

Student Orientation

Name: _____

Clinical Start Date: _____

Educational Institution: _____

Title	Initials
Drug Screen	
Fingerprinting/Background Check	
Tuberculosis Screening	
Code of Conduct	
Mission/Vision/Values	
Compliance/HIPAA	
Fire Safety/Hazard Communication	
Infection Control	
Resident Rights/Abuse Prevention	

Student Signature

Staff Educator/Designee Signature

NAME: _____ DATE: _____ DEPT: _____

EMPLOYEE SIGNATURE: _____

NEW HIRE ORIENTATION DAY ONE POST TEST

1. OUR MISSION, VISION, and VALUES

1. Cadia Healthcare is a division of _____.
2. Our corporate office is located in _____.
3. Our Mission is to provide _____, quality care always, in all ways.
4. Cadia Healthcare desires to be the premier rehabilitation provider and _____.
5. In defining our Values & Guiding Principles, define the word "CADIA"

C: _____

A: _____

D: _____

I: _____

A: _____

2. CUSTOMER SERVICE

1. Greet residents by their _____.
2. Goals for the "FIRST FIVE MINUTES" after admission should include:
 - a. Greet them with a _____.
 - b. Welcome the resident and _____ yourself.
 - c. Offer to take them to the _____.
 - d. Address issues of _____.
 - e. Checking diet and offer them something to _____.
 - f. Make sure that the _____ is in reach.
3. Name three Stressors residents go through:
 - a. _____
 - b. _____
 - c. _____
4. Residents' rooms are their homes. Always _____, _____, and _____.
5. TRUE OR FALSE: It is okay to accept money and gifts from residents and their family members.

3. WORKPLACE HARASSMENT

1. TRUE OR FALSE: Title VII of the Civil Rights Act of 1964 prohibits discrimination on the basis of: race, color, religion, sex, or national origin.

2. TRUE OR FALSE: Harassing behaviors are those that disrespect another person or group.
3. TRUE OR FALSE: A behavior must be violent or filled with anger to be considered hostile.
4. TRUE OR FALSE: The intention of a person's behavior must be considered when determining whether or not harassment has occurred.
5. TRUE OR FALSE: A "reasonable person" standard is applied to determine whether a behavior could be considered harassment.
6. TRUE OR FALSE: The key to preventing harassment is in understanding what it is and how it affects others.
7. TRUE OR FALSE: Reasonable action involves letting the offender know that his or her behavior is unwelcome.
8. TRUE OR FALSE: Respecting the differences in one another is a key to avoiding harassment in the workplace.

4. CULTURAL COMPETENCE

1. The term "cultural competence" refers to a person's ability to interact _____ with persons of cultures _____ from their own.
2. Cultural competence is a set of _____ held by clinicians that allows them to communicate effectively with individuals of various cultural backgrounds.
3. TRUE OR FALSE: Cultural competence allows clinicians to provide care that is appropriate to the culture and the individual.
4. Benefits of cultural competence include:
 - a. Increased mutual respect between healthcare workers and residents
 - b. Increased trust and promotion of resident responsibility
 - c. Resident empowerment in their own care
 - d. All of the above

5. CORPORATE COMPLIANCE

1. In order to follow the Compliance Program, you must do things _____ and _____.
2. The Corporate Compliance Hotline Number is _____.
3. Compliance posters are located in _____.
4. TRUE OR FALSE: If care is documented, but not done, this is a Corporate Compliance issue?
5. TRUE OR FALSE: The Compliance Line calls are taken by an answering service in North Carolina and forwarded to the Compliance Officer based on severity level of concern?
6. TRUE OR FALSE: According to the Compliance Plan, retaliation is forbidden against any employee who reports a potential compliance concern?
7. TRUE OR FALSE: Failure to report suspected resident abuse is a violation of the Code of Conduct.

