

LOVE RESPECT AND CARE HOME HEALTH AIDE
AGENCY/REGISTRY LLC

LOVE RESPECT AND
CARE
HOME HEALTH AIDE
EMPLOYEE
HANDBOOK



LOVE RESPECT AND CARE HOME HEALTH AIDE AGENCY/REGISTRY LLC

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LOVE RESPECT AND CARE HOME HEALTH AIDE AGENCY/REGISTRY LLC

Dear Newly hired caregiver:

I am writing this letter in reference to your position as a caregiver for Love Respect and Care Home Health Aide Agency/Registry LLC. You will undergo a 90-day probationary period. Probation will start once you accept a case with our agency. Within this period, you will go through certain training to enable you to provide excellent service to our valued consumers. Love Respect and Care administration staff will keep an eye on the employee regarding professionalism, sincerity, honesty, and dedication toward work. Since you are new to Love Respect and Care, your behavior with our consumers, and administration staff will be monitored and assessed during your probationary period. If the new employee does good throughout this period, attend work regularly, shows respect to his/her seniors the new hire employee will obtain permanent position with Love Respect and Care Home Health Aide Agency/Registry LLC.

Love Respect and Care informs new hires of this probationary period during orientation. This allows Love Respect and Care to terminate new hire with our Agency if they're not suitable for the expectations we graciously lecture in.

You will abide by all the rules and regulations during your employment with Love Respect and Care Home Health Aide Agency/Registry LLC. It is very important to

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obtain the valuable information and tips learned in orientation. Our caregivers help the management of Love Respect and Care to continue our mission which is to be there for those in need.

Your signature indicates that you understand and will abide to these terms.

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CALL OFFS

IF YOU HAVE TO CALL OFF IT MUST BE REQUESTED 24 HOURS BEFORE YOUR SHIFT IS TO BEGIN. WHEN REQUESTING TO BE OFF YOU MUST SPEAK WITH A LIVE PERSON, IT IS AGAINST LRC POLICY TO REQUEST OFF BY LEAVING A VOICE MAIL. IF YOU CALL OFF BY VOICE MAIL THERE IS A CHANCE THAT NO ONE WILL RECEIVE YOUR MESSAGE THEREFORE WON'T HAVE THE TIME TO GET A REPLACEMENT TO COVER YOUR SHIFT. PLEASE NOTE THIS IS A FORM OF NEGLET AND WILL NOT BE TOLERATED, AND YOU WILL BE TERMINATED WITHOUT INCEIDENT.

PLEASE BE ADVISED THAT IT IS PROHIBITED TO DISCUSS LATE STARTS AND EARLY LEAVES WITH THE CONSUMER. THEY MUST ONLY BE DISCUSSED WITH LRC MANAGEMENT.

MONDAY THRU FRIDAY YOU CAN REQUEST TO BE OFF BY CALLING 412-362-0657 OFFICE

9:00 AM TO 5:00 P.M.

AFTER 5:00 PM YOU MUST CONTACT, IN THIS ORDER:

DARNICA GORDON (EXECUTIVE CHIEF) 412-478-8892

MELBA JONES (CEO) 412-277-3165

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No Discussion

It is against Love Respect and Care policy to discuss and/or share any LRC business with anyone, including the client. If there is an issue it is imperative that you discuss it with management only. Once management has knowledge of any issue it will be addressed. If it is found that you are in violation of this policy you will receive:

1st Offense – Written Warning

2nd Offense – Immediate Termination

Also, if you will be late or need to call off please call the office first and speak with management. Once you contacted management you will be advised whether or not you can contact the client.

If you have any questions feel free to email lrc_concerns@aol.com or call the office Monday-Friday 9:00 a.m.-5:00 p.m.

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Provider Policy

Provider Policy/Gifts Prohibited: It is prohibited for the provider to make any direct or indirect referrals/arrangements between practitioners and other providers of medical services or supplies but may recommend the services to another provider or practitioner, automatic referrals between providers are prohibited.

Receiving gifts and money is NOT permitted.

