

# WELCOME TO LEADING HOME HEALTH, INC



# COURSE OUTLINE

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## Lesson 1.

Respite caretakers responsibilities

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## Lesson 2.

Let's keep your credentials current!

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## Lesson 3.

How to access timesheets and payroll schedule

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## Lesson 4.

How to complete timesheets and when to turn them in

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## Lesson 5.

Procedures for cancellation and requested time off

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## WHAT RESPITE WORKERS CAN DO

- Provide personal care (i.e. bathing, foot care, mouth care, skin care, shampoo, and dressing)
- Assist with transferring (i.e. Bed to wheelchair)
- Prepare light meals and special diets as requested or prescribed by a doctor
- Change linens for the client
- Assist with prescribed exercise and ambulation
- Verbally remind client to take medications as ordered
- Utilize timeout or other approved (documented) methods of redirection
- Give verbal report prior to leaving client with family
- Light cleaning up for the client during the shift only
- Remind the client of dates/times for medical and dental appointments
- Perform household services essential to the client's health care and provide a safe and healthful environment



## UNAPPROVED DUTIES

- Cannot administer any medication
- Cannot wash windows, walls, move heavy furniture, scrub floors on hands and knees, climb on chairs or ladders, and work outside the house
- Cannot transport client/family in any car, or ride along with family
- Cannot clip toenails of diabetics, or file any thick toenails, calluses or corns
- Cannot remain in home if client is not there
- Cannot give to or perform duties for anyone other than the client
- Cannot give an enema, do treatments, change dressings, or any skilled level services
- Cannot cash checks or purchase alcoholic beverages
- Cannot smoke in client's home
- Cannot accept gifts or tips
- Cannot eat client's food or go into personal effects (belongings) without permission
- Do not go swimming in client's pool. This is a safety hazard
- Do not use client's telephone without prior permission
- Cannot sleep or nap during shift



## PLEASE KEEP YOUR CREDENTIALS UP TO DATE



- We require respite workers to provide us with copies of his/her ID/DL, social security card, CRP certification, and proof of car insurance.
- In the event that your credentials expire, it is your responsibility to renew them and provide us with an updated copy.





## HOW TO ACCESS TIMESHEETS AND PAYROLL SCHEDULE

Visit [www.leadinghomehealthinc.com](http://www.leadinghomehealthinc.com)

Click on **Forms**

Enter the following login information:  
Email: [leadinghomehealthnewhire@yahoo.com](mailto:leadinghomehealthnewhire@yahoo.com)  
Password: Ready123! (case sensitive)

