate family, all regular full time employees may take (3) to (5) days off without pay, to attend the funeral or to make arrangements.

Immediate family members are defined as an employee's spouse, parents, stepparents, sisters, brothers, children, stepchildren, grandparents, father-in-law, mother-in-law, sister-in-law, brother-in-law, son-in-law, daughter-in-law, or grandchild.

Procedure:

1. The employee must notify the direct supervisor as soon as possible, allowing NEH to cover shifts.
2. NEH may require verification of the need for the bereavement leave, such as an obituary.
3. Additional unpaid time off may also be granted depending on the circumstances such as distance, the individual's responsibility for the funeral arrangements, and other circumstances as long as discussed with the direct supervisor. Human resources will need to determine whether additional considerations are needed.

Next Evolution understands the deep impact that death can have on an individual or a family. It is our intention to support employees during their times of grief and bereavement.

DISCIPLINARY POLICY **Effective 03/03/2020**

I. PURPOSE

Identifies the steps Next Evolution will take to handle any disciplinary issues.

II. POLICY

Disciplinary issues include allegations and/or complaints about a staff member, a breach of Next Evolution policies and procedures, and/or non-performance of duties where performance improvement planning has been addressed and not been successful. This policy applies to all of Next Evolutions employees and will be applied consistently and fairly.

- Managers of Next Evolution will address non-performance and potential disciplinary issues in a prompt and timely manner in accordance with this policy
- To ensure procedural fairness where an allegation may lead to a formal disciplinary process Next Evolution will ensure that the employee is informed of the allegation, notified if possible consequences of the allegation are substantiated and has an opportunity to provide an explanation in relation to the allegation.

III PROCEDURE(S)

1. Verbal warning
2. Official Written warning
3. Disciplinary meeting
4. Final Written warning
5. Indefinite Suspension
6. Termination

SMOKING POLICY

EFFECTIVE 03/05/2020

Policy:

It is up to the discretion of the client/family as to whether you are permitted to smoke during your shift. However, company policy states that you are only permitted to smoke once every 4 hours worked, if your client is safe, stable and capable of being alone for that duration or if someone can be there with the client while you smoke.

Smoking is only permitted outside the home, even if the family tells you it is okay to smoke in the home. The garage is the exception to this rule, if they offer you a garage to smoke in, you may.

If you are working a pediatric/infant case, or a case with respiratory issues, please plan to wear a jacket over your clothing when you smoke the you will be able to take off after your cigarette. As healthcare professionals you will be up close and personal with your clients, especially these types of clients, smells tend to transfer and this can be detrimental to those clients and leave a negative impression on the families. Please leave the jacket in your vehicle, never take it into the home of your client.

If you are going to smoke you must take a bottle with you to dispose of your butts and ashes. You will take the bottle with you at the end of your shift, every shift. You may not take cigarettes from your client or their family, if offered. You must only smoke what you have brought with you to the shift.

Smoking is not permitted in your vehicle or the clients vehicle if you are transporting them or transporting with them to an appointment or running errands with them.

VEHICLE TRANSPORTATION POLICY

EFFECTIVE 03/03/2020

Policy:
HHA/CNA

You may be required to take your clients to and from appointments, or run errands with them or for them. If the client has a car available, you will be required to use their vehicle (motorcycles excluded). Please check with the office to verify that a copy of their insurance policy is on file before you drive their vehicle.

If the client does not have a vehicle, you may be required to drive the client to and from appointments in your own vehicle, or to run errands for the client in your own vehicle. In order to do so you must present the office with proof of auto insurance. You will need to update the office file each time your insurance renews.

REPORTING ABUSE / NEGLECT / EXPLOITATION

REPORTING:

- **ABUSE**
- **NEGLECT**
- **EXPLOITATION**

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

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

NEXT EVOLUTION HEALTHCARE, INC.

PARTICIPANT COMPLAINT MANAGEMENT POLICY.

POLICY: This policy describes Next Evolution Healthcare, Inc., (hereinafter “Agency”), waiver provider responsibilities for responding to complaints raised by Participants (hereinafter “Clients”) their families, or advocates. Clients will understand that all complaints will be addressed, investigated without reprisal, discrimination or unreasonable care or interruption of services by Agency.

SCOPE: To comply with 55 PA Code Chapter 52.18 and all Office of Long-Term Living (OLTL) Home and Community-Based Services (HCBS) program providers, Area Agency on Aging staff, and participants in OLTL programs.

BACKGROUND: It is important to distinguish the difference between complaints and incidents, there will be separate protocols and actions taken, depending on this distinction.

