United Family Caregivers - Nevada

Employee Handbook

Generated: May 07, 2025

- 1. Administrator Identification
- 2. Training & Certificates
- 3. Policies & Procedures
- 4. Employee Agreements & Evaluations
- 5. Client Rights & Grievance
- 6. Incident & Health Forms
- 7. Service & Discharge Forms

Administrator Identification and Designee Form

- **Agency Name:** United Family Caregivers
- **Administrator Name: ** Kissa Paz Aledo
- **Date of Birth: ** 07/05/1984
- **Address for Service: ** 3651 S. Lindell Rd. Suite D1283, Las Vegas, Nevada
- **Surety Bond Provider:** Jet Insurance Company
- **Bond Number: ** BXOO48369
- **Designee Information:**

In the absence of the Administrator, the following person is appointed as the Designee to act with full administrative authority.

- **Designee Name: ** Johnny Allen
- **Position:** [Specify Position]
- **Contact Information:** [Insert contact number and email for Johnny Allen]
- **Designee Responsibilities:**
- Access to all agency records
- Authority to oversee daily operations and fulfill regulatory obligations
- Authority to address client and staff issues in the Administrator's absence
- **Administrator Signature: ** Kissa Paz Aledo
- **Date: ** [Today's Date]
- **Designee Signature:** Johnny Allen
- **Date: ** [Today's Date]

P130

▲ POCT pregnancy, urine

Order: 14935975

Component

2 d ago

Preg Test, Ur

Negative

Specimen Collected: 11/07/24 5:54 PM MST

Last Resulted: 11/07/24 5:54 PM MST

Result Care Coordination

♣♥ Patient Communication

Released

X Not seen

▲ POCT Urinalysis dipstick

Order: 14935974

Component	2 d ago
Color, UA	Yellow
Clarity, UA	Clear
Glucose, UA	Negative
Bilirubin, UA	Negative
Ketones, UA	Negative
Spec Grav, UA	1.010
Blood, UA	Negative
pH, UA	6.5
Protein, UA	Negative
Urobilinogen, UA	0.2
Leukocytes, UA	Negative
Nitrite, UA	Negative
Appearance, Fluid	Clear

Specimen Collected: 11/07/24 5:54 PM MST

Last Resulted: 11/07/24 5:54 PM MST

Result Care Coordination

Patient Communication

Released

X Not seen

▲ TB Skin Test

Order: 14935235

Status: Completed

Result Care Coordination

Patient Communication

Not Released

X Not seen

P130

(1) Vitamin D 25 hydroxy

Order: 14934994

Component

2 d ago

Ref Range & Units

VITAMIN D, 25-HYDROXY

23.9 ¥

30.0 - 100.0 ng/mL

Comment: Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (2).

- IOM (Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press.
- Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30.

Narrative

Performed at: 01 - Labcorp Phoenix

5005 S 40th Street Ste 1200, Phoenix, AZ 850402969 Lab Director: Earle Collum MD, Phone: 8007889743

Specimen Collected: 11/07/24 4:13 PM MST

Last Resulted: 11/08/24 7:37 AM MST

Result Care Coordination

♣♀ Patient Communication

M Released

X Not seen

▲ TSH W/REFLEX TO FT4

Order: 14934993

Component

Ref Range & Units

TSH

1.750

2 d ago

0.450 - 4.500 uIU/mL

Comment No apparent thyroid disorder. Additional testing not indicated. In rare instances, Secondary Hypothyroidism as well as Subclinical Hypothyroidism have been reported in some patients with normal TSH values.

Narrative

Performed at: 01 - Labcorp Phoenix

5005 S 40th Street Ste 1200, Phoenix, AZ 850402969 Lab Director: Earle Collum MD, Phone: 8007889743

Specimen Collected: 11/07/24 4:13 PM MST

Last Resulted: 11/08/24 7:37 AM MST

Result Care Coordination

Patient Communication

Released

X Not seen

P130

①	Lipid	panel
•	Libia	Parie

Ord	er '	1493	4992
- NOTE NO.		1400	7336

Component Ref Range & Units	2 d ago	
CHOLESTEROL, TOTAL 100 - 199 mg/dL	183	
TRIGLYCERIDES 0 - 149 mg/dL	74	
HDL CHOLESTEROL >39 mg/dL	68	
VLDL CHOLESTEROL CAL 5 - 40 mg/dL	14	
LDL CHOL CALC NIH 0 - 99 mg/dL	101 ^	

Narrative

Performed at: 01 - Labcorp Phoenix

5005 S 40th Street Ste 1200, Phoenix, AZ 850402969 Lab Director: Earle Collum MD, Phone: 8007889743

Specimen Collected: 11/07/24 4:13 PM MST

Last Resulted: 11/08/24 7:37 AM MST

Result Care Coordination

♣ Patient Communication

Released

X Not seen

▲ Comprehensive metabolic panel

Order.	14934991

Component	2 d ago		
Ref Range & Units		S	
GLUCOSE 70 - 99 mg/dL	78		
BUN 5 - 24 mg/dL	10		
CREAT 0.57 - 1.00 mg/dL	0.61	Eg.	
EGFR >59 mL/min/1.73	116		
BUN/CREAT RATIO 9 - 23	16		
SODIUM 134 - 144 mmol/L	137		
POTASSIUM 3.5 - 5.2 mmol/L	4.5		
CHLORIDE 96 - 106 mmol/L	102		

CBC and differential		Order: 14934990
Component Ref Range & Units	2 d ago	88
WBC 3.4 - 10.8 x10E3/uL	6.1	
RBC 3.77 - 5.28 x10E6/uL	4.39	
HGB 11.1 - 15.9 g/dL	14.0	
HCT 34.0 - 46.6 %	42.7	
MCV 79 - 97 fL	97	
MCH 26.6 - 33.0 pg	31.9	
MCHC 31.5 - 35.7 g/dL	32.8	
RDW 11.7 - 15.4 %	10.6¥	
PLATELETS 150 - 450 x10E3/uL	342	

X Not seen

♣

Patient Communication

Released

/9/24, 4:25 PM	Aledo, Kissa P (MRN 225884)		1 1 1 1 1 1 1 1 1
NEUTROPHILS Not Estab. %	62		D100
LYMPHS Not Estab. %	27		P130
MONOCYTES Not Estab. %	9		
EOS Not Estab. %	1		
BASOS Not Estab. %	1		
NEUTROPHILS ABS 1.4 - 7.0 x10E3/uL	3.8		
LYMPHS ABS 0.7 - 3.1 x10E3/uL	1.6		
MONOCYTESABS 0.1 - 0.9 x10E3/uL	0.6		
EOS ABS 0.0 - 0.4 x10E3/uL	0.1	(2)	
BASO ABS 0.0 - 0.2 x10E3/uL	0.1		
IMMATURE GRANULOCYTES Not Estab. %	0		
IMMATURE GRANS ABS 0.0 - 0.1 x10E3/uL	0.0		
Narrative			
Performed at: 01 - Labcorp Phoenix			
5005 S 40th Street Ste 1200, Phoenix Lab Director: Earle Collum MD, Phone		11%	
Specimen Collected: 11/07/24 4:13 PM MST	Last Resulted: 11/08/24	4 7:37 AM M	IST

▲ Hemoglobin A1c

Released

Result Care Coordination

Patient Communication

Order: 14934989

Component Ref Range & Units	8	2 d ago	
HGBA1C 4.8 - 5.6 %		4.8	

Comment: Prediabetes: 5.7 - 6.4
Diabetes: >6.4

Glycemic control for adults with diabetes: <7.0

Narrative

Performed at: 01 - Labcorp Phoenix

5005 S 40th Street Ste 1200, Phoenix, AZ 850402969 Lab Director: Earle Collum MD, Phone: 8007889743

Specimen Collected: 11/07/24 4:13 PM MST

Last Resulted: 11/08/24 7:37 AM MST

X Not seen

P130

Result Care Coordination

♣○ Patient Communication

Released

X Not seen

♠ Satisfied Health Maintenance Topics

Diabetes Screening (Every 3 Years)

Next due on 11/7/2027

Vida Training Center Inc.

Personal Care Attendant Basic Training Program Attendance Log

Today Date: 11/05/2024	Instructor: October Brown
34	

Course: 8:00am-6:30pm (10) Hours

Location: 1785 E Sahara Ave Suite 430 Las Vegas NV, 89104.