LRC will comply in regards to OLTL and rules and Regulations pertaining to direct or indirect referrals

(a) A recipient may obtain services from any institution, agency, pharmacy, person or organization that is approved by the Department to provide them.

Therefore, the provider shall not make any direct or indirect referral arrangements between practitioners and other providers of medical services or supplies but may recommend the services of another provider or practitioner; automatic referrals between providers are, however, prohibited.

(c) Providers are prohibited from making the following arrangements with other providers:

(1) The referral of MA recipients directly or indirectly to other practitioners or providers for financial consideration or the solicitation of MA recipients from other providers.

(2) The offering of, or paying, or the acceptance of remuneration to or from other providers for the referral of MA recipients for services or supplies under the MA Program.

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(3) A participating provider may not lease or rent space, shelves or equipment within a provider's office to another provider or allowing the placement of paid or unpaid staff of another provider in a provider's office. This does not preclude a provider from owning or investing in a building in which space is leased for adequate and fair consideration to other providers nor does it prohibit an ophthalmologist or optometrist from providing space to an optician in his office.

(4) The solicitation or receipt or offer of a kickback, payment, gift, bribe or rebate for purchasing, leasing, ordering or arranging for or recommending purchasing, leasing, ordering or arranging for or recommending purchasing, leasing or ordering a good, facility, service or item for which payment is made under MA. This does not preclude discounts or other reductions in charges by a provider to a practitioner for services, that is, laboratory and x-ray, so long as the price is properly disclosed and appropriately reflected in the costs claimed or charges made by a practitioner.

(5) A participating practitioner or professional corporation may not refer a MA recipient to an independent laboratory, pharmacy, radiology or other ancillary medical service in which the practitioner or professional corporation has an ownership interest. PREARRANGED referrals are strongly snared upon per (55PA.1101.51) REGULAIONS.

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Task Personal Care and Home Support Workers are **NOT** permitted to perform:

While the consumer is our first and #1 priority, keep in mind that we want to keep everyone safe.....

The following list was developed by the Allegheny County Area Agency on Aging and details tasks that are not permitted by personal care workers and home support workers. If you have any questions, Please call the office at (412)362-0657 or call you **case manager**.

1. May not climb ladders, Chairs, stools or furniture (while) if a consumer can't reach something and you are only using a **step stool, Please assist**.
2. May not take down, wash or hang drapes/curtains.
3. May not shovel snow
4. May not move heavy furniture or large area rugs to clean under them.
5. May not perform household maintenance and/or repairs
6. May not perform task not **specified** in the consumers **care plan**.
7. May not perform any medical tasks (i.e. **give injections, eye or ear drops, apply ointments, change dressing, clean tubes, dispense medication**).
8. May not give hair cuts
9. May not cut nails
10. May not wash clothes for any member of the household other than the consumer.

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11. May not help with money management such as budgeting, paying bills, or cashing checks. Note: **This does not mean that you can't go to the store and purchase money orders for the consumer.**
12. May not purchase alcoholic beverages.
13. May not move or carry heavy objects (if it is too heavy for the consumer and you don't think it will be too heavy for you) **please assist-use your discretion.**
14. May not wash walls
15. May not do gardening, raking or mowing.
16. May not shampoo carpets
17. DCW may not clean consumer or anyone associated with the consumer's stove or refrigerator
18. May not clean up after guests' parties (if it's the **consumer's birthday**) you can (please use your **DISCRETION.....**
19. May not wash floors/baseboards on their hands and knees (**UNLESS**) they want to.
20. May not clean basements, attic or rooms the consumer does not use (keep in mind) ours services are for the **CONSUMER.**
21. May not wash family members dishes
22. May not care for consumers while they are hospitalized or reside in a facility.
23. May not care for home/apartment when consumer is not home.
24. May not bring children to work.
25. May not handle consumer in bathing, lotion, restroom without **gloves.**

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DESIGNATED TIME AND LOCATION

All home health aides/all staff that are not present in their designated time and location will be terminated immediately. This behavior/violation is a form of neglect and shall **Not Be Tolerated**. The proper authorities (The Police) will be notified regarding this violation and could be result in the loss of license and or certifications including fines. LRC take this matter very seriously, if you are found guilty of this your employment with Love Respect and Care will be terminated without further incident. Your signature on this form indicates that you understand this policy and will abide by it during your employment with Love Respect and Care.