Complaints: Dissatisfaction with any aspect of program operations, activities, or services received or not received involving Home and Community-Based Services are considered complaints. All complaints should be directed to our Agency’s President, Service Coordinator, Direct Care Manager, or the supervisor of your attending employee. When issues are not able to be resolved or a Client is not comfortable discussing with their Service Coordinator, Care Manager, or supervisor, the OLTL Quality Assurance Helpline is available at **1(800) 757-5042**. Concerns or complaints about services should not be reported as incidents.

Reportable Incidents:

In the course of provision of home and community-based services, an incident is related to the following is considered reportable:

1. Death, serious injury or hospitalization of a Client however pre-planned hospitalization visits are not considered critical incidents.
2. Agency and its staff misconduct including deliberate, willful, unlawful or dishonest activities.
3. Abuse, including the infliction of injury, unreasonable confinement, intimidation, punishment, or mental anguish of the Client. The Agency considers the following as:

Abuse:

Physical abuse.
Psychological abuse.
Sexual abuse.
Verbal abuse.

4. Abuse – an act or omission that willfully deprives a participant of rights or human dignity, or which may cause or causes actual physical injury or emotional harm to a participant including a critical incident and any of the following:
 - a. Sexual harassment of a Client.
 - b. Sexual contact between a staff member and a Client.
 - c. Using restraints on a Client.
 - d. Financial exploitation of a Client.

- e. Humiliating a participant.
- f. Withholding regular scheduled meals from a Client.
- g. Neglect.
- h. Exploitation
- i. Service Interruption
- j. Medication errors resulting in hospitalization or other medical intervention.

Complaints may include the following:

Administrative Complaint: This category consists of problems in the general operations of the Agency. These may include but are not limited to billing discrepancies and personnel issues.

Participant Care Complaints: This category consists of problems related to the care being provided to Client's. These include—but are not limited to—inconsistent service, dissatisfaction with care provided, delay in service or reduction in hours/visits provided.

Other Complaints: This category consists of problems that are not administrative or Participant care issues. These may include but are not limited to issues related to Client's housing, theft, or non-service-related item. All Client's on admission to Agency Waiver programs will receive information on how to file a complaint. All employees of Agency Waiver programs will be oriented initially and annually on how to address and document each Client's complaint, and, if possible, resolution.

AGENCY COMPLAINT MANAGEMENT SYSTEM (CMS):

All complaints received by Clients whether written, faxed, mailed, or e-mailed pertaining to Client's plan of care or service related are to be documented in the Agency's Complaint Log within its **Complaint Management System ("CMS")**. To properly address each Complaint \ the following is required:

- a) Participant's (Client's) name,
- b) Nature of complaint,
- c) Date of complaint,
- d) Actions to resolve complaint, and
- e) Client's satisfaction.

CMS QUARTERLY REVIEW: Agency will review its CMS, quarterly analyze the number of complaints resolved to the Client's satisfaction and to analyze the number of complaints not resolved to Client's satisfaction. Additionally, Agency shall measure the number of complaints referred to the Department for resolution and make a good faith effort to resolve any current or pending complaints listed with the Department.

Agency's will also implement a **Quality Management Program ("QMP")** when the numbers of complaints resolved to a Client's satisfaction are less than the number of complaints not resolved to a Client's satisfaction.

COMPLAINT PROCEDURES AND PROCESS: Complaints may be initiated by anyone in person, by mail or telephone. Anonymous complaints will be accepted. The Client may not be subjected to restraint, interference, coercion, discrimination, or reprisal as a result of filing a complaint.

1. Clients are provided information upon admission regarding: the Complaint Process, an Agency Compliant Form (attached) and Complaint reporting hotline as well as information regarding the agency address, telephone number and hours of operation of the Service Coordinator, all service providers and their supervisors and the Office of Long Term Living (OLTL).
2. Clients may submit complaints via Agency Compliant Form about care and services provided or not provided and complaints concerning lack of respect for the individual's rights and property.

Agency's Complaint Form requires the following information:

- a. Participant's (Client's) name,
- b. Nature of complaint,
- c. Date of complaint,
- d. Actions to resolve complaint, and
- e. Client's satisfaction.

The Complaint Form can then be mailed, faxed or emailed to the Agency.