6. FIRE SAFETY, DISASTER MANAGEMENT, LOCK OUT/TAG OUT, HAZARDOUS MATERIAL MANAGEMENT

1. Emergency Codes:

- a. Red _____ Violent person
- b. Blue _____ External threat
- c. Orange _____ Medical Emergency
- d. Purple _____ Fire
- e. Grey _____ Elopement

2. "RACE" stands for:

- R: _____
- A: _____
- C: _____
- E: _____

3. "PASS" stands for:

- P: _____
- A: _____
- S: _____
- S: _____

4. What is the emergency code for an active shooter situation? _____

5. Is it safe to run when an active shooter is in the building? _____

6. TRUE or FALSE: If you see a lock or a tag on any equipment you should not remove the tag or attempt to use the equipment.

7. TRUE or FALSE: Employees must continue with fire precautions when an alarm sounds until the "All Clear" is announced by the facility.

8. Where are SDS books located?

9. TRUE or FALSE: The Globally Harmonized System (GHS) is an internationally adopted system for the classification and labeling of hazardous chemicals.

10. Which of the following are a part of the product label:

- a. Product Name
- b. A warning statement, message or symbol
- c. Pictogram
- d. Precautionary statement
- e. All of the above

7. RESIDENTS RIGHTS

1. TRUE OR FALSE: If a resident is on your assignment, you do not have to knock on the door every time you enter the room.
2. TRUE OR FALSE: It is okay for two residents to share personal hygiene items if they are roommates.
3. TRUE OR FALSE: When providing care to a resident in his/her room, you do not have to pull the curtain if their roommate has dementia.
4. TRUE OR FALSE: Failure to make sure a resident's glasses are on and clean, face free of facial hair, and fingernails trimmed and cleaned is a violation of resident's dignity.
5. TRUE OR FALSE: Residents have the right to choose when they take a shower or bath.
6. TRUE OR FALSE: Residents are allowed to refuse care.

8. TRAUMA INFORMED CARE

1. TRUE OR FALSE: Trauma-informed care is an approach that assumes that an individual is more likely than not to have a history of trauma.
2. TRUE OR FALSE: Trauma-informed care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life.
3. TRUE OR FALSE: Resident's care plans will include steps staff can take to avoid re-traumatizing residents.
4. TRUE OR FALSE: Psychology services will be consulted to support healing from traumatic experiences.

9. REDUCING EMERGENCY ROOM VISITS

1. TRUE OR FALSE: Transfers to the hospital can be emotionally and physically difficult for residents?
2. Who is responsible for reporting changes in a resident's condition? _____
3. TRUE OR FALSE: Only nurses can report changes in a resident's condition.

10. ABUSE

1. TRUE OR FALSE: A bruise caused by staff to a dependent resident during care is reportable to the state.
2. List two behavioral signs that a resident may be a victim of abuse:

3. TRUE OR FALSE: Education, teamwork, and stress reduction are keys to preventing abuse.
4. What do you do if you walk past a resident's room and you hear another employee yelling at a resident because they were incontinent?

5. Match the type of abuse with the description:

- | | | |
|---------------------------|-------|---|
| a. Emotional Abuse | _____ | Oral, written or gestured language including negative terms for residents or their families. This can include the use of first names without permission or nicknames. |
| b. Neglect | _____ | Includes but is not limited to sexual harassment, sexual coercion, or sexual assault. |
| c. Financial Exploitation | _____ | Failure to provide goods or services necessary to avoid physical harm, mental anguish or mental illness. It is a lack of care. |
| d. Verbal Abuse | _____ | Includes but is not limited to hitting, slapping, pinching. |
| e. Physical Abuse | _____ | Includes but is not limited to humiliation, intimidation, derogatory remarks, cursing, threatening |
| f. Sexual Abuse | _____ | Improper use of a resident's resources. |

6. TRUE OR FALSE: If an employee is named or suspected as having abused a resident verbally, physically, or mentally, he/she must be immediately suspended during the investigation for his/her protection as well as the resident's.

7. TRUE OR FALSE: Burnout is a state of physical and emotional exhaustion caused by excessive and prolonged stress.

8. Signs of Burnout include the following:

- a. Feelings of frustration and powerlessness
- b. Feelings of detachment, withdrawal, isolation
- c. Feeling hopeless
- d. All of the above

9. TRUE or FALSE: Caregivers are more frequently prone to Burnout than any other group.

10. TRUE or FALSE: Seeking out the assistance of others and realizing that you are not alone is one strategy in preventing caregiver Burnout.