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CELL PHONE POLICY/DISCUSSION OF PERSONAL LIFE ISSUE WITH CLIENTS

Dear Employee,

It is **prohibited** to use your cell phone for personal use while in the home of our consumers. Please note while cell phones are necessary to communicate, they are **only** to be used in emergency situations. There will be no texting, or social media usage or games, while in the consumers home. If this policy is not followed by the caregiver, they will be suspended for 3 days. If for any reason after your suspension this policy is violated again you will be immediately terminated.

It is also **prohibited** for any staff or caregiver to share their personal lives with a consumer, this will **NOT BE TOLERATED**. You must keep ANY and ALL personal events and problems to yourself. Please keep in mind that you are a guest in the consumer's home and when you enter the home you are to be a professional. As a direct result of sharing your person issues with our consumers it adds undue stress to the consumer's life and for this reason you **MUST** keep ALL conversations you have with your consumer about the care of the consumer, the day's events and general conversation, such as the news etc. Never should a consumer call the office and tell us that you shared with them your personal problems, and due to you sharing they become ill from stress. Furthermore, there will be no

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personal business conducted on the consumer's time. This is stealing time for personal use. If these policies are broken the following reprimand will occur:

1. A written warning
2. (3) Day suspension
3. Immediate termination

Your signature indicates that you fully understand the
NO CELL PHONES/NOT DISCUSSING YOUR PERSONAL
LIFE WITH THE CONSUMER POLICY.

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Doctors Excuse

Policy: This policy relates to all Love Respect and Care Home Health Aide Agency/Registry LLC Employee, all employees must give a doctors excuse after being absent for 3 days, we expect to receive this excuse on or before the 4th day of your absence. This doctor's excuse must state if you are under doctor's care, if so when you may return back to work, and if there are any restrictions for your return to work.

Procedure: If this excuse is not received by the 4th day of your absence, you will be terminated. The reason for this action is because you are vital part of Love Respect and Care Home health aide team. When you are absent from the Consumers home we are forced to solicit another caregiver, this entails an introduction and training to suite the Consumers needs so that they receive quality care. This takes time and additional finance to do so. Also it's very critical that we are able to schedule all our caregivers time effectively so that all consumers are serviced. Your presence is very important to your Consumer and the Company.

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Individual Service Plan

I, _____,
acknowledge that I have received training on
information gathered on the consumers Individual
Service Plan (ISP). I acknowledge that the information
includes but not limited to, an assessment of health and
safety issues, individual preferences, priorities and
needs that promote a person-centered planning process
in developing outcomes and positive approaches in
supporting the individual. I agree to carry out the
responsibilities of the Individual Service Plan (ISP).

TIMESHEET:

All time sheets need to be completely filled out. There
should not be any blanks on your time sheet unless you
were off. If you did not work a particular day you would
need to note “**off**” in the “**in**” and “**out**” section on the
timesheet. Also the pay period should show two weeks
(14 days). Timesheets must be turned in every two
weeks, whether it be mailed, dropped-off, or faxed to
the office. Please ensure that all that the hours you
provided service for is recorded on your timesheet. It is
a crime to bill for hours you did not work or double bill.
You need to make sure that you put in the correct hours
you have worked, **failure to do so will result in
termination and you will pay back any hours that are**

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**due to Love Respect and Care Home Health Aide
Agency LLC.**

It is also very important that you completely fill out your **activity**. We use these activity notes, not only for the state of Pennsylvania to justify billing, but also to monitor your performance. As you know, we do both announce and unannounced visits to each of our consumers home. Love Respect and Care keeps activity notes for all consumers to ensure that we are providing quality care to each and every consumer so that they may remain in the comfort of their own home. Love Respect and Care uses these activity notes, as well as visits, to monitor that what is being marked on your activity notes is actually being done. **Failure to complete the activity portion of your timesheet may result in a delay with your paycheck.**

By signing this form, you are saying that you absolutely understand and agree to the terms of this policy.