For Successfully Completing (10) hours of Basic Training Course, Which included Duties and Responsibilities and Appropriate techniques for providing personal care(20min) Observation skills (15min), How to Documentation personal care given(20min)Reporting to Supervisors (20min), Body Mechanics Mobility, Transfers, Simple nonprescribed Range of Motion, Hoyer lift, Gait belts, unskilled range of motion, Positing (110min), Safety & Universal Precantions(20min), Infection Control, COVID-19, Hand washing (30min), Personal Care & Grooming(70min), Care of the home & Personal Belongings, Maintaining a clean and Safe environment(20min), Nutrition, Meal preparation, Special diet for elderly and the disabled, Special needs of the Elderly and Disabled (15min) hydration, dehydration(20min) Skin Care, Prevention of Pressure ulcers routine inspections of the skin reporting Redness, Discoloration or Breakdown to the client or clients representative and reporting to the Administrator(30min), Bowel and Bladder care common bowel problem such as Constipation and Diarrhea, Toileting, signs and symptoms of bladder infections(15min) Catheter care emptying bag ,Positioning bag(20min) , Colostomy care emptying bag and changing any part of a Colostomy bag that snaps(20min), Communication skills Active listening, problem solving, Conflict resolutions and techniques for communicating through attentive for those with impairments, Cultural Competency (30min), Client's Rights & Confidentiality, HIPAA(30min), Aging & Disabilities, Dealing with Behavioral issues (20min), Elderly Neglect & Abuse (30min), Safety, Recognizing and Responding to emergencies, fire and Medical emergencies, When to call 911(30min), Advanced Directive and Serious Occurrence Reporting (15min)

Signature	Agency Name	Agency Number	Agency Address	1	
Lungter	NV Care Solutions Inc		3651 Lindel Los Vegas 8911	Rd Ste	: D
				15	
		111 1110	Number Number	Number	Number Steel Da Ste



certifies that

Kissa Aledo



has participated in the following educational activity

Completion for Nursing Home Infection Preventionist Training Course - WB4448R

WB444KK

and is awarded

2 ANSI/IACET Continuing Education Units (CEUs) (Ten 60-minute contact hours equal one CEU)

10/25/2024



The Centers for Disease Control and Prevention is authorized by IACET to offer 2.0 CEU's for this program.

Liture & King

Latrida S. King, PhD; MEA, SESSISSE Sean Lend, Continuing Subsestion Automitiation Team Education and Training Services Streech (ETSS) Centers for Disease Control and Provention (CDC) 1600 Cliffon Road NS, MS V24-1

500 Clifton Boad NE, MS V24-1 Atlanta, GA 30333

WB4448R Assessment Nursing
Home
Infection
Preventionist
Training
Course (Webbased) WB4448R



Passed

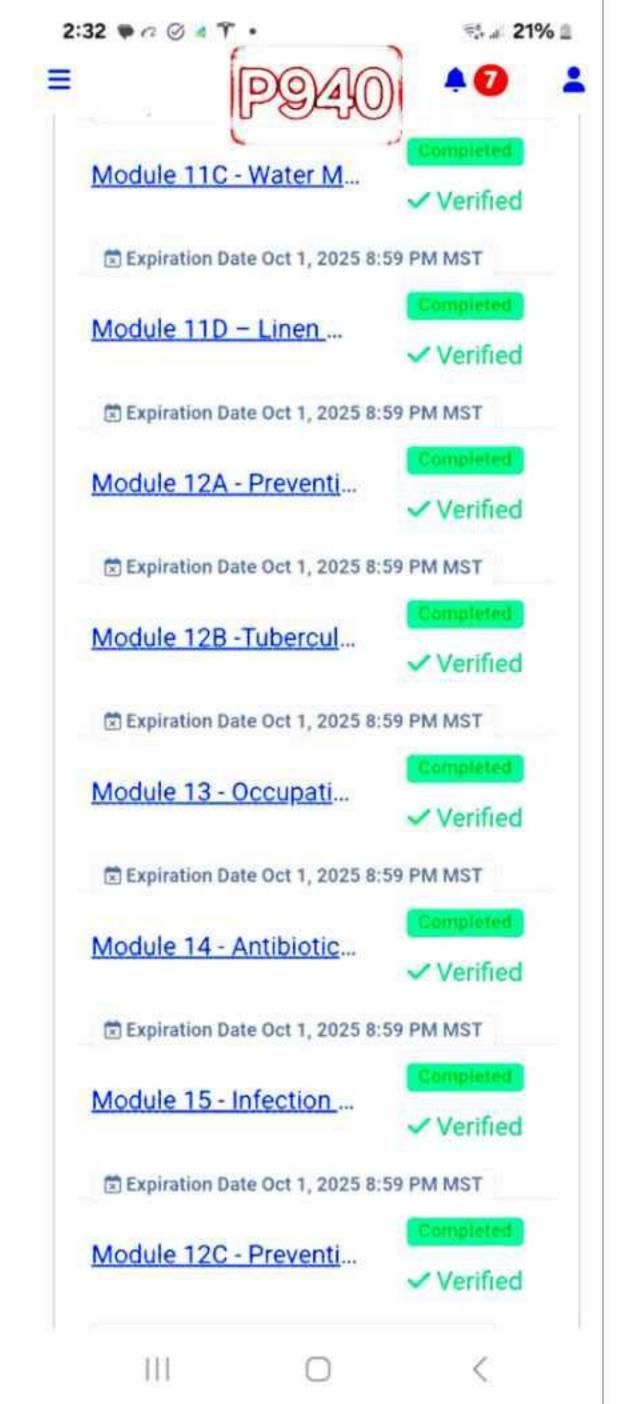
Thank you for taking the postassessment.

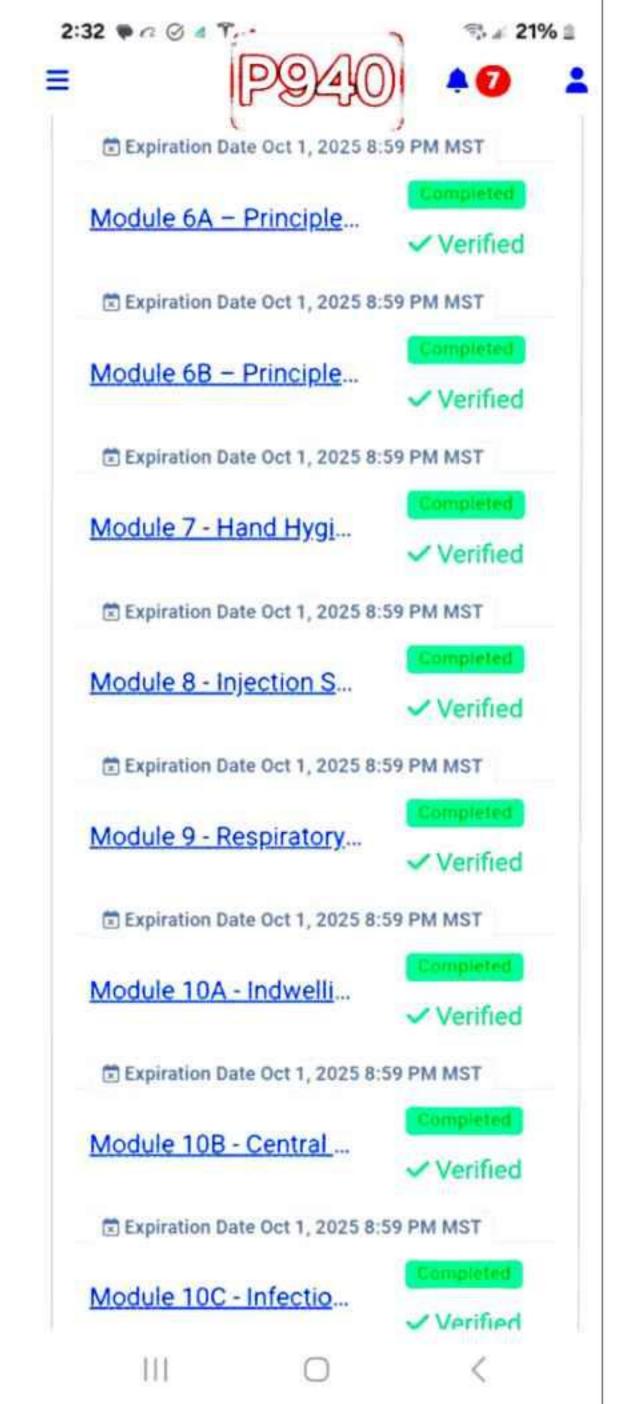
Your Score

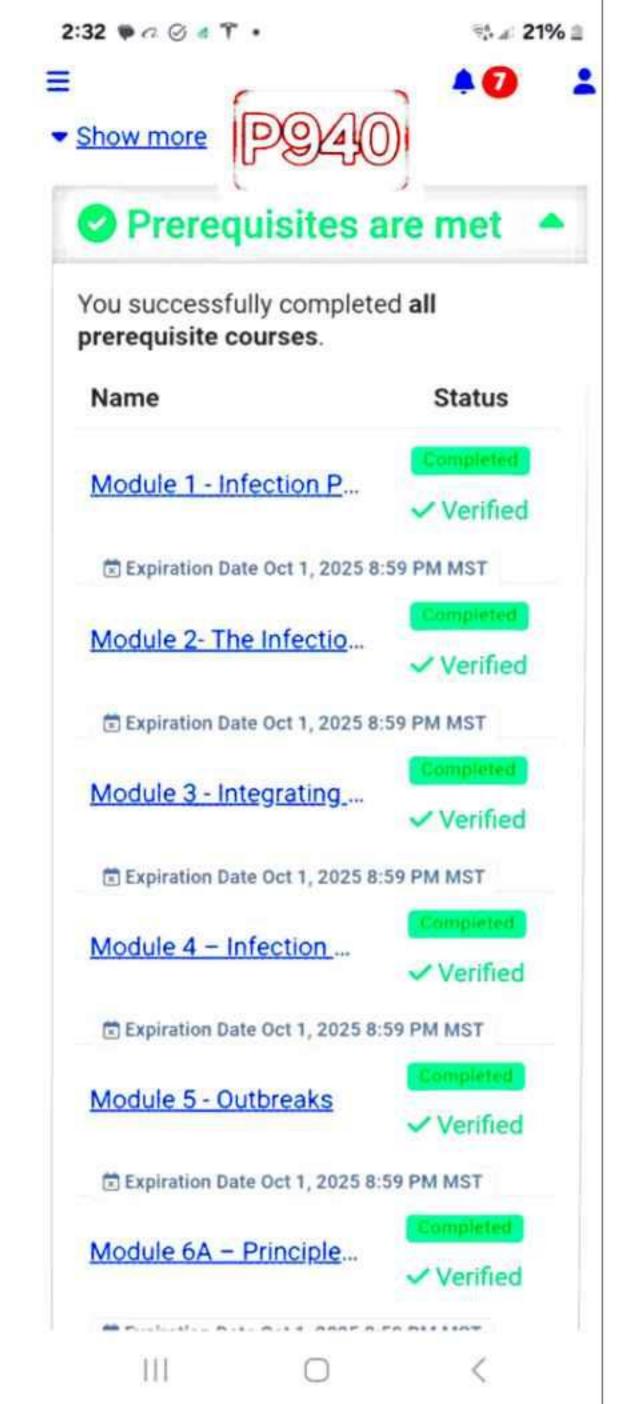
81.33%

Passing Score

80%







```
### **Policy on Facility-Paid Training Costs**

**Tag #P0945**
```