# HOW TO FILL OUT TIMESHEETS

VISIT US AT: 616-697-0420 VIA EMAIL: Leadingnomenealthinc@gmail.com

CAREGIVER'S NAME:	John Doe						
SUPERVISOR:							
CLIENT'S NAME:	Jane Doe						

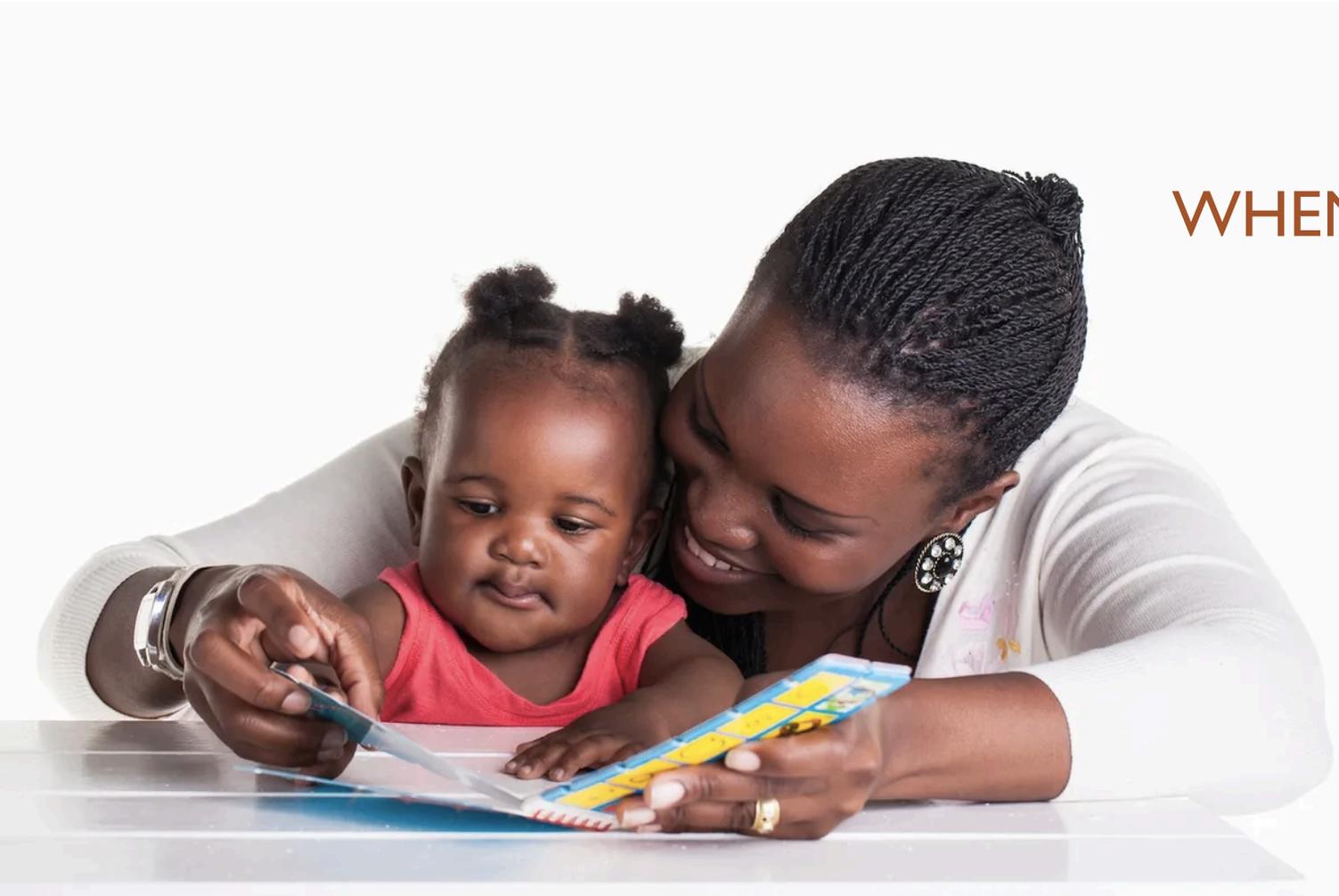
  

WEEK 1	DATE	IN	OUT	IN	OUT	TOTAL	CLIENT SIGNATURE
MONDAY	1/1	12:00	5:00			5 HRS	
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY	1/7	3:00	6:00	8:00	10:00	5 HRS	

WEEK 2	DATE	IN	OUT	IN	OUT	TOTAL	CLIENT SIGNATURE
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY	1/12	2:00	4:00			2 HRS	
SATURDAY							
SUNDAY							

- Write your name here
- Write the client's name in the respective box
- Record the date worked,
- Enter the time you started your shift
- Enter the time you took a break
- Enter the time you finished your shift
- Record the total amount of hours worked and make sure the legal guardian signs off on your hours
- Be sure to keep note of the amount of hours authorized for each case. **Do not go over authorized amount of hours.**
- **Note\*** Client can sign off on your hours if he/she is over the age of 18 and is able to sign a legal document.



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## WHEN TO SUBMIT TIMESHEETS

- Timesheets must be turned in every Monday by email or fax
  - Email: [leadinghomehealthinc@gmail.com](mailto:leadinghomehealthinc@gmail.com)
  - Fax: (818) 337-0425
- Late timesheet submissions will result in a delay for processing payroll. Payroll will then have up to 3 business days to issue payment

# PROCEDURES FOR CANCELLATION / RESCHEDULE OF SHIFTS

**You must inform us of any cancellations, call-outs, or rescheduled meetings**

(661) 255-4050  
leadinghomehealthinc@gmail.com

**Inform us of cancellation date and give a courtesy call to the client if you are unable to make it to a shift**

**When requesting time off : 2 weeks notice is required**





THANK YOU!