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Direct Care Workers,

Timesheets **must** be signed, approved, and submitted the Tuesday (by 3:00pm) before payday.

Example: Pay Day 1-20-17

Sheets due 1-17-17

If you are dropping off your timesheets, it would be by **appointment only**. You would need to call the office to set this up.

Feel free to review your paystubs at paychecks.intuit.com. You can sign up using your Love Respect and Care e-mail address.

Also, Pay Day is every other Friday. If you **do not** receive your paycheck at that time, only then can you give the office a call.

It is your responsibility to make sure your timesheets are correct and turned in on time. If for any reason you have that you worked on a particular day and it is found that you did not, the money will be deducted from your paycheck.

If for any reason you would like to discontinue a case you are required to give at least a 2 weeks' notice. **If a 2 weeks' notice is not given you will be immediately terminated.**

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Reliable Transportation:

This policy relates to all Love Respect and Care Home Health Aide Employee:

All employees are expected to have reliable transportation throughout the duration of their employment with Love Respect and Care Home Health Aide.

Procedure:

If you are unable to maintain reliable transportation for more than 1 week we will have to remove you from your case until you can guarantee reliable transportation.

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Assuming Power of Attorney

It is against Love, Respect, and Care policy and procedure for any LRC employee to assume Power of Attorney or guardianship over any consumer using our services. In addition Love Respect and Care will not hire or roster any legally responsible individuals such as spouses, legal guardians, or Representative Payee or a Power of Attorney (POA) according to the CHC Waiver.

It is also prohibited for any LRC employee to accept any endorsed checks from any consumer rather it be a personal, SSI, SSD, or pay check.

If it is found out that you involved yourself in any of these activities you will be terminated immediately.

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Consumers' Rights Acknowledgement Form

1. The consumer has the right to free choice, including the right to:
 - Choose an attending physician
 - Full advance information about changes in care or treatment
 - Participate in the assessment and care planning process
 - Self-administration of medications if the consumer is assessed as being able to do so
 - Consent to participate in experimental research
2. The consumer has the right to freedom from abuse, and restraints, including freedom from:
 - Physical, sexual and mental abuse
 - Corporal punishment (the use of physical force) and involuntary seclusion (isolating a resident with a medical reason)
 - Physical and chemical restraint
3. The consumer has the right to confidentiality of personal and clinical records.
 - Treatment and nursing care
 - Receiving/sending mail
 - Telephone calls
 - Visitors

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4. The consumer has the right to accommodation of needs, including:
 - Choice about life
 - Receiving assistance in maintaining independence
 - Maintaining independence
5. The consumer has the right to voice grievances
6. The consumer has the right to organize and participate in family and groups activities
7. The consumer has the right to participate in social, religious and community activities, including the right to:
 - Vote
 - Keep religious items in room
 - Attend religious services
8. The consumer has the right to examine survey results and correction plans
9. The consumer has the right to manage personal funds
10. The consumer has the right to information about Medicare/Medicaid funds
11. The consumer has the right to file complaints about abuse, neglect or misappropriation of property
12. The consumer has the right to information about advocacy groups

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13. The consumer has the right to immediate and unlimited access to family or relatives
14. The consumer has the right to share a room with the spouse if they are both residents in the same facility or home
15. The consumer has the right to use personal possessions
16. The consumer has the right to notification of change in condition
17. The consumer has the right to dignity and mutual respect
18. To have property treated with respect,
Therefore, all/staff/employees are not permitted to accept tips, gifts or to borrow from clients/consumers

Love Respect and Care Home Health Aide
Agency/Registry LLC has read and explained to you your rights as a consumer.

This form verifies that you understand your rights as a consumer and you received a copy.

This form also verifies and applies to all staff members, employees, owner, administrator, office staff, and family members that they have been explained and read to them as well and they have received a copy.

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Violations of Consumer rights by any staff member or Employee will end in termination of hire with this company.