- **Agency Name: ** United Family Caregivers
- **Policy Title: ** Training Costs Paid by Facility
- **Effective Date: ** [Today's Date]
- **Reviewed By:** Kissa Paz Aledo, Administrator

Purpose

To outline the policy for covering training costs for employees, ensuring that all necessary training expenses are fully paid by United Family Caregivers.

Scope

This policy applies to all employees required to complete training for their roles within United Family Caregivers.

Policy Details

- 1. **Covered Training Costs**
- United Family Caregivers will pay for all mandatory training required by state regulations and agency policies, including:
 - Initial orientation and onboarding training
 - Annual or recurring training (e.g., infection control, elder abuse prevention)
 - Any additional training mandated by Nevada regulations or the agency's standards

2. **Reimbursement Procedure**

- Employees will not be responsible for upfront training costs.
- If external training is necessary, the agency will either pay the provider directly or reimburse employees for approved training expenses within 30 days upon submission of receipts.

3. **Non-Covered Expenses**

 Optional training or certifications not required by the agency will not be covered unless preapproved by management.

```
**Administrator Signature: ** Kissa Paz Aledo
```

**Date: ** [Today's Date]

```
### **Unlicensed Caregiver Infection Control Training Policy**

**Tag #P0950**
```

- **Agency Name: ** United Family Caregivers
- **Policy Title: ** Infection Control Training for Unlicensed Caregivers
- **Effective Date: ** [Today's Date]
- **Reviewed By:** Kissa Paz Aledo, Administrator

Purpose

To establish mandatory infection control training requirements for unlicensed caregivers to ensure the health and safety of clients and compliance with Nevada regulations.

Scope

This policy applies to all unlicensed caregivers employed by United Family Caregivers who provide direct client care.

Training Requirements

- 1. **Frequency of Training**
- All unlicensed caregivers must complete infection control training upon hiring and annually thereafter.

2. **Training Content**

- The training will cover essential topics, including:
 - Proper hand hygiene practices
 - Use of Personal Protective Equipment (PPE)
 - Techniques for sanitizing equipment and surfaces
 - Safe handling and disposal of bodily fluids and waste
 - Procedures for identifying and reporting potential infections

3. **Compliance and Documentation**

- Attendance and completion of training will be documented and maintained in the caregiver's personnel file.
- Caregivers are required to demonstrate competency in infection control practices through a handson assessment or written evaluation.

4. **Failure to Comply**

 Unlicensed caregivers who fail to complete required training or demonstrate competency will be subject to retraining or corrective action, up to and including termination.

```
**Administrator Signature:** Kissa Paz Aledo
```

**Date: ** [Today's Date]

P130

Name: Kissa Aledo Date: 11/5/24

Personal Hygiene

Directions: Choose the correct response and fill in the necessary blank spaces

- 1. What is the proper beginning sequence of a bed bath?
 - a. Buttocks, genitals, arms, and legs
 - Eyes, face, ears, and neck
 - c. Arms, legs, chest, and back
 - d. Face, ears, neck, and arms
- 2. When giving a bed bath, when is it necessary to change the water?
 - a. When the water is no longer warm
 - b. After washing the legs and feet
 - c. Whenever the water becomes dirty or soapy
 - All of the above
- 3. A client's nails should be trimmed?
 - a. Before they are soaked in water
 - b. After they are soaked in water
 - c. Everyday
 - d.) Never
- 4. Which personal protective equipment would you use while performing routine personal care?
 - (a.) Gloves
 - b. Gown
 - c. Mask
 - d. Gloves and mask

5. Teeth should be cleaned each MOV N i N Co. 1	evenina and
5. Teeth should be cleaned each Morning. after warpals afternoons	
	CO. Agricultural III and the
Name three items needed to clean dentures:	
1. <u>soft</u> toothbrush	glass water
2. denture ap	I also J. of water
3. denture cleaning 7. When shaving a client should a caregiver wear glove	Fab
denture tooth po	iste
7. When shaving a client, should a caregiver wear glove	es?
a True	
b. False	
	100°
8. What temperature should water be before shampooin	ng the hair?
a war in with the shared in the sa	ciled or rolling
9. When should linens be changed? when g	Line.
infection Control	
Using protective gloves. Hand washing is what kind of	of precaution?
a. Fall	
b. Chemical	
c. Blood	
d) Universal	2000 II
11. What are pathogens? Michorgov	nism that transm
, 0.	III. distance disease
12. Where can pathogens live in/on the body? basico	an uner.
Lin the	body, nails, hair, sk
13. How does a pathogen exit the body? any bo	
- Respiratory Secretions	even
-gastrointestinal tract	_ / inside
- urogenit al tract	Lour
- 01090111.41 1.401	membrane Stomach
- skin and mucous	duid c
	ALCO III A A

2

14. What a	are the four different ways a disease can be transmitted?	
1	direct contact	
2.	direct contact indirect contact	
3.	Airborne	
	vector borne	184
Alaka-	VECTOR POLITIC	
		90
15 What	three signs of an infaction?	
15. Wilat	three signs of an infection?	
1	- 5 Weil) 11g	
. 2		
3	swelling z104 degrees _change in amount sput em	
16.What	t should be done if you are exposed to anybody fluids (e.g., urine, sputum,	stool,
draina	nage from an open wound, or blood)?	42
	wash with water asap	conta
300	pervisor see a doctor	
17. What	t is the correct time frame for washing hands?	
	. 10 seconds	
O.	. 20 seconds	
C.	. 30 seconds	
d.		
18 Which	h of the following diseases noses the most cignificant sixty for by	18
	th of the following diseases poses the most significant risk for healthcare w	orkers
a.		
b.	(Topadio D)	
c.	. HCV (the virus that causes Hepatitis C)	
a.	.)Tuberculosis	

19. Appliances that are not in use should be unplugged for fire safety?

。由于1000年的中国的1000年,1000年

House Safety and Accident Prevention

a.) True
b. False
20. If a grease fire starts in a pan, should cold water be placed to put it out?
a. True
(b) False
21. How do you prevent falls?
a. Removing hazards around the clients home
 Discouraging activity which may increase the risk of fall
c. Treat medical conditions that contribute to falls
(d.) All of the above
22. Removing scatter rugs prevent falls?
(a) True
b. False
23. What are the four components needed to start a fire? 1. Ruel
2. Oxygen
3. chemical reaction
4. heat
24. Name four different reasons you would call 911?
1. <u>severe</u> bleeding
2. <u>Seizures</u>
3. broken bories
4surred speech

	Training Program Final Competency Test
	25. When serving a hot most or house and the servine a
	25. When serving a hot meal or beverage, should it be given?
	a. Immediately
	(b) Let it cool
	c. Blow air on it
Car	e of Home and Personal Belongings
	26. When cleaning the home, use a disinfectant such as Lysol or Pine-sol. clean all
	medical supplies in the bathroom and clean the bathroom last?
	(a) True
	b. False
	27. Should household cleaners be kept in locked storage areas out of the reach of clients
	with mental confusion?
	(a.) True
	b. False
	28. What is the purpose of housekeeping in homecare?
	a. Enhances quality of life
	(6.) Promotes independence and safety
	c. Maintains the home during a family crisis
2	d. All of the above
	29. Why is it essential to maintain a clean home?