3. Clients are given support and direction from the Service Coordinator and the OLTL for resolving waiver participant's concerns and complaints about services and service providers.
4. Complaints may be directed to the Agency employing the service provider, any outside representative of the individual's choice, the Department of Health or the OLTL and must be investigated.
5. Clients will be informed that all complaints are reviewed, investigated and documented by Agency.
6. Clients will be informed that all complaints regarding policy, care or services will not result in reprisal, discrimination, or unreasonable interruption of care or services. Complaints are to be written in the complaint log, dated and signed by the individual receiving the complaint.
7. Receipt of complaints will be acknowledged in writing with phone follow-up for resolution. A Complaint Form will be initiated that reviews relevant information, witnesses as available and appropriate Plan of Action and related follow-up.
8. The responsible Supervisor will investigate complaints, including anonymous complaints and a report will be provided to OLTL.
9. The President of Agency will be responsible for investigating all complaints related to the activities of the Supervisors.
10. The President of Agency responds to the complaint by follow up and assisting staff to modify the Plan of Care as it relates to the complaint. The complaint will be resolved if possible.
11. If the complaint is not resolved the complaint is referred to the Professional Advisory Committee for immediate attention.
12. The President will be responsible for referrals to appropriate professional organizations if misconduct by a professional staff person is suspected.

13. Written complaints and oral complaints will receive a written response no later than thirty (30) days upon receipt.

The response will include:

- a. A description of the complaint investigation findings and decision rendered by the Agency, and
- b. Notice of the Complainants right to contact other regulatory agencies the outcome of the investigation.

14. The President shall be kept informed of the progress of investigations and ultimate outcome/resolution of complaints from the Agency level.

15. Complaints and results of investigations will be trended and reported to the Quality Assurance Program Committee and the Agency's Complaint Management System (CMS) on a quarterly basis.

UNRESOLVED COMPLAINT PROCESS:

Once Client's complaint has been received, reviewed, and investigated by the Agency and its President or Service Coordinator Agency within thirty (30) days forward its response and Plan of Action ("PAC") to the Client. If Client is not satisfied with such decisions or PAC, Client may do the following:

1. Contact The Quality Assurance Helpline at 1-(800) 757-5042,
2. Contact the OLTL directly, and
3. If the OLTL is not able to resolve the difficulties, the matter will be forwarded to the OLTL waiver management staff for review and final resolution.

PARTICIPANT COMPLAINT FORM.

Complaints may be initiated by anyone in person, by mail or telephone. Anonymous complaints will be accepted. The Client may not be subjected to restraint, interference, coercion, discrimination or reprisal as a result of filing a complaint.

Participant's Full Name: *(Please Print Clearly)* _____

Please Describe Your Complaint: Date of Complaint: _____

You will receive a written response within (30) days. If you have questions or require assistance, please contact the President of the Company or your Service Coordinator.

Agency's Plan of Action to Compliant: Date of implement: _____

INTERNAL USE ONLY OUTCOME/RESOLUTION:

1. Complaint received: In Person Phone Mail Fax:

Time: Date:

2. Complaint logged into CMS: yes no Agency Employee # _____

3. Response mailed: yes no Date _____ Time _____ 4.

Complaint satisfaction Code: # _____ _____ 5.

Follow-up done to Client: In Person Phone Mail _____

Power of Attorney-Guardian Policy

Effective 03/03/2020

Policy:

No representative of Next Evolution Healthcare Inc may assume power of attorney or guardianship of a consumer receiving services by Next Evolution Healthcare Inc. Furthermore, no representative of Next Evolution Healthcare Inc. may assume power of attorney or guardianship of a consumer that has previously received services by the company representative while still employed with Next Evolution Healthcare Inc.

DRESS CODE POLICY

EFFECTIVE 3/4/2020

CNAs, HHAs, LPNs, and RNs must wear scrubs for every shift unless otherwise instructed by the office/client. Scrubs must be free of stains, and appropriately fitting. Scrubs can be printed or solid, however you cannot wear solid grey scrubs.

Your badge must be worn when you are on the clock with Next Evolution Healthcare Inc.

Care First Employees: MUST wear solid grey scrubs. The only exception is the week of a major holiday. Holiday related scrubs are permitted just for that week.

Your badge must be worn when you are on the clock with Next Evolution Healthcare Inc

CONFIDENTIALITY OF INFORMATION AGREEMENT

CONFIDENTIALITY OF INFORMATION

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

WHAT WE CAN DO TO MAINTAIN CONFIDENTIALITY OF INFORMATION

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

HEALTH & SAFETY AGREEMENT

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

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

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

COVID-19 ISOLATION AND EXPOSURE POLICY

I. PURPOSE

To establish a uniform expectation of NEH employees regarding exposure to Covid-19 issued by the governing bodies of Next Evolution Healthcare, Inc (i.e. OSHA, OLTL, Department of Health, CDC)

II. POLICY

Employees of NEH will be required to follow the CDC recommended exposure policy unless otherwise ordered by a Physician.