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CLIENT BILL OF RIGHTS & RESPONSIBILITIES

- Receive considerate and respectful care in the home at all times, and have property treated with respect
- Participate in the development of the plan of care, and receive an explanation of any services proposed, changes in service, and alternative services that may be available.
- Receive complete written information on the plan of care, including the name of the home health aide and the supervisor responsible for the services and the agency phone number.
- Refuse medication and treatment, counseling, or other services without fear of reprisal or discrimination.
- Be fully informed of the consequences of all aspect of care, including the possible results of refusal of medical treatment, counseling or other services.
- Privacy and confidentiality about one's health, social and financial circumstances and about what takes place in the home.
- Expect that all home care personnel, within the limits set by the attendant of care, will respond in good faith to the client's requests for assistance in the home.

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- Receive information on the agency's policies and procedures including, information on discontinuation of service; request a change of caregiver.
- Participate in the plan for discontinuation of service with right to appeal.
- Have access to all bills for service regardless of whether they are paid for out-of-pocket or through other sources of payment.
- Receive regular nursing supervision of the homemaker-home health aide if medically related person care is needed.
- Receive a clear explanation of which services and equipment provided by the agency are for by the client and of the charges which will incurred.
- Receive a clear explanation of the process to voice grievance about care, treatment for discontinuation of service without fear of discrimination or reprisal for doing so.
- Know the agency maintains liability insurance coverage; and be given in writing the name and telephone number of a contact person for 24 hour access to the agency.
- Be given written information concerning the agency's policy on advance directives.
- Call the state department of Health Hotline at 1-800-254-5164.

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- Write the accrediting body; the National Association for Home Health Care Accreditation Program 228 seventh St., SE Washington, D.C 20003

Clients of Home Care Options Have the Responsibility to:

- Notify the agency of changes in their condition or care situation (hospitalization, symptoms, etc.).
- Follow the plan of care.
- Notify the agency if the visit schedule needs to be changed.
- Keep appointments and notify the agency if unable to do so.
- Provide a safe environment for care to be provided.
- Contractors/Employees are not permitted to accept tips, gifts, or to borrow from clients.

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Employee Agreement

This agreement dated _____ 20____ is made by
and between Love Respect and Care Home Health Aide
Agency a Pennsylvania company located at 5907 Penn
Ave Suite 300 Pittsburgh, PA 15206 and
_____ an
employee at Love Respect and Care whose address is

Acknowledgement of Employee Status. The above
named employee acknowledges that he/she is an
employee of Love Respect and Care Home Health Aide
Agency/Registry LLC.

Terms of Agreement. This agreement shall be in full
force and effective upon execution by the company and
employee. It shall remain in effect during the period
that an employee is referred to a client for professional
care services. Professional care service will include the
following: personal care, homemaker services,
companion sitters, respite, shopping and errands,
unless terminated by company as provided in this
agreement. Employees may not take similar services
from the client/consumer or any other client/consumer
on Love respect and Care Agency/Registry behalf,
except pursuant to employment with Love Respect and
Care Home Health Aide Agency/Registry. Failure to
comply with this stipulation will result in Love Respect
and Care Home Health Aide Agency/Registry seeking an

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amount equal to the fees charged by Love Respect and Care to generate for the time that the service was provided.

Entire Agreement. This agreement constitutes the entire agreement understanding between company and employee with respect to the subject matter hereof, and any and all previous agreement, written or oral express or implied, between the parties or on their behalf, relating to this agreement, and terminated and cancelled and each of the parties released and forever discharges the other of and from all manner of actions. Causes of action, claims and demands whatsoever, under or in respect to any such previous agreement. This agreement may not be modify or amended except by written instruments executed by all the parties.

Governing Law. If any clause of this agreement is determine to be unenforceable under applicable federal or state law, the exclusion of such clause shall not affect the validity or enforceability of this agreement. The validity of this agreement, the construction and enforcement of its terms and interpretation of the rights and duties of the parties will be governed by the laws of the commonwealth of Pennsylvania, without regard to its conflict of laws principles.