- a. Safety and security; fewer accidents likely to occur
- Basic needs met; promoting comfort, belonging, pride, higher self-esteem, and self-fulfillment
- c. Infection control; maintaining fungus and bacteria
- (d.) All of the above

Personal Care Attendant Basic Training Program Final Competency Test

- 30. While cleaning your clients' room, you come across \$100. What should you do?
 - a. Keep the money; the client will never find out
 - (b.) Leave the money where you found it and inform the client where it is
 - c. Lie to the client and tell them you lost the same amount of money last week and that it must be it
- 31. While washing the dishes, one accidentally breaks a glass; what should you do?
 - a. Clean up quickly, so the client does not find out
 - D Let the client know about the accident and that you will inform the agency
 - c. Clean up and replace the dish promptly

Body Mechanics and Transfers

- 32. Wheelchairs should be set up to what angle of the bed before transferring a person?
 - a. 30-degree angle
 - 45-degree angle
 - c. 90-degree angle
 - d. None of the above
- 33. The natural movement, when raising a client from a sitting position to a standing, is?
 - a. Move the client to the edge of the bed
 - b. Lean forward
 - c. Shift body weight from buttocks to feet
 - All of the above
- 34. At the beginning of a transfer from bed to a wheelchair, the clients' hips should be away from the chair with their knees and feet pointing toward the chair?
 - a. True
 - b. False

"nose over toes,0"

	35. Gait b	elts are used to assist someone who has difficulty moving into a standing
	positio	on.
	(a.	True
	b.	False
	36. Gait b	elts are left slightly loose, as they are only to hang onto if the person begins to
	fall?	
	a.	True
	0	False
	37.Shoul	d wheelchair locks be on when transferring a client?
	(a.)) True
	b.	False
Skin		Do not keep skin clean and dry.
	<u> </u>	Do not keep bed linens clean, dry, and wrinkle-free.
	777	Do not promote circulation by encouraging the person to bend their arms, legs
		iggle their toes frequently.
		To not check the overall skin and check each potential pressure point daily.
2	42.Explai	n the four different stage of pressure ulcers:
	1	el bows
	2	tailbone
	3	hips
	4.	shoulder blades
	- 7/7	

breakdown to contact their physician? (a) True b. False trition 44. At least 4-6 eight-ounce glasses of water are suggested as a daily minimum? a. True b. to 8 glasses of water a. True check care plan!!! 45. The ability to smell and taste food is			pient if you notice s	skin redness, disc	coloration, or
trition 44. At least 4-6 eight-ounce glasses of water are suggested as a daily minimum? a. True b. to 8 glasses of water 6) False check care plan!! 45. The ability to smell and taste food is	breakdown to contact	t their physician?			
44. At least 4-6 eight-ounce glasses of water are suggested as a daily minimum? a. True 6. to 8 glasses of water (b) False check care plan 45. The ability to smell and taste food is	a. True		14		
44. At least 4-6 eight-ounce glasses of water are suggested as a daily minimum? a. True b. to 8 glasses of water (b) False check care plan!!! 45. The ability to smell and taste food is in the elderly. a. Increased (b) Decreased c. Stays the same 46. To decrease salt in the diet, avoid food high in added salt such as? 1. prosessed conned meat 2. pox K 3. chest buffer 4. pot at chips 47. Nutritional needs change at various stages of life. The diet recommendations for elderly intake would be? 1	b. False				
a. True by to 8 glasses of water (b) False check care plan!!! 45. The ability to smell and taste food is in the elderly. a. Increased (b) Decreased c. Stays the same 46. To decrease salt in the diet, avoid food high in added salt such as? 1. prosessed canned meat 2. pox K 3 chelse butter 4. Pot ato chips 47. Nutritional needs change at various stages of life. The diet recommendations for elderly intake would be? 1 increased need for fiber 2. Veggies fruit 3. Less calories 4. easy to chew, easy to diget	trition				
a. True by to 8 glasses of water (b) False check care plan!!! 45. The ability to smell and taste food is in the elderly. a. Increased (b) Decreased c. Stays the same 46. To decrease salt in the diet, avoid food high in added salt such as? 1. prosessed canned meat 2. pox K 3 chelse butter 4. Pot ato chips 47. Nutritional needs change at various stages of life. The diet recommendations for elderly intake would be? 1 increased need for fiber 2. Veggies fruit 3. Less calories 4. easy to chew, easy to diget	44. At least 4-6 eight-our	nce glasses of wa	ter are suggested	as a daily minimu	im?
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c. Stays the same 46. To decrease salt in the diet, avoid food high in added salt such as? 1. prosessed conned meat 2. pork 3. chest butter 4. pot ato chips 47. Nutritional needs change at various stages of life. The diet recommendations for elderly intake would be? 1. increased need for fiber 2. veggies fruit 3. less calories 4. easy to diget	45. The ability to smell ar	nd taste food is _	i	in the elderly.	
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1. prosessed conned meat 2. pork 3	c. Stays the sam	e			
elderly intake would be? 1. increased need for fiber 2. veggies fruit 3. Less calories 4. easy to chew, easy to diget	3 cheese	<u>e</u> butter bips		12	
1. increased need for fiber 2. veggies fruit 3. Less calories 4. easy to chew, easy to diget			ages of life, The di	iet recommendat	ions for the
2. veggies fruit 3. Jess calories 4. easy to chew, easy to digest	<u> </u>		ed for	filogia	
3. Less calories 4. easy to chew, easy to digest			W 101	liver	
4. easy to chew, easy to digest	. 00	alovies			
4. Phys to arth , asy to argon		Cheur	Pasu	to ding	+
	10 10 0est 11 10 0est	Ovalaina	, asy	To ange	
more protein	11016	protein	× **		
	NO.0000000				
	xe cwas				

48. Water helps the body eliminate toxins?	
a. True	
b. False	
49. The food guide pyramid encourages a	•
a. Low-Fat diet	
b. High-Fat diet	
c. Low fiber diet	
d. Low salt diet	
50. When a client is on a special diet such as d	liabetes, low cholesterol, and low salt, what
type of food would you want to prepare?	
leanier and	a : fruite about
veggics and &	e mons anda
51. When handling food, is it essential to wear	gloves? diet Plan
(a) True	
b. False	
52. Where should you store fruits, vegetables,	dairy products, and meat?
/	and products, and meat:
FO 14/1	
53. When preparing a meal, is it essential to ch	eck a client care plan?
(a.)True	
b. False	
EA E	85 85 WEST
54. For a client with a decreased appetite, a ca	
a. Give the person a variety of foods to	
b. Not attempt to help the person as the	AT THE STATE OF TH
c. Provide lots of background music an	d activities to stimulate appetite
d. None of the above	

	Personal Care Attendant Basic Train	ning Program Final Competency Test	130
55. Prote	ein is needed for?		
	Tissue growth and repair		
	Energy and fiber for bowel elimin	nation	
	Body heat and the protection of o		
56. The d	liabetic diet controls the amount of	7	
	Water	Executive temp, which is	
b.	Sodium		
C.	Nutrients		
(f)	Sugar		
e.	None of the above		
Communication	on		
57. The al	bility to communicate varies from o	one individual to another?	
(a))True	and made to bridge to	
b.	False		
58. When	an adult becomes more childlike	should a caregiver use childlike speech	
conver	rsing with a child?	oriodid a caregiver use childlike speech	1 as
	True		
_	False		
50 F- · · ·			

59. Facial expressions reveal little because they communicate the same emotion as the words and tone being used?

a. True

(b.) False

60. A person's tone of voice can be an important clue to their feelings about what is being said?

@True

b. False

61. We should listen to what is being said, not just what we want to hear?

STrue

b. False

62. What are the two forms of communication?	
1. verbal	
2 non-verbal	
63. Effective communication includes listening to what the other person is saying	with
attention, an open attitude, and not judging what is being said?	
(a) True	
b. False	
64. List four essential elements of good communication:	
Repeat backsclearness addition	nal
Repeat Date	ects:
Respectful 2 accuracy Key asp Respectful 2 accuracy Key asp Pause 4 effectiveness activeness non-	ral rects: relistenin
Pause 4. effectiveness non-	verbal '
Taus of 4 CITALLING CITESS	verbal '
65. A language barrier can present obstacles to communication. What can be do	pathy arity
Manager and the second	of
help? interpreters trans sators google	inclourpose
66. What is incontinence caused by? diagrams, body	jes, g
	language
Anal sphincter weakness, some nervous system disorders, confusion	+ gestures
immobility	imple
b. Allergic reaction, asthma, or certain respiratory conditions	anavage
c. Chronic illness such as diabetes and fibromyalgia	imple chi
d. Vitamin deficiency, hormone imbalance, or electrolyte imbalance	imple, slou
	peech,
ωr	itten
	rnmunica

67. What is bow	vel health directly affected by	?
-----------------	---------------------------------	---

- a. Fruit, vegetables, and nuts in proper balance to one another
- (b.) A diet high in fiber and adequate water intake
 - c. Carbohydrates
- d. Trace elements such as magnesium and selenium
- 68. Some people may be afraid to be left on a toilet or bedpan for too long; they can usually be reassured if the caregiver?
 - a. Remains with them
 - b. Promises to check on them every two minutes or so
 - Provides them with a bell or other device so that the client can let them know when they are done

Catheter Care

69. When caring for someone with a catheter, it is vital to check for four things. What are they?

- 1. Color
- 2. odor
- 3. character
- 4. _amount

70. At what level should a catheter bag be at all times?

Below persons bladd or

71. Frequency of urination differs from recipient to recipient?

- a. True
 - b. False

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72. An infec	tion move attra
What ca	an be some signs of infection?
1	Strick infection?
2.	Swelling Credness)
3.	rash
4.	plood dots
· ·	hot to touch (change in temperate
Colostomy Care	, or to tour contained in appendic
73. When ca	aring for someone with a colostomy, what are some signs of infection?
1. 1-	t it sticks not move than it should
2	skin around stoma is bleeding
3	stoma swells
4	stoma it ches or burns
74. What are	two ways to assist a client in routine colostomy care?
1	empty the gas
2	emptying pouch
	7.10
75. When en	nptying a colostomy bag, what are some of the supplies needed?
1	wet washcloth
2	wet was test or
3	bed protector
	5 tt
76. What is the	ne definition of a colostomy?
in arti	ficial opening in about in
wall i	n elimination of waste
200	sood.