III. PROCEDURE(S)

- Active infection
 1. 5 day quarantine period
 2. 5 days following wearing a well fitted mask
- Exposure
 1. Asymptomatic- no quarantine required

All exposures should wear a mask for 10 days after exposure

COVID-19 VACCINATION POLICY

I. PURPOSE

To establish a uniform expectation of NEH employees in response to the Covid-19 Vaccination mandate issued by the governing bodies of Next Evolution Healthcare, Inc (i.e. OSHA, OLTL, Department of Health, CDC)

II. POLICY

Employees of NEH will be required to provide either proof of full vaccination (2 doses for Pfizer and Moderna or Single dose of Johnson and Johnson) or a Medical or Religious exemption no later than February 26, 2022.

III. PROCEDURE(S)

- **Vaccination**

1. First dose must be received by January 27, 2022.
2. Second dose must be received by February 26, 2022

- **Exemption**

1. Approved religious or medical exemption must be on file at NEH office no later than February 1, 2022.
2. Medical exemptions must be signed by a medical professional
3. Religious exemptions must be submitted to Direct Field for approval

- **Failure to comply**

1. Failure to submit proof of vaccination or exemption by January 28, 2022 will result in a written warning.
2. Failure to submit proof of vaccination or exemption by February 15, 2022 will result in a 3 day suspension.

Failure to submit proof of vaccination or exemption by February 26, 2022 will result in termination of employment.

Medical/Dental/Vision Benefit Waiver Acknowledgement

I understand that Next Evolution Healthcare Inc has medical benefits available to all employees after 30 days. I acknowledge that I am aware of these benefits and understand that failure to opt into these benefits within the first 30 days of employment will result in forfeiture of these benefits until the next open enrollment period. I acknowledge that I understand that open enrollment period is in August of each calendar year. Failure to respond to email/phone/text attempts will be considered a willful waiver of these benefits. Next Evolution Healthcare Inc holds no liability in the event of this waiver.

OVERNIGHT SLEEP POLICY

I. PURPOSE

To establish a uniform policy of sleeping while working an overnight shift

II. POLICY

Employees are expected to remain awake and attentive to the client during overnight shifts.

III. PROCEDURE(S)

1. Employees are not permitted to sleep while on the clock at a client's home during overnight hours.
2. Employees will be subject to a separate overnight sleeping disciplinary policy if reports are made or they are caught sleeping while at a client's home.

OVERNIGHT SLEEP DISCIPLINARY POLICY

I. PURPOSE

To establish a uniform policy of the disciplinary policy for sleeping on an overnight shift

II. POLICY

Employees are expected to remain awake and attentive to the client during overnight shifts This policy outlines the disciplinary process for sleeping on an overnight shift..

III. PROCEDURE(S)

1. 1st offense-Verbal warning
2. 2nd offense-Written warning
3. 3rd offense-Termination

EVV POLICY

I. PURPOSE

Home care employees are required to use EVV (electronic visit verification) or telephony sign-in/sign-out and ensure visits and accurate records.

II. POLICY

Employees must sign in upon arrival of their shift using either their own personal electronic device or the client's landline phone in order to ensure proper billing and payment records are kept. NEH will strive to maintain a 95% or higher EVV accuracy rate.

III. PROCEDURE(S)

1. Employees will sign in and out promptly upon arrival and departure from their shift
2. EVV backing will monitor location for sign-in
3. If paper time sheet is required due to EVV failure, client signature is required to verify the time and completion of tasks.
4. If landline telephone is not available, employee will receive re-training on electronic EVV system.

Covid-19 Weekly Testing Policy Acknowledgement

Updated 04/01/2022

This policy will be effective as of 04/01/2022, by the order of DOH (Department of Health); employees receiving a medical or religious exemption will be required to get a weekly Covid-19 test either at off site testing center (i.e. Rite Aid, Walgreens, etc) or at the Next Evolution Healthcare office at an office scheduled appointment.

Rapid Covid-Tests at Next Evolution Healthcare are at the cost of the employee, \$20/test, some outside testing locations offer free scheduled tests. . If the employee chooses to get their test at an off site location, they will need to email their results to the Direct Field Management. Lori Johnson lorijohnson@nextevolutionhealthcare.com. **Failure** to send in Covid results, **will result** in **disciplinary action** up to and including **termination**.

Testing through Next Evolution Healthcare will be a scheduled requirement on a weekly basis.