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IN WITNESS WHEREOF, the undersigned duly authorized representatives of company and employees have executed this agreement effective as of the date first written above.

Background Check

I _____,
acknowledge that I have talked to my supervisor regarding my criminal record that I have already sent away for. I am aware that certain criminal offense will prohibit me from working for Love Respect and Care Home Health Aide Agency/Registry LLC. I acknowledge that I have received a list of Prohibitive Offenses contained in Act 169 of 1996 as amended by Act 13. By signing this form I am stating that none of these offenses that will prohibit me to work for Love Respect and Care Home Health Aide LLC will be on my criminal history report. I also understand that any of these prohibited offenses in the future will cause my employment with Love Respect and Care to be terminated.

PROHIBITIVE OFFENSES

Contained in ACT 169 of 1996 as
Amended by ACT 13 of 1997 Criminal
Offenses

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Offense Code	Prohibitive Offense	Type of Conviction
CC2500	Criminal Homicide	Any
CC2502A	Murder I	Any
CC2502C	Murder II	Any
CC2502C	Murder III	Any
CC2503	Voluntary Manslaughter	Any
CC2504	Involuntary	Any
CC2505	Causing or Aiding	Any
CC2506	Drug Delivery Resulting	Any
CC2702	Aggravated Assault	Any
CC2901	Kidnapping	Any
CC2902	Unlawful Restraint	Any
CC3121	Rape	Any
CC3122.1	Statutory Sexual Assault	Any
CCI23	Involuntary Deviate	Any
CC3124.1	Sexual Assault	Any
CC3125	Aggravated Indecent	Any
CC3126	Indecent Assault	Any
CC3127	Indecent Exposure	Any
CC3301	Arson & Related	Any
CC3502	Burglary	Any
CC3701	Robbery	Any
CC3901	Theft	1 felony or 2
CC3921	Theft by Unlawful	1 felony or 2
CC3922	Theft by Deception	1 felony or 2
CC3923	Theft by Extortion	1 felony or 2
CC3924	Theft by Property Lost	1 felony or 2
CC3925	Receiving Stolen	1 felony or 2
CC3926	Theft of Services	1 felony or 2
CC3927	Theft by Failure to	1 felony or 2
CC3928	Unauthorized Use of	1 felony or 2

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CC3929	Retail Theft	1 felony or 2
CC3929.1	Library Theft	1 felony or 2
CC3930	Theft of Trade Secrets	1 felony or 2
CC3931	Theft of Unpublished	1 felony or 2
CC3932	Theft of Leased	1 felony or 2
CC3933	Unlawful Use of a	1 felony or 2
CC3934	Theft from a Motor	1 felony or 2
CC24 10 1	Forgery	Any
CC4114	Securing Execution of	Any

PROHIBITIVE OFFENSES

Contained in ACT 169 of 1996 as Amended
by ACT 13 of 1997 Criminal Offenses
Continued from Page 5

Offense	Prohibitive Offense	Type of
CC43 02	Incest	Any
CC4303	Concealing Death of a Child	Any
CC4304	Endangering Welfare of a	Any
CC4305	Dealing in Infant Children	Any
CC4952	Intimidation of Witness or	Any
CC4953	Retaliation Against Witness	Any
CC5902B	Promoting Prostitution	Felony
CC5903C "	Obscene or Other Sexual	Any
CC5903D	Obscene or Other Sexual	Any
CC6301	Corruption of Minors.	Any
CC6312	Sexual Abuse of Children	Any
CS13A12	Acquisition of Controlled	Felony
CSBA14	Delivery by Practitioner	Felony
CS13A30	Possession with Intent to	Felony

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CS13A35(i), (ii),	Illegal Sale of Non-controlled	Felony
CS13A36	Designer Drugs	Felony
CS13AXX	Any Other Felony Drug Rap Sheet	Felony

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Point System

The Point System is system that keeps track of you attendance. You're allotted 10 points per calendar year.

Points break down:

- A ½ point is charged if you are tardy
- A ½ point is charged if you leave early
- 1 point for an unauthorized call off
- 8 points = Verbal Warning
- 9 points = Written Warning
- 10 points = Termination

After 90 days one point will be removed.