11. Some of the other ways to prevent Caregiver Burnout are:

- a. Practice good self-care
- b. Know your limits
- c. Confide in others
- d. All of the above

11. UNDERSTANDING DEMENTIA

1. TRUE OR FALSE: Dementia is a normal part of aging.

2. Best Practice for Dementia care states that we should understand these three things:

- a. Their _____
- b. Their _____

c. Their _____

3. TRUE OR FALSE: Challenging behaviors are the clues that the resident has an unmet need.
4. Validation Therapy states that "All people are _____ and must be treated as _____".
5. The best way to communicate with a resident with dementia is to speak in _____ & _____ sentences.

12. INFECTION CONTROL

1. TRUE OR FALSE: One of the reasons infections occur in healthcare facilities is due to contaminated waste, equipment, and supplies that must be handled.
2. List the three most common infections found in long term care facilities:

3. List two infections that require Contact Precautions: _____
4. List two ways Bloodborne Pathogens are spread: _____
5. The most important action in preventing the spread of germs is _____.
6. TRUE OR FALSE: Hands should be washed for 10 seconds.
7. List one reason where you should NOT use hand sanitizer: _____
8. Housekeeping carts must be _____ during meal time.
9. TRUE OR FALSE: Soiled briefs should be disposed of in Biohazard Waste containers.
10. TRUE OR FALSE: It's okay to touch the rim of resident glasses during the meal pass
11. Standard Precautions should be used when working with which group?
 - a. Only residents with HIV/AIDS
 - b. Only a resident with a known infection
 - c. Drug users
 - d. Each and every resident in our facility
12. How many seconds minimum should you wash your hands to kill bacteria? _____

COVID-19

1. TRUE OR FALSE: When donning PPE, gloves are put on first.
2. TRUE OR FALSE: All staff must be screened prior to entering the facility.
3. TRUE OR FALSE: You don't have to wear a mask while sitting at the nurse's station.
4. TRUE OR FALSE: You are exempt from testing during an outbreak if you have been vaccinated.

13. BODY MECHANICS

1. Proper body mechanics is the utilization of correct muscles to complete a task _____.
2. When lifting an object you should keep it _____ to your body.

3. When lifting an object you should always bend at the _____.
4. When given the option to push or pull, you should choose to _____ whenever possible.
5. TRUE OR FALSE: Using proper body mechanics will help prevent injury to residents.

14. HIPAA

1. TRUE OR FALSE: HIPAA laws ensure that protected health information remains private.
2. TRUE OR FALSE: If the responsible party of one resident begins asking questions about another resident, it is okay to give them the information.
3. Paperwork containing confidential information should be discarded in the _____.
4. TRUE OR FALSE: Sharing your computer password is not a HIPAA violation.
5. TRUE OR FALSE: It is okay to discuss resident information outside of work because they don't know who you're talking about anyway.
6. TRUE OR FALSE: Leaving resident information visible on your computer screen on the medication cart is a violation of resident privacy.

15. QUALITY ASSURANCE PERFORMANCE IMPROVEMENT (QAPI)

1. TRUE OR FALSE: QAPI is a proactive approach to improving quality of life, care, and services in nursing homes.
2. TRUE OR FALSE: Nursing is the only department that participates in QAPI.
3. TRUE OR FALSE: Root cause analysis is not a part of the QAPI plan.
4. TRUE OR FALSE: The minimum requirement for QAPI meetings is annually.

16. RISK MANAGEMENT

1. TRUE OR FALSE: All incidents must be investigated thoroughly.
2. TRUE OR FALSE: If you are involved in an incident, you must provide a written statement.
3. TRUE OR FALSE: Abuse allegations must be reported to the state within 8 hours.
4. TRUE OR FALSE: If an employee is suspended, they will be automatically terminated.
5. TRUE OR FALSE: Suspected abuse must be reported to the supervisor immediately.