Termination Of Employment Without Notice

As of 4/1/2022

Next Evolution Healthcare will be implementing a New Policy
For all employees.

Employees will be required to work out a **2 week notice**, if this is not upheld any and all monies owed at time of termination will be paid at Minimum wage which is now \$7.25 . If you give and work your entire **2 week notice** out you will be paid your full wage. This includes self termination, No Call No Show, Or giving a **2 week notice** and not fulfilling the **2 week notice period**.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

This is a Reminder to All Employees

Phone Violation

Next Evolution Healthcare does not condone giving your number to clients or getting clients numbers from them. If you are caught you will be written up for the first violation, suspension for the 2nd violation and termination for 3 rd violation.

Non working hours

You are not permitted to visit or run errands outside of your scheduled hours with any client for any reason. If you are caught you will be written up for the first violation, suspension for the 2nd violation and termination for 3 rd violation.

Emailing

Emailing is not a form of call offs nor is leaving a voicemail, or texting an office employee. If you have to call off you call 724-550-4474 and speak with someone in the office. Sometimes we are on the other line so please call back if you do not get an answer.

Facetime is not permitted in any home at any time. This is a serious HIPAA violation. with serious consequences. You also are not permitted to be on your phone during your shift inside the home. If you are on your break, then you can be on the phone, but please step outside the client home to take your call. Discussing client information with anyone outside of office staff or the aide that is relieving you is also a very serious HIPAA violation. No one outside of the clients home, office staff, or caregivers also working with the same client should know any information regarding the client. This includes names, medications, conditions or diagnoses or any personal information regarding the case. Violations of the HIPAA Laws can and will lead to termination of employment..

Signature: _____

Date: _____

WEEKLY COVID TESTING POLICY (effective 7/5/22)

IN ACCORDANCE WITH THE CDC REQUIREMENTS, ANY HEALTHCARE EMPLOYEE THAT HAS NOT RECEIVED THE COVID VACCINATION MUST SUBJECT TO WEEKLY COVID TESTING. THE TESTING CAN BE OBTAINED SEVERAL DIFFERENT WAYS.

- EMPLOYEES CAN SUBMIT A TEST TAKEN AT HOME, EVERY WEEK
- EMPLOYEES CAN OBTAIN A TEST AT A TESTING SITE AND SEND THOSE RESULTS IN, EVERY WEEK
- EMPLOYEES CAN BE TESTED IN THE NEH OFFICE, AT THEIR EXPENSE. THE FEE IS \$20 PER TEST, AND CAN BE PAID FOR UP FRONT, OR BE DEDUCTED FROM THEIR PAYCHECK

THERE ARE NO EXEMPTIONS FOR THE WEEKLY TESTING, EXCEPT TO BE VACCINATED. IF YOU ARE REQUIRED TO TEST WEEKLY, YOU WILL ALSO BE SCHEDULED EACH WEEK FOR "COVID TESTING". THIS IS YOUR REMINDER EACH WEEK TO SEND IN YOUR TEST TESTS MUST BE SUBMITTED EVERY WEEK, NO LATER THAN 2PM ON SATURDAY.

PLEASE EMAIL ALL TEST RESULTS TO
LORIJOHNSON@NEXTEVOLUTIONHEALTHCARE.COM OR
HEIDIFIELDS@NEXTEVOLUTIONHEALTHCARE.COM

DO NOT SEND PICTURES THROUGH CLEARCARE, OR AS A RESPONSE TO A MESSAGE YOU HAVE RECEIVED. CLEARCARE DOES NOT SUPPORT PICTURE MESSAGES.

ANY EMPLOYEE THAT FAILS TO REMAIN IN COMPLIANCE WILL BE SUBJECT TO THE FOLLOWING DISCIPLINARY ACTION

- FIRST OFFENSE: REMOVAL FROM THE SCHEDULE UNTIL TEST IS SUBMITTED
- SECOND OFFENSE: 1 WEEK SUSPENSION WITHOUT PAY
- THIRD OFFENSE: TERMINATION FOR FAILURE TO COMPLY

EMPLOYEE NAME/SIGNATURE _____

DATE: _____

Homecare Client Errands Policy

07/13/2022

Appropriate Errands to run FOR the client:

- Pick up a grocery order
- Obtain items from a food bank or ministry of some sort
- Pick up medications
- Take items to the bank
- Take items to the post office
- Other similar errands

Appropriate Errands to run WITH the client:

- Shopping (minimal try to limit to one or two days per week)
- The pharmacy
- The post office
- Food bank
- Medical Appointments
- Visit neighbors/friends/family (Local Only)
- Go to the park
- To get a haircut
- Other similar errands

Procedure to do so:

1. The Office Scheduler must be aware of medical appointments (date and time) prior to the appointment
2. The employee must call the office prior to leaving the client's home, must report on the phone where they are going and an approximate time of return.
3. The employee must relay if the client is going with the employee or remaining in the residence.
4. Upon return to the client's home the employee must call and report the return.
5. Employees must report the condition of the client upon the return to the client's home.