Dealing with Behaviors

77. Are problem behaviors caused by?

- a. Medication
- b. Clutter or too much stimulation
- c. Complicated tasks
- All of the above

78. For problems with dressing, a caregiver should?

- a. Always provide privacy, close the doors before dressing
- b. Use simple steps, give one at a time
- c. Encourage the person to help in choosing clothes to wear
- d.) All of the above

79. Which of the following is <u>not</u> a recommended intervention for hallucinations, delusions, suspiciousness, or paranoia?

can't use reality if they

- a. Provide reassurance and support for the person's feelings
- b. Provide a distraction if possible
- (c.) Attempt to reason with the person using reality orientation
- d. All of the above

80. Which of the following is <u>not</u> a recommended intervention for combative or aggressive behaviors?

- (a.) Restrain the person
- b. Find out what is causing the immediate problem
- c. Remove anything that could be used as a weapon
- d. None of the above

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81. Which of the following is not a recommended intervention for wandering?

- a. Clearly label the person's room
- Use reality orientation
 - c. Use a wander alert system if the person wanders at night
 - d. All of the above

Overview of Aging and Disability

82. Client confidentiality must be honored when speaking with?

- a. Clients family and friends
- b. Your acquaintances
- c. Members of your own family
- All of the above

83. Which statement about the elderly is correct?

- a. Falls are a part of the normal aging process
- b. Reaction time is slower
- The cardiovascular system, nerves, muscles, eyes, and ears decline as we age, and each plays a role in the ability to maintain balance
- Both B and C are correct

84. When a client exhibits a difficult behavior, the first thing you should do is look for the

- a. family.
- b. nurse.
- reason.
- d. supervisor.

85. Which statement is not correct?

- a. AD is a form of dementia that makes a person unable to carry out daily activities.
- b. AD is a progressive, degenerative brain disease.
- AD symptoms usually begin suddenly.
- d. AD is characterized by memory loss, language deterioration, poor judgment, and indifferent attitude.
- 86. Behavior is often worse at night.
 - (a) True
 - b. False
- 87. It is important to focus on things the AD client can still do and enjoy.
 - (a) True
 - b. False

Cultural Diversity

- 88. What does cultural diversity refer to?
 - a. Nationality or race
 - b. Gender
 - c. Levels of education and work
 - (d.) All of the above
- 89. Some cultures believe that illness is caused by? (Select all that are correct)
 - (a) Hot or cold imbalances in the body
 - (b) A curse and punishment
 - c. Prayer or medication
 - (d.)Germs

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90. When caring	for someone from a different culture than yours, it is essential to be
aware of?	
a. Bene	ficial to serve a standard American diet to ensure proper nutrition
b. Expe	ct them to speak and understand English
c. Reco	mmended that you tell all the medical information to the client
d.) To be	aware of gestures and how the caregiver is communicating non-verbally
1Vi. 2SY 3Slo	urphysical changes that become more evident as we age? Sual impair ment in be comes thinner wer reaction time t flashes Neglect
92. What is the	time frame for reporting elder abuse? immediately /within 24 hours
	24 hours
	of abuse is it if you witness a caregiver yelling at an older adult?
(a.) Vert	pal
b. Neg	lect
c. Expl	oitation
d. Isola	ation
94. The state of	of Nevada defines five major categories of abuse. What are they?

exploitation isolation self-neglect

95.	Where are elder abuse definitions and mandatory reporting laws pertaining to Nevada Revised Statues
	1. NRS 200.5092
	2. NRS 200. 5093
	2. 1. 10 750 30 10
96	. Who should be contacted if an allegation of sexual assault has been made?
	of Service law enforcement, immediately, your supervisor, Aps Adult Protective List 4 services that are permitted as a Caregiver. List 4 services that are permitted as a Caregiver.
Scope	of Service voir supervisor, APS Adult Protective
	Services because
9,	7. List 4 services that are permitted as a Caregiver. PCA's are mand attended
	1. Personal hygiene by law
	2. Mobility
	3. Meal preparation
	1 Laundry
9	8. List 4 services that are not permitted as a Caregiver.
172	1. Giving medication
	2 chare services
	3 monitoring vital signs
	4. massage
*	
g	99. What is the definition of an Advance directive?
	I wiment out into effect when a person
+	document put into effect when a person becomes unable to make medical decis
25	Advant is the definition of a LIVING WILL
	was associatale their wishes
	Allows someone to state thick wastes
	Allows someone to state their wishes in writing but does not name patient advocate
	o parient outstand
18	

102. What is the definition of a DNR?
Do not resuscitate
103. Can someone change their mind after writing a declaration or durable power of attorney for health care decisions?
Yes b. No
104. If yes, explain why? As long as we are in the right state of mind, right our right
Dos and Don'ts
105. If a client is complaining of constipation, you should: a. Give a rectal suppository b. Provide digital stimulation c. Give prune juice d. Contact your supervisor and report
106. Specialized range of motion should only be done when: a. A client is complaining of stiffness b. A client is lying in bed for an extended period c. With the supervision of a family member d. Never 107. It's the holiday season, and you are getting ready to leave your shift. The client's family 107. It's the holiday season, and you are getting ready to leave your shift. The client's family 108. Specialized range of motion should only be done when: 208. Client to keep 208. Client to keep 208. The client to keep 208.
107. It's the holiday season, and you are gotting hands you a Christmas card with \$200 inside. What should be done?
hands you a crimely accept the Christmas card; you have earned it
a. Graciously accept the gift (b.) Call your manager; you cannot accept the gift (c) Call your manager; you cannot accept the gift

c. Accept the gift and ask the family not to tell the agency

- 108. Your client has a 2-hour shift in the morning and a 1-hour shift in the evening. You explain to your client that you will not make it to your evening shift due to your second job. You ask if you can make up those hours in the morning, and the client accepts. You and the client sign-off that you came in both shifts morning and the evening that day. What is wrong with this situation?
 - You and the client are participating in improper practice (Medicaid fraud)
 - Everything is fine as long as you and the client split the check
 - c. The hours combine at the end of the day, as long as no one knows you're fine
 - 109. Can a caregiver administer medication to a client?
 - a. If medication reminders are noted on the client's service plan
 - b. If the client has a doctor note
 - With family member supervision
 - Only medication reminders are to be given. Caregivers do not pass medication. "reminder give

110. Can a caregiver purchase alcoholic beverages for a client?

- a. Yes, if the client gives you the money for it
- (6) Yes, if the client has a prescription for it and it's in the care plan
- c. No, it is never allowed
- d. Yes, as long as it's between the caregiver and client

Client Rights and Confidentiality

111.	Name four different rights clients have: 1. right to be treated with dignity	and
	2 right to be free from theft	resped
	3. right to refuse service	
	financial exploitation	

			4.41	· V	
112 Clients	s have the right to make su	re that all communication	and records about the	eir care	
oro trop	ited confidentially		4		
are trea	True				
O					
	. False	142		1 garanv	
113. What	are the three parts of HIPA a. Administrative, privacy,	and electronic communic	ations		
8		Canadanal Test III Islam	-1		
	b. Accuracy, security, and	antarcomeni dilu au		tion	
0	d. Administrative simplific	aud emoleciment, and (aregiver responsibilit	ties	
	 Administrative simplific 	ation, patient rights, and	3		
114.	It is a HIPAA violation if	health information is discu	ussed where it can be	9	
	verheard?				
,	<a>♠ True				
1	b. False				
115. All c able t	lients information must be	kept in a sale area array	26		
	a. True				
	b. False				
		a lenganga basa Isa	ffairs kept confident	ial. To do	
other	ents have the right to their wise is an invasion of priv	vacy. Invading the private	y of another is again	nst the law.	
You	can protect the client's pri	ivacy by?	141		
1,000	a. Wering	up their	pour	10 Card 8	HEX I M
	h Knockis	ng and po	MSINA	DETOIC (2
	b licte	ning to 1	chents	private v	oom
	a not liste	ISSING C	ilent's	'conversa	Hons
	a pot assu	111-	anyon (2 persid	0
				2 00 10 100	-
	of mor	· K			
	0,000				

c.l.	alodo Date: 1/5/2	y
Employee Signature: / Lissa	<u>u</u>	
Checked by: Strivia Poro	Overall score:	-
Passing score (70%)		
Pass		

Personal Care Attendant Basic Training Task Skills Inventory Job Analysis Kissa Aledo

Caregiver Name:

Task/Skill	None	Limited	Moderate	Proficient
Personal Care			E .	
Infection Control			×	
Bed Bath	N.		x	
Tub Bath			×	
Shower			×	
Oral Care			X	
Denture Care			×	
Perineal Care			×	
Incontinence Care		1	x	
Bedpan/Commode			×	
Catheter Care			×	
Colostomy Care			x	
Skin/Back Care			×	
Shaving (Safety/Electric)	130		х	
inger/Toe (File only)	h		X	
Dressing/Undressing			×	
Mobility/Ambulation				
Ambulate w/assistive device			Х	
Gait Belt			х	
Hoyer Lift		×		
Standing Practice		-	X	
Sitting Balance	Et au		X	
Wheelchair Use			X	
Transfers			X	