Acknowledgement Form

~~The Cadia Rehabilitation Corporate Compliance Program~~

CODE OF CONDUCT

I have received and reviewed a copy of the Cadia Rehabilitation Corporate Compliance Program Code of Conduct as part of my compliance training, and I understand, acknowledge, and agree to abide by its contents as it relates to my position. I also understand that I can access a copy of the full Corporate Compliance Program Manual on Cadia's electronic policy portal or by requesting same from the facility Administrator, the Director of RehabDynamix, or the Director of New Castle Rx. I acknowledge my commitment to follow the principles and standards of the Code of Conduct and to report any violations or suspected violations of the Code of Conduct to my immediate supervisor, the Corporate Compliance Officer and/or the Compliance Hotline. I understand that I will not face retribution or disciplinary action solely for reporting such questions or concerns. I also acknowledge that the Code of Conduct does not represent any type of employment agreement or contract.

[SELECT ONE]

_____ As of this date, I have no knowledge of any transactions or events that appear to violate the Code of Conduct.

_____ As of this date, I am aware of the following transactions or events which may violate the Code of Conduct and/or the Corporate Compliance Plan: _____

(If you report a compliance concern, the Corporate Compliance Officer will contact you in confidence for further information. You will not face disciplinary action or retribution solely for reporting a compliance concern. If you are aware of a compliance concern but are not comfortable disclosing it on this form, you are expected to contact the Corporate Compliance Officer at 484-731-2500 or 484-843-6146 or the toll free Corporate Compliance Hotline at 1-866-691-1969 as soon as possible.)

Date

Signature

Printed Name

Position

Location

Original to Employee's/Contractor's Personnel File

Copy to Corporate Compliance Officer to keep in separate paper or electronic collection of all employee/contractor acknowledgement forms

Safety Committee

Fire and Safety

New hire and annual education

Yes, I have received training on how to use a fire extinguisher.

Sign/date-----

Yes, I know the eye washing station is located, in the washing machine-laundry room area.

Sign/date-----

**Cadia Rehabilitation
HAND HYGIENE COMPETENCY**

Name: _____

DATE: _____

PROCEDURE

	S	U
1. Keep clothing away from sink and splashes.	_____	_____
2. Wear minimal jewelry.	_____	_____
3. Keep nails short (less than ¼ inch in length past finger).	_____	_____
4. Turn on water and adjust temperature for your comfort. Avoid using hot water for hand-hygiene. Repeated use of hot water may increase the risk of dermatitis	_____	_____
5. Wet hands and apply manufacture's recommended amount of soap to hands. Lather well (soap reduces surface tension enabling the removal of bacteria).	_____	_____
6. Keep hands and forearms lower than the elbows during washing and start over if hands touched sink.	_____	_____
7. Clean fingernail area (bacteria may be harbored beneath fingernails).	_____	_____
8. Wash hands thoroughly, using rigorous scrubbing action for at least 15 seconds. Work lather around fingernails, top of hands, etc. (to facilitation eradication of all bacteria).	_____	_____
9. Rinse hands and wrists under running water with fingertips pointing downwards.	_____	_____
10. Dry hands with clean paper towels and discard.	_____	_____
11. Turn off faucets with clean paper towels and discard.	_____	_____

USE OF HAND SANITIZER GEL

PROCEDURE

1. Apply the manufacturer's recommended amount of alcohol-based hand rub to palm of one (1) hand.	_____	_____
2. Rub hands together, covering all areas of the hands and fingers, until hands are dry, per manufacturer's recommendations.	_____	_____
3. Allowed hands to completely dry before applying gloves.	_____	_____
4. Verbalize understanding that hand sanitizer gel is <u>NOT</u> to be used in place of handwashing in food service areas, when hands are soiled, before and after eating, before and after giving eye drops, when working in direct contact with C-Difficile residents, when Anthrax is suspected, and after using the restroom.	_____	_____