The number for the office is: 724-550-4474 It is recommended that the employee save this number in his/her phone. It will be a frequently used number.

Homecare Breaktime Policy

07/11/2022

Any employee working four (4) hours or greater per shift is entitled to a 15 minute break on the clock. What this means is that the employee may take fifteen (15) minutes to themselves at a point when the client is safe, and has no immediate needs.

- This does not allow for the employee to leave the premises.
- The employee may go outside or to their vehicle, but ONLY if the client is aware of where they are going, when they will be back, and are safe with no immediate needs.

Any employee working eight (8) hours or greater per shift is entitled to a thirty (30) minute break on the clock.

- This does not allow for the employee to leave the premises.
- The employee may go outside to their vehicle, but for no longer than fifteen (15) minutes. This is ONLY permitted if the client is safe, and with no immediate needs.
- The employee is to bring their own food and beverages to work with them, and may eat on the premises, ONLY after assuring the client is safe with no immediate needs.

UNDER NO CIRCUMSTANCES are employees permitted to leave the premises for breaks or to perform personal errands during a scheduled shift.

NEXT EVOLUTION HEALTHCARE, INC. CRITICAL INCIDENT MANAGEMENT POLICY AND PROCEDURES.

PURPOSE: This Policy outlines the Next Evolution Healthcare, Inc., (hereinafter “Agency”), response and handling of any Critical Incident which may occur at a Participant (hereinafter “Client”) home in accordance with 55 PA Code Chapter 52.17. As each critical incident is unique, the aim of this Policy and this Agency’s Critical Incident Plan is to provide a general framework to be followed by its employees and staff at Client’s location in which a critical incident occurs. Staff must ensure that while compliance with the Policy is expected, the safety of those involved in the incident is paramount. In most instances this Agency will require involvement and support from external emergency agencies to assist with the management of the incident

SCOPE: This Agency defines a critical incident (hereinafter “CI”) as an occurrence of an event that jeopardizes the Clients health or welfare including traumatic events or the threat of such which causes extreme stress, fear or injury including:

1. Death, serious injury of hospitalization of a Client however pre-planned hospitalization visits are not considered critical incidents.
2. Agency and its staff misconduct including deliberate, willful, unlawful or dishonest activities.
3. Abuse, including the infliction of injury, unreasonable confinement, intimidation, punishment or mental anguish of the Client. The Agency considers the following as Abuse:
 - a. Physical abuse,
 - b. Psychological abuse,
 - c. Sexual abuse, and
 - d. Verbal abuse.
4. Abuse – an act or omission that willfully deprives a participant of rights or human dignity, or which may cause or causes actual physical injury or emotional harm to a participant including a critical incident and any of the following:
 - a. Sexual harassment of a Client,
 - b. Sexual contact between a staff member and a Client,
 - c. Using restraints on a Client,
 - d. Financial exploitation of a Client,
 - e. Humiliating a participant,
 - f. Withholding regular scheduled meals from a Client,
 - g. Neglect,
 - h. Exploitation,
 - i. Service Interruption, and
 - j. Medication errors resulting in hospitalization or other medical

intervention. 5. This applies to incidents that happen **at any time**, including:

- a. CI's that occur during the time a service is being provided,
- b. CI's that occur during the time a staff member, or the Agency as a whole when contracted to provide services but fails to do so, and
- c. CI's that occur during the time other than when a staff member or the Agency as a whole is providing or is contracted to provide services (of if the staff member or Agency becomes aware of such incidents).

1. CRITICAL INCIDENT COORDINATORS: This Agency has appointed the President and the Patients Service Coordinator (hereinafter "SC") as CI Investigators and Overseers who will handle CI investigations and mandatory reporting externally and internally. The Agency through its SC and or President shall report AND INVESTIGATE a CI involving a Client to the Department or the SCE, or both, on a form prescribed by the Department.