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Full Transfer	X	AT POLICE
Pivot Transfer	X X	
Passive Range of Motion	x	r is a second
Exercise	X X	West American
Positioning	x	
Nutrition/Meal Preparation		mac Series)
Plan Nutritious Meals	X	
Prepare Nutritious Meals/Snack	x	
Assistive Feeding	X	
Housekeeping		
Occupied Bed Linen Change	x	
Unoccupied Bed Linen Change	X	
Laundry (Wash)	X	
Laundry (Iron/Mending)	X	
Dishes	X	
Kitchen	×	
Bedroom	X	
Dust/Sweep	×	
Wet Mop Floors	X	
Grocery Shopping	×	
Read/Write Mail	X	1
Other		
Teach ADLs	X	
Assistance w/Medication Rem.	. X	

Instructor Strum Brown Date: ___

Vida Training Center Improper Practices

Employees are responsible for reporting any changes regarding their client's care that affects the development, change, and evaluation of the client care plan. Medicaid fraud is aggressively investigated and prosecuted by Nevada Medicaid Fraud (SURs); you must be aware and understand the following:

Any employee found to engage in improper practices may be subject to sanctions, including denial or termination from Nevada Medicaid Programs and reimbursement and penalties, including fines and jail time.

Improper practices may include but are not limited to:

- Submitting timecards for unauthorized visits to Medicaid Recipients
- Submitting timecards for services not provided to Medicaid Recipients
- Submitting timecards while the recipient has been admitted into the hospital
- Submitting timecards when recipient refused services
- Submitting timecards while the recipient has been admitted into hospice care
- Submitting timecards while the recipient has been admitted into rehabilitation
- Submitting timecards while in any training class

In general, any of the facilities mentioned above and other facilities where services are rendered to Medicaid recipients and paid for by Nevada Medicaid.

Aledo acknowledge that improper practices have been fully explained to me and I am responsible for preventing Medicaid Fraud. I understand that I am subject to penalties, fines, and/or jail time if I submit false timecards.

Employee Print Name Uctoria Brown

Kissa Aledo

Instructor Print Name

Employee Signature

atrois Brown

Instructor Signature

Date

- **Plan of Correction for UNITED FAMILY CAREGIVERS**
- **Deficiency Cited:** NAC 449.3973 (2) Qualifications and Duties of Administrator
- **Specific Findings Correction:**
- 1) To address the deficiencies cited in NAC 449.3973, UNITED FAMILY CAREGIVERS will:
- Ensure that the Administrator's responsibilities are clearly documented, including daily operations oversight, personnel qualifications, training, and adherence to the functional assessments and service plans of each client.
- Appoint a qualified designee to exercise authority in the Administrator's absence, with written confirmation of the designee's authority and specific duties.
- **Systematic Changes to Prevent Recurrence:**
- 2) The following measures will be implemented to prevent recurrence of this deficient practice:
- All personnel files will be updated to verify the qualifications and training completion of each employee, ensuring only trained attendants provide client services.
- An internal audit process will be established to verify training completion, qualifications, and adherence to functional assessments and service plans.
- An accounting and reporting system will be developed to reflect the fiscal experience and current financial position of the agency.
- **Monitoring Corrective Actions:**
- 3) A Quality Assurance (QA) review team will be created, led by the Compliance Officer, to monitor adherence to these corrective actions. Monthly reviews will ensure:
 - Compliance with personnel qualification and training requirements.
 - Verification that the assigned designee can fulfill the Administrator's role in their absence.
 - Financial accounting reflects the agency's current position and fiscal experience.
- **Responsible Position:**
- 4) **Compliance Officer** will oversee and ensure the implementation and continuous monitoring of this Plan of Correction.
- **Completion Date: **
- 5) **Target Completion Date: ** [Insert Completion Date, e.g., MM/DD/YYYY]
- **Supporting Documentation:**
- 6) All updated personnel files, training records, internal audit results, and QA reviews will be attached as supporting documents.
- **Identification and Correction of Potentially Affected Areas:**
- 7) An agency-wide assessment will be conducted to identify other areas where similar deficiencies might occur. Corrective actions will be applied where applicable to ensure compliance.
- **Application of Sanctions:**
- 8) UNITED FAMILY CAREGIVERS understands that non-compliance may result in sanctions in accordance with NRS 449.163 - 449.170 and NAC 449.9982 - 449.99939, based on the severity and scope of any future deficiencies as defined by NAC 449.99861 and NAC 449.9986.

```
### **Employee Confidentiality and HIPAA Agreement**

**Tag #P0050**

**Agency Name:** United Family Caregivers

**Employee Name:** Kissa Paz Aledo

**Date of Birth:** 07/05/1984
```

As an employee of United Family Caregivers, I understand the importance of maintaining client confidentiality in compliance with HIPAA and state regulations. I agree to the following terms:

- 1. **Confidentiality of Client Information**
 - I will protect all personal and medical information about clients.
 - I will not disclose client information without proper authorization.
- 2. **Use of Client Information**

Position: Administrator

- I will use client information only for job-related duties.
- I will follow agency protocols in handling and accessing records.
- 3, **Protection Against Unauthorized Access**
 - I will safeguard client records against unauthorized access, use, or disclosure.
- 4. **Compliance with HIPAA Regulations**
- I agree to comply with all HIPAA regulations regarding the privacy and security of client information.

I understand that violations of this agreement may lead to disciplinary action, including termination and potential legal penalties.

```
**Employee Signature:** Kissa Paz Aledo

**Date:** [Today's Date]

**Witness Signature:**

**Date:** [Today's Date]
```

Employee Performance Evaluation Form **Tag #P0085**
Agency Name: United Family Caregivers
Employee Name: Kissa Paz Aledo
Position: Administrator
Evaluation Period: [Specify Dates]
Evaluation Criteria
1. **Job Knowledge**
 Demonstrates understanding of responsibilities and regulatory compliance.
- Score (1-5):
2. **Quality of Work**
- Accuracy and thoroughness in completing tasks.
- Score (1-5):
3. **Dependability**
- Reliability and punctuality in fulfilling duties.
- Score (1-5):
4. **Communication**
- Effectiveness in communicating with clients, staff, and management.
- Score (1-5):
5. **Initiative and Problem-Solving**
- Ability to address and resolve issues proactively.
- Score (1-5):
6. **Adherence to Policies and Procedures**
 Follows agency protocols, HIPAA, and confidentiality guidelines.
- Score (1-5):
Overall Performance Score:/ 30
Comments:
Employee Signature: Kissa Paz Aledo
Date: [Today's Date]
Language Language and Language
Evaluator Signature:
Date: [Today's Date]

```
### **Employee Job Description and Qualifications Agreement**

**Tag #P0015**
```

- **Agency Name: ** United Family Caregivers
- **Employee Name:** Kissa Paz Aledo
- **Position:** Administrator
- **Date of Agreement: ** [Today's Date]
- **Position Qualifications**
- **Minimum Age: ** 18 years or older
- **Education: ** High school diploma or equivalent
- **Language Proficiency: ** Ability to read, write, speak, and understand English
- **Experience:** Demonstrates maturity, responsibility, and ability to understand the needs of elderly persons and persons with disabilities
- **Knowledge: ** Familiarity with Chapter 449 of NRS and NAC regulations related to personal care services
- **Primary Responsibilities**
- 1. **Staff Hiring and Training**
 - Employ qualified personnel and ensure they are trained per agency standards.
- 2. **Oversight and Compliance**
 - Provide oversight of services, ensuring they meet regulatory and client standards.
- **Client Protection**
- Prevent abuse, neglect, or exploitation of clients and report suspected cases within 24 hours to Adult Protective Services.
- 4. **Fiscal and Resource Management**
 - Oversee financial systems and resources to support agency and client needs.
- **Policy Implementation**
 - Develop and implement policies for client service and administrative operations.
- **Employee Acknowledgment**

I acknowledge and agree to fulfill the qualifications and responsibilities outlined in this Job Description.

Employee Signature: Kissa Paz Aledo

Date: [Today's Date]

Witness Signature:

Date: [Today's Date]

```
### **Confidentiality Acknowledgment for Client Records Access**

**Tag #P0025**
```

- **Agency Name: ** United Family Caregivers
- **Employee Name:** Kissa Paz Aledo
- **Position:** Administrator
- **Date of Acknowledgment:** [Today's Date]

Acknowledgment of Access Rights

As the Administrator, I acknowledge my responsibility to maintain and protect client records with the highest confidentiality standards. I understand the following:

- 1. **Authorized Access**
 - I have access to all client records as required for my administrative duties.
- 2. **Confidential Information Handling**
- I will ensure that all confidential information is handled in compliance with agency policies and state regulations, and removed only as necessary.
- 3, **Designee Access in My Absence**
 - In my absence, only the designated agency representative will have access to client records.
- **Employee Acknowledgment**

I understand and agree to comply with confidentiality requirements for accessing client records.