Signature of Student

Name of Instructor

- ◆ The right to receive information from agencies acting as client advocates and be afforded the opportunity to contact those agencies.
- ◆ The right to be free from verbal, physical or mental abuse, cruel and unusual punishment, involuntary seclusion, withholding of monetary allowance, withholding of food, and deprivation of sleep.
- ◆ The right to make choices regarding activities, schedules, health care and other aspects of his or her life.
- ◆ The right to participate in an ongoing program of activities.
- ◆ The right to participate in social, religious and community activities.
- ◆ The right to receive notice before the resident's room or roommate is changed, except in emergencies, and to have the facility honor requests for room or roommate whenever possible.
- ◆ The right to exercise his or her rights as a citizen of the State and the USA.
- ◆ The right to request information regarding minimum acceptable staffing levels as it relates to his or her care.
- ◆ The right to request the names and positions of staff members providing care to the resident.
- ◆ The right to request an organizational chart outlining the facility's chain of command for purposes of making requests and asserting grievances.
- ◆ Where a resident is adjudicated incompetent or determined to be incompetent by his or her attending physician, or is unable to communicate, his or her rights shall devolve to his or her next of kin, guardian or representative.

To receive an unabridged version of these Rights as they appear in the Delaware Code, or to register a complaint, contact the Long Term-Care-Ombudsman at 1-800-223-9074.

A SUMMARY OF THE RIGHTS OF RESIDENTS OF DELAWARE NURSING HOMES AND RELATED FACILITIES



DELAWARE HEALTH
AND SOCIAL SERVICES
DIVISION OF SERVICES FOR AGING AND
ADULTS WITH PHYSICAL DISABILITIES

- ◆ The right to receive considerate, respectful, and appropriate care, treatment and services.
- ◆ The right to receive, prior to or at the time of admission, a written statement of the services provided.
- ◆ The right to receive a written itemized statement of charges and services.
- ◆ The right to receive from the attending physician complete and current information concerning the resident's diagnosis, treatment and prognosis.
- ◆ At the bedside of each resident, the facility shall place the name, address and telephone number of the physician responsible for the patient's care.
- ◆ The right to respect and privacy.
- ◆ The right to be free from restraints.
- ◆ The right to receive from the administrator and staff a timely, courteous and reasonable response to requests or grievances, in writing if requested.
- ◆ The right to receive, in writing, information as to any relationship the facility has with other healthcare or related institutions or service providers.
- ◆ The right to reasonable continuity of care.
- ◆ The right to associate or communicate with others without restriction.
- ◆ The right to manage his or her own financial affairs.
- ◆ The right to privacy in visits by his or her spouse.
- ◆ The right to privacy in his or her room.
- ◆ The right to present grievances or recommend changes to the facility staff, the Long Term Care Ombudsman or others.
- ◆ The right not to have to perform service for the facility.
- ◆ The right to retain and use his or her own clothing and personal possessions.
- ◆ The right to not be transferred or discharged out of a facility except for medical reasons, the resident's own welfare or the welfare of other residents; or for non-payment of justified charges, and to be given 30 days advance notice, except where the situation is deemed an emergency.
- ◆ The right to inspect all records pertaining to him or her.
- ◆ The right to be fully informed of all rights and responsibilities.
- ◆ The right to chose a personal attending physician.
- ◆ The right to examine the most recent survey of the facility.

Resident Concern/Compliment Form
(PLEASE FORWARD TO SOCIAL SERVICES IMMEDIATELY UPON RECEIPT)

Date: _____

Resident Name: _____ Room #: _____

Family Name: _____ Phone #: _____

Concern Compliment

Employee who took concern/compliment: _____

Brief Description: _____

FOLLOW-UP REQUIRED BY _____ (DATE)

All follow-up responses are routed to the Social Services Director first. Follow-up MUST be received within 10 days.

Response:

_____ By: _____

Concern Resolved ()YES ()NO
Date Resolved: _____

Family/Resident Notified of Follow-up: ()YES ()NO
Name of Person Contacted: _____
Date of Contact: _____
Contacted By: _____

Preventative Measures Enacted: (Be specific, give details)

For concerns greater than 1 in 30 days:

Within 1 – 2 weeks of resolution date, _____ has been contacted by _____ and the resolution was met to his/her satisfaction? () YES () NO.

If no, please specific additional preventative measure(s) enacted: _____

Administrator/Designee Signature: _____