2. STEPS TO BE TAKEN DURING A CI: Agency, staff and employees must do the following should a CI or CI event occur at a Client's home:

- 1. The employee should take the appropriate steps and measurements ensuring to safeguard the Client from further harm. This may include calling 911, law enforcement, the fire department or other authorities as an appropriate safeguard for the health and welfare of the Client.
- 2. Once the Client and employee are deemed safe,
- 3. The employee must contact the Agency's President,
- 4. Inform the President of the CI, or CI event,
- 5. Follow the President's directions and instructions in the matter,
- 6. The President will then contact and notify the Client's family or representative; depending of the type of CI or CI event the President may either do an On-Site or Telephone CI Investigation,
- 7. The employee must complete a CI Report Form prior to ending its shift (unless the employee is not able due to medical reasons) in such case the CI Form must be completed within 24 hours of the event,
- 8. The President will determine if the CI or CI event is reportable. A Critical Incident" is defined above.
- 9. Within 24 hours, the President will ensure the employee that discovered or has firsthand knowledge of the CI will submit a CI Report to the Agency's SC and OLTL. If the incident occurs over the weekend, a written report must be entered the first business day after the incident occurred.
- 10. Incidents must be entered into Enterprise Incident management (EIM) if the Client is age 60 or older or through the RA-incident@pa.gov (if the Client is age 60 or older and the incident is being submitted by our Agency.

3. DOCUMENTATION OF A CI: All CI Report forms must be documented as specified above and the initial forms should include:

- a. The employee/Client reporter's information,
- b. Clients demographics,
- c. OLTL program information,
- d. CI Event details and type (*be specific use additional form if needed*),
- e. Description of the CI or CI event,
- f. Actions taken to immediately secure the Client's well-being. and
- g. Ensure CI Form is signed and dated and returned to SC or President.

4. AGENCY AND STATE'S CRITICAL INCIDENT REPORTING REQUIREMENTS: All Staff members and this Agency are required to report CI's or CI events. A Critical Incident" is defined above. Within 24 hours, the President will ensure the

employee that discovered or has firsthand knowledge of the CI will submit a critical incident report to the Agency's SC and OLTL.

5. **AGENCY'S CI ON-SITE INVESTIGATION PROCESS:** An onsite investigation is conducted by the SC or President for fact finding. The incident facts, sequence of events, interview of witnesses and observation of the Client and/or environment is required. If a Client is hospitalized, SCs are to meet with hospital social workers and the attending physician to ensure hospital staff is aware of the CI to ensure a safe disposition.
6. **AGENCY'S CI TELEPHONE INVESTIGATION PROCESS:** depending of the type of CI the SC or President may conduct a Telephone Investigation to determine or reveals facts that are missing or additional information is required. During a Telephone or On-site Investigation, the SC or President will ensure the Agency's CI steps are followed and all mandatory reporting of CI are completed.
7. **CLOSING A CI INVESTIGATION:** The Agency's SC or President will ensure all CI investigations are completed and processed. No further action are required when the CI Investigation and completed Report(s) meet(s) all of the following conditions.
 - 1) The Client is not placed at any additional risk,
 - 2) The facts and sequence of events in the CI Report are outlined with sufficient detail,
 - 3) Preventative and corrective action through the Client's adjusted service plan is either not required or is implemented and documented,
 - 4) The Client or its Representative has been given a written notice of the CI Investigation findings,
 - 5) The Client or its Representative have no objections or input regarding the findings,
 - 6) All mandatory CI reporting requirements to external regulatory agencies have been sent and notified,
 - 7) The employee(s) who witnessed or involved in the CI was counseled for corrective or improvement actions to ensure a CI or CI event does not happen again,
 - 8) The Client who witnessed or was involved in the CI was interviewed for their input regarding positive changes to be made to their Service Plan as a result of the incident.
 - 9) The CI Investigation and related findings have been entered into the Agency's Quality Management System,
 - 10) Client was provided the completed CI or CI event Investigations findings within (15) business days of the event,
 - 11) Agency reported all reportable CI or CI events to its Agency SC and OLTL within (48) hours of the discovery of the incident, and
 - 12) Agency's reports the CI to the SC and the SC enters the following information into EIM or SAMS within thirty (30) calendar days of the discovery of the incident.
8. **CRITICAL INCIDENT QUALITY MANAGEMENT SYSTEM.** To help the Agency learn from and better deal with CI events and prevent similar events in the future The Agency through its President will input, store and maintain all CI events, investigations and findings of facts including documentation indicating Clients who participated and those who did not wish to report the incident or declined interventions into its QMS.