- **Employee Signature:** Kissa Paz Aledo

 Date: [Today's Date]

 Witness Signature:
- **Date: ** [Today's Date]

Elder Abuse Recognition, Prevention, and Reporting Policy Agreement

Tag #P0030

- **Agency Name: ** United Family Caregivers
- **Employee Name:** Kissa Paz Aledo
- **Position:** Administrator
- **Date of Agreement: ** [Today's Date]

Policy Summary

As an employee of United Family Caregivers, I acknowledge and understand the following procedures regarding elder abuse:

Types of Abuse

 Recognizing signs of physical, emotional, financial, and sexual abuse, as well as neglect and exploitation.

2. **Reporting Obligations**

 I am required to report any suspected cases of abuse, neglect, or exploitation of a client to Adult Protective Services (APS) within 24 hours.

3. **Staff Handling During Investigations**

 Staff involved in an abuse investigation may be reassigned or placed on administrative leave as deemed necessary.

4. **Confidentiality and Compliance**

 I agree to handle all client information in compliance with HIPAA and agency policies during any reporting or investigation.

Employee Acknowledgment

I understand and agree to follow the Elder Abuse Recognition, Prevention, and Reporting Policy.

- **Employee Signature:** Kissa Paz Aledo
- **Date: ** [Today's Date]

Witness Signature:

**Date: ** [Today's Date]

```
### **Prohibited Activities Agreement**
**Tag #P0040**
```

- **Agency Name:** United Family Caregivers
- **Employee Name:** Kissa Paz Aledo
- **Position:** Administrator
- **Date of Agreement: ** [Today's Date]

Prohibited Activities

As an employee of United Family Caregivers, I understand that the following activities are strictly prohibited:

- 1. **Personal Use of Client's Phone**
 - Making personal long-distance calls on a client's phone.
- 2. **Financial Transactions**
 - Loaning, borrowing, or accepting money or gifts from clients.
- Accepting or retaining money from clients, except for designated purposes such as grocery purchases.
- 3. **Power of Attorney and Legal Guardian Restrictions**
 - Serving as a legal guardian or being named attorney-in-fact for any client.
- 4. **Medical Procedures**
- Insertion or irrigation of catheters, performing physical assessments, administering medications, and other tasks outside the scope of a personal care attendant's duties.
- **Employee Acknowledgment**

I understand and agree to adhere to these restrictions and will avoid engaging in any prohibited activities as outlined above.

- **Employee Signature:** Kissa Paz Aledo
- **Date: ** [Today's Date]
- **Witness Signature:**
- **Date: ** [Today's Date]

```
### **List of Client's Rights**
**Tag #P0045**
```

**Agency Name: ** United Family Caregivers

Each client receiving services from United Family Caregivers has the following rights:

- 1. **Respect and Dignity**
 - To receive considerate and respectful care recognizing the inherent worth and dignity of each client.
- 2. **Participation in Service Planning**
- To participate in the development of their service plan and receive an explanation and a copy of the plan.
- **Access to the Bureau for Complaints**
 - To receive the contact information for the Bureau to report complaints.
- 4. **Confidentiality**
 - To have personal information kept confidential as per HIPAA and agency policies.
- 5. **Requests for Assistance**
 - To receive responses to reasonable requests for assistance within the limits of the service plan.
- 6. **Policy Information**
- To receive information on agency policies, including those related to charges, reimbursements, and service plans.
- **Acknowledgment**

I have received and understand my rights as outlined above.

Client/Responsible Party Signature:	
Date: [Today's Date]	
**Agency Representative Signature ** Kissa Paz Aledo	

**Date: ** [Today's Date]

Infection Control and Communicable Disease Policy Acknowledgment

Tag #P0055

- **Agency Name:** United Family Caregivers
- **Employee Name:** Kissa Paz Aledo
- **Position:** Administrator
- **Date of Acknowledgment:** [Today's Date]

Policy Summary

As an employee of United Family Caregivers, I agree to adhere to the following infection control practices:

- 1. **Hand Hygiene**
 - Wash hands thoroughly before and after client contact and wear gloves as needed.
- **Personal Protective Equipment (PPE)**
 - Use gloves, masks, and gowns appropriately to prevent exposure to bodily fluids and pathogens.
- **Cleaning Procedures**
 - Follow agency cleaning protocols, including sanitizing surfaces and equipment after each use.
- 4. **Handling Bodily Fluids**
 - Safely dispose of waste and handle bodily fluids in compliance with OSHA and agency policies.
- 5. **Infection and Disease Reporting**
 - Report any signs of communicable disease in clients or staff immediately.
- **Employee Acknowledgment**

I understand and agree to follow the Infection Control and Communicable Disease Policy.

- **Employee Signature:** Kissa Paz Aledo
- **Date: ** [Today's Date]
- **Witness Signature:**
- **Date: ** [Today's Date]

```
### **Employee Annual Health Screening Form**
**Tag #P0060**
**Agency Name: ** United Family Caregivers
**Employee Name:** Kissa Paz Aledo
**Date of Birth: ** 07/05/1984
**Position:** Administrator
**Date of Screening:** [Today's Date]
**Health Screening Requirements**
1. **Tuberculosis Screening**
 - TB test result: [Attach results]

    Date of Test: [Insert Date]

**Physical Health Examination**
 - Physical exam completed: Yes [ ] No [ ]
 - Date of Exam: [Insert Date]
**Immunizations**
- Required vaccinations updated per agency policy: Yes [ ] No [ ]
**Screening Verification**
I certify that the health screening requirements outlined above have been completed in compliance with
agency policies and Nevada regulations.
**Employee Signature:** Kissa Paz Aledo
**Date: ** [Today's Date]
**Screening Personnel Signature:**
**Date:** [Today's Date]
```

### **Client Initial Screening and Service Evaluation Form** **Tag #P0070**	
Agency Name: United Family Caregivers **Client Name:**	
Date of Screening: [Today's Date] **Conducted By:** Kissa Paz Aledo	
Client Needs and Requested Services 1. **Identified Client Needs:**	
2. **Requested Personal Care Services:**	
Documentation of Services Provided - **Description of Personal Care Services Provided:**	
- **Service Frequency and Schedule:**	
Signatures	
- **Evaluator Signature:** Kissa Paz Aledo - **Date:** [Today's Date]	
- **Client Signature:**	
- **Date: ** [Today's Date]	

```
### **Certificate of Elder Abuse Training Completion**

**Tag #P0099**
```

- **Agency Name:** United Family Caregivers
- **Employee Name: ** Kissa Paz Aledo
- **Position:** Administrator
- **Date of Training Completion:** [Today's Date]
- **Training Topics Covered**
- 1. **Recognizing Abuse**
 - Physical, emotional, financial, and sexual abuse, along with neglect and exploitation.
- 2. **Reporting Procedures**
 - How to report suspected abuse to Adult Protective Services (APS) within 24 hours.
- **Legal Responsibilities**
 - Federal and Nevada state laws related to elder abuse prevention and reporting.
- **Acknowledgment of Completion**

I certify that I have completed the elder abuse training as required and understand my responsibilities in recognizing and reporting any suspected abuse.

```
**Employee Signature: ** Kissa Paz Aledo

**Date: ** [Today's Date]

**Trainer Signature: **

**Date: ** [Today's Date]
```

Employee Training Policy and Annual Training Acknowledgment

Tag #P0125

- **Agency Name:** United Family Caregivers
- **Employee Name: ** Kissa Paz Aledo
- **Date of Birth: ** 07/05/1984
- **Position:** Administrator
- **Training Policy Summary:**

All employees are required to complete at least 8 hours of training annually on topics related to client care, including but not limited to:

- 1. Client rights and confidentiality
- Recognizing and preventing elder abuse
- Infection control and hand hygiene
- 4. Emergency response and non-medical emergencies
- 5. Communication and active listening skills

By signing below, I acknowledge that I have received and understand the annual training requirements and commit to completing 8 hours of training as outlined in the policy.

Employee Signature: Kissa Paz Aledo

Date: [Today's Date]

Agency Representative Signature:

Date: [Today's Date]

```
### **Employee Emergency Contact Information Form**
**Tag #P0130**
**Agency Name: ** United Family Caregivers
**Employee Name: ** Kissa Paz Aledo
**Position:** Administrator
**Date of Submission:** [Today's Date]
**Emergency Contact Information**
1. **Primary Contact**
 - **Name: **
 - **Relationship: **
 - **Phone Number:**
 - **Alternative Phone Number: **
2. **Secondary Contact** (if applicable)
 - **Name: **
 - **Relationship:**
 - **Phone Number: **
 - **Alternative Phone Number: **
**Medical Information**
- **Allergies or Health Conditions (if any):**
**Employee Signature:** Kissa Paz Aledo
**Date: ** [Today's Date]
```

```
### **Employee Competency Evaluation Form**
**Tag #P0140**
**Agency Name: ** United Family Caregivers
**Employee Name:** Kissa Paz Aledo
**Position:** Administrator
**Date of Evaluation: ** [Today's Date]
**Evaluator Name: ** Johnny Allen
**Competency Areas**
1. **Personal Care Skills**
 - Competent: Yes [] No []
 - Comments:
2. **Infection Control Practices**
 - Competent: Yes [ ] No [ ]
 - Comments:
**Client Rights and Confidentiality**
 - Competent: Yes [] No []

    Comments:

4. **Emergency Response**
 - Competent: Yes [ ] No [ ]

    Comments:

5. **Communication Skills**
 - Competent: Yes [ ] No [ ]
 Comments:
**Overall Competency:**
- Competent: Yes [] No []
**Signatures**
- **Employee Signature: ** Kissa Paz Aledo
- **Date: ** [Today's Date]
- **Evaluator Signature: ** Johnny Allen
- **Date: ** [Today's Date]
```

Employee Incident/Injury Report Form **Tag #P0150**
Agency Name: United Family Caregivers
Employee Name: Kissa Paz Aledo
Date of Incident/Injury: [Insert Date]
Time of Incident/Injury:
Location of Incident/Injury:
Description of Incident/Injury
 Provide a detailed description of the incident or injury, including any contributing factors
Immediate Actions Taken
 Describe any immediate response, first aid, or medical attention provided:
Follow-Up Actions Required
-[]Yes
- [] No
- If yes, describe follow-up actions:
Signatures
- **Employee Signature:** Kissa Paz Aledo
- **Date:** [Today's Date]
- **Supervisor Signature:**
- **Date:** [Today's Date]

### **Incident Report Form** **Tag #P0155**	
Agency Name: United Family Caregivers	
Client/Employee Involved:	
Date of Incident: [Insert Date]	
Time of Incident:	
Reported By: Kissa Paz Aledo	
Location of Incident	
Description of Incident	
 Provide a detailed account of the incident, including actions leading 	up to it:
Immediate Actions Taken	
- Describe any immediate response or actions taken:	
Follow-Up Required	
-[]Yes	
-[]No	
- Describe follow-up actions needed, if any:	
Signatures	
- **Report Completed By:** Kissa Paz Aledo	
- **Date:** [Today's Date]	
- **Witness Signature (if applicable):**	
- **Date:** [Today's Date]	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

### **Attendant Care Service Verification Form** **Tag #P0165**	
Agency Name: United Family Caregivers **Client Name:**	
Attendant Name: Kissa Paz Aledo	
Service Date(s): **Service Time(s):**	
Service Details	
- **Type of Service Provided:**	
- **Observations or Notes:**	
Client Confirmation of Services	
I confirm that the services listed above were provided to my satisfaction o time(s).	n the specified date(s) and
Client Signature:	
Date: [Today's Date]	
Attendant Signature: Kissa Paz Aledo **Date:** [Today's Date]	

Initial Client Disclosure Statement **Tag #P0175**
Agency Name: United Family Caregivers
Client Name:
Date of Disclosure: [Today's Date]
Disclosure Statement
United Family Caregivers provides personal care services within the scope of the agency's licensure.
The agency is not authorized to manage or address unstable or unpredictable medical and health conditions.
Included Information
1, **Qualifications and Training of Attendants**
- All attendants are trained and qualified to provide personal care services in compliance with state
regulations.
2. **Charges and Billing**
- Fees for services, billing procedures, payment systems, and due dates are provided at the start of

- 3. **Termination of Services**
- Circumstances that may result in service termination and the policy for notifying clients are explained.
- 4. **Contact for Emergencies and After-Hours**

services. Clients will be notified in advance of any fee changes.

- Contact the Administrator or Designee during service hours; after-hours policy is explained to clients.
- 5. **Client Rights and Grievance Procedure**
 - Information on client rights and the process for submitting complaints is provided.
- **Acknowledgment**

I acknowledge receipt and understanding of the information provided in this disclosure.

Client/Responsible Party Signature:	
Date: [Today's Date]	
Agency Representative Signature: Kissa Paz Aledo	
Date: [Today's Date]	

### **Client Consent for Service **Tag #P0180**	es Form**
Agency Name: United Fam **Client Name:**	ily Caregivers
Date of Consent: [Today's I	Date]
Conducted By: Kissa Paz A	ledo
Consent Statement	
I.	, hereby consent to receive personal care services from
United Family Caregivers. I und plan and that my rights as a clien	erstand that services will be provided in accordance with the service
Description of Services	
*** ***	ture and scope of the services provided, including:
Client Rights and Grievance P	Procedures
:	informed of my rights as a client and understand the grievance
procedures.	2004 1994 1990 1990 1994 1994 1995 1996 1996 1996 1996 1996 1996 1996
Confidentiality and Privacy	
	personal information in compliance with HIPAA and agency policies.
Client Signature:	
Date: [Today's Date]	
Agency Representative Signat	ture: Kissa Paz Aledo
Date: [Today's Date]	

### **Client Grievance/Complaint Form** **Tag #P0190**	
Agency Name: United Family Caregivers **Client Name:**	
Date of Complaint: [Today's Date] **Received By:** Kissa Paz Aledo or Designee	
Grievance/Complaint Details - **Description of Complaint:**	
- **Date(s) of Incident(s):**	
- **Persons Involved:**	
Action Taken	
- **Initial Response:**	
- **Investigation Details:**	
- **Resolution and Follow-Up:**	
Notification of Client	
I have been informed of the actions taken regarding my grievance/complaint	or have received a reason
for no action taken.	
Client Signature:	
Date: [Today's Date]	
Agency Representative Signature: Kissa Paz Aledo **Date:** [Today's Date]	

```
### **Employee Exit Interview Form**
**Tag #P0205**
**Agency Name: ** United Family Caregivers
**Employee Name: ** Kissa Paz Aledo
**Position:** Administrator
**Date of Exit Interview:** [Today's Date]
**Conducted By:** [Supervisor Name]
**Reason for Leaving**
- Voluntary [ ]
- Involuntary [ ]
- Other:
**Feedback on Employment Experience**
1. **What did you enjoy most about working with United Family Caregivers?**
2. **What aspects of the job could be improved?**
3. **Suggestions for Enhancing the Work Environment**
4. **Were you satisfied with the support and resources provided?**
**Rehire Eligibility**
- Eligible for rehire: Yes [ ] No [ ]
**Signatures**
- **Employee Signature: ** Kissa Paz Aledo
- **Date: ** [Today's Date]
- **Interviewer Signature:**
- **Date: ** [Today's Date]
```

	Initial Screening and Evaluation Form ag #P0210**
	gency Name:** United Family Caregivers
	ate of Initial Screening:** [Today's Date] onducted By:** Kissa Paz Aledo
	valuation of Client's Requests for Personal Care Services:** Summary of Client Needs:**
- **	Requested Services:**
Se	ervice Plan Development:
	Accepted Service Plan:** Yes [] No []
	Description of Services to be Provided:**
A	gency Capability Assessment:
Carrier State	Agency Resources Sufficient to Meet Client Needs:** Yes [] No [
Si	gnatures
	Screener Signature:** Kissa Paz Aledo
	Date:** [Today's Date]
Cl	ient Signature:
	ate:** [Today's Date]

1	ency Name:** United Family Caregivers
	ent Name:**
Serv	vice Plan Date: [Today's Date]
Dev	eloped By: Kissa Paz Aledo
Serv	vice Plan Details
1. **S	ervice Schedule**
- **I	Days of Service:**
_ **	Time of Service:**
2. **L	ist of Services to be Provided**
	mergency Procedures**
	No-Show Policy:** Reviewed with client
	Procedure for Additional Visits:** Reviewed with client
- **(Contact for After-Hours Assistance:** [Administrator Contact Number
4. **A	gency Responsibilities and Client Rights**
- **1	Hiring and Training Policy for Staff**
- **(Grievance Procedure**
- **I	List of Prohibited Services**
	natures**
**Sign	
A CONTRACTOR OF THE PARTY OF TH	ient Signature:**
- **Cl	ient Signature:** ite:** [Today's Date]
- **Cl - **Da	

*Agency Name:** United Fa	amily Caregivers
*Client Name:**	annity Categivers
*Date of Visit/Call:** [Toda	v'e Datal
*Conducted By:** Kissa Pa	
Conducted Dy. 10133a Fu.	articus of Designee
*Evaluation of Service Qual	itv**
. **Techniques Used in Care	- FL 7U.S. 2021
- Appropriate and safe techn	
	**
. **Adherence to Service Pla	in**
- Service plan followed as o	utlined: Yes [] No []
. **Effectiveness of Service	
 Service plan meets client's 	needs; Yes [] No []
***************************************	in the size
. **Staff Training Sufficienc	•
- Attendant has adequate tra	ining for services provided: Yes [] No []
. **Follow-Up Needed**	
- Issues requiring follow-up	Ves [1 No [1
- Describe if applicable:	. 103[] 110[]
- Describe it applicable.	
*Signatures**	
Supervisor Signature: k	Cissa Paz Aledo
Date: [Today's Date]	
# #5 F1	
Client Signature (if preser	nt):
Date: [Today's Date]	6/8/PO 1/2

Client Discharge Summary Form **Tag #P0230**
Agency Name: United Family Caregivers **Client Name:**
Date of Discharge: [Today's Date] **Completed By:** Kissa Paz Aledo
Reason for Discharge
- [] Client Request - [] Service Plan Completed
- [] Transfer to Another Agency - [] Other:
Summary of Services Provided
- Description of services rendered and any notable outcomes:
Follow-Up or Referral Information
- Details of follow-up recommendations or referrals made:
Client Acknowledgment
I acknowledge that I have been informed of my discharge and understand the follow-up or referral recommendations provided.
Client Signature:
Date: [Today's Date]
Agency Representative Signature: Kissa Paz Aledo **Date:** [Today's Date]