8.1 AGENCY METHODS TO REDUCE THE NUMBER OF PREVENTABLE CI INCIDENTS AND CI EVENTS: Agency will review all CI, CI events and Preventable CI's annually along with inputting all CI data into the Agency's

QMS for record keeping and quality management. The annual reviews will be conducted by the President with a goal to address, identify and prevent future reoccurrences of the incident(s) including doing the following:

- a. Further develop a training plan for employees and management to better deal with CI events,
- b. Improve and or make constructive changes to this Policy,
- c. Ensure staff is trained and knowledgeable on taking the necessary actions to secure the health and safety of our Clients, if a reviewed CI happens again,
- d. Help improve or make changes to Clients Service Plan as a result of the reviewed incident(s),
- e. Take the appropriate measure to prevent or mitigate recurrence of the CI event.

9. VIOLATION OF AGENCY'S CI POLICY: Employee's involved in CI's with an active and pending investigation that have found to be in direct violation of this Policy and such inactions or direct gross negligence led up to the critical incident may be removed from active service, moved to a new Client, suspended and or including immediately terminated without further notice. Agency reserves the right to suspend the employee until the investigation is completed and if unless otherwise stated in writing all employees suspension(s) are without pay.

10. EMPLOYEE REMOVAL OR SUSPENSION: Employee's involved in a CI or CI event with an active and pending investigation done by the SC or OLTL may require that the employee have no contact with the CI Client or (*request suspension*) suspend the employee until the investigation is completed. Suspension may be with or without pay based upon the circumstances of the alleged incident.

11. CLIENTS RIGHTS TO REPORT & SERVICES: Clients in any service provided by our Agency have to the right to report alleged incidents at any time. Clients are encouraged to report an incident but are not required to do so, there are adverse consequences for a Client who decides not to report an alleged incident.

■ **The Participant Helpline: 1-800-757-5042**

Clients should and will not be terminated or threatened with loss of services because they file complaints or critical incidents reports of any kind. A Client's decision not to report an incident does not remove the responsibility of the staff member or this Agency from reporting the CI. This Agency will inform our Client through our SC within 24 hours of a reportable CI or CI event. ANY EMPLOYEE FOUND IN VIOLATION OF A CLIENT'S RIGHTS TO REPORT ANY CI, CI EVENT, ABUSE AND OR RETALIATION AS DEFINED BY THIS POLICY may be removed from active service, suspended and or including immediately terminated without further notice. Agency reserves the right to suspend the employee until the investigation is completed and if unless otherwise stated in writing all employees suspension(s) are without pay.

12. REPORTING ABUSE OR NEGLECT OF AN ADULT (59 YEARS OF AGE AND YOUNGER): Clients in any service provided by our Agency have to the right to report alleged incidents at any time. If you report the abuse or neglect

of an adult, you may remain anonymous have legal protection from retaliation, discrimination and civil or criminal prosecution. The Adult Protective Services (APS) Law, Act 70 of 2010, was enacted to provide protective services to adults between 18 and 59 years of age who have a physical or mental impairment that substantially limits one or more major life activities. The APS Law establishes a program of protective services in order to detect, prevent, reduce and eliminate abuse, neglect, exploitation and abandonment of adults in need.

■ **Adult Protective Services Hotline:** 1-800-490-8505.

Reporting: A report can be made on behalf of the adult whether they live in their home or in a care facility such as a nursing facility, group home, hospital, etc. Reporters may remain anonymous and have legal protection from retaliation, discrimination, and civil and criminal prosecution. The statewide Protective Services hotline is available 24 hours a day.

13. REPORTING ABUSE OR NEGLECT OF AN OLDER ADULT (60 YEARS OF AGE AND OLDER): Clients in any service provided by our Agency have to the right to report alleged incidents at any time. If you report the abuse or neglect of an older adult, you may remain anonymous have legal protection from retaliation, discrimination and civil or criminal prosecution.

■ **Older Adults Protective Services:** 1-800-490-8505 (the statewide hotline), with concerns about the well-being of a person over the age of 60 years. Phone lines answer 24 hours a day, every day.

Reporting:

- your name, address and phone (if not anonymous)
- victim's name, address and phone (if not self-reporting)
- demographic data, if available
- description of allegations
- name of alleged perpetrator
- physical/emotional health of victim
- safety concerns

If the situation is considered "protective," the older adult

- will be provided a full evaluation to determine his/her needs
 - will be provided assistance to alleviate the risk of harm
 - may refuse help if he/she is of sound mind
- has the right to have all information concerning his/her case treated confidentially

Nurse Triage 24
To Speak with a
Registered Nurse
Regarding a Work
Related Injury Call:
1-855-567-1011