We offer VTO (Voluntary Time Off) with 48 hour in advance notice.

2 or more points within 90 days is a 3 day suspension

3 or more unauthorized call offs in 30 days will result in an immediate termination.

You will accumulate one (1) paid vacation day after 90 day probation period has expired.*

You will receive one (1) additional days after 12 months.*

No call, No Show is an automatic termination.

(*Applies to full-time employees only. Full time is 35 hours or more. You have to remain on a full-time case for 90 consecutive days. LRC does not offer holiday pay or maternity leave.)

LOVE RESPECT AND CARE HOME HEALTH AIDE AGENCY/REGISTRY LLC

Employee/Independent Contractor Confidentiality Agreement Form

As an employee with Love Respect and Care you will have access to information related to our consumers **and business of Love Respect and Care. U.S law mandates that personal health information** be kept confidential except under specific circumstances.

Personal health information includes demographic, billing and medical information about the consumer. The fact that someone is receiving care is also to be kept confidential. This information cannot be shared with others except for the purpose of treatment, payment, and health care operations or with the consent of the consumer or as provided by law.

Information related to business of our practice is also confidential and proprietary.

This includes billing and employment information, business plans, and any information on day-to-day operations of Love Respect and Care Home Health Aide. This Information may only be shared in the context of your work responsibilities.

As an employee, you agree that you will keep the personal health information of our consumers and our business confidential.

You understand that a breaching confidentiality of the consumer personal health information is a violation of

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the law, and could result in legal action. Additionally breaching consumer confidentiality may subject you to discipline, up to and including termination.

Your duty to keep confidential consumer and business information remains even after you are no longer employed by Love Respect and Care Home Health Aide.

I acknowledge that as part of my training on confidentiality I was trained on Love Respect and Care's policies and procedures related to Health Insurance Portability and Accountability Act (HIPPA)

I have read and understand the above Confidentiality policy and recognize that a breach of the confidentiality of consumer or business information may result in discipline, up to and including, termination of employment.

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Do Not Discuss

Terms of Agreement: Effective Immediately

This letter is to confirm that I _____,
agree and will abide by the do not discuss or repeat
insulting comments, complaints or questions policy.
Therefore I will not repeat or discuss any information
pertaining to an insult rather it would be from a client,
employee or any other LRC agent or Management staff.
I also agree and understand that if I am found guilty of
this rule I will be immediately terminated without
further discussion. My signature is my consent that I will
follow and abide by the above rule

Dear New Employee, as a new employee with LRC this
letter is to confirm that as you may not have a
permanent client prior to your hired date. All
employees are required to remain on call as you may be
needed to fill in for a client or if an employee calls off
sick. All employees are required to be available for fill in
as long as they are not on a permanent assignment or if
they are not on an assignment on the date requested.
This letter confirms that you agree and will abide by this
agreement as long as you are a LRC employee. This
letter also confirms that all employees are required to
work weekends, however you may not be asked but are
required to. This agreement confirms that you agreed
to the weekend and fill in rule and will abide by it.

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CALL OFF REQUEST

This letter is to advise you that as a Direct Care Worker, it is your responsibility to perform your job 100% to the best of your ability. Therefore, if you accept an assignment, and you need to be off you are required to give LRC a 72 hour notice prior to the date that you are requesting to be off. This will give LRC Management Team time to get someone to cover your client and the hours that you were assigned. If you are unable to give a 72 hour notice so that we may be able to get someone to cover this time, because you agreed as a Direct Care Worker that you would cover this shift, you will acquire (1) point and (1) day suspension. You will also need to make up the time. If you decide that you no longer want to be an employee of LRC, you must give a (2) two week notice prior to you resigning.

If you should have any additional questions in regards to this notice, please feel free to contact the office during normal business hours Monday thru Friday from 9:00 am until 5:00 pm.

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Uniform Policy

According to Love Respect and Care policy, you are to be in uniform at all times. **NO EXCEPTIONS.** If you are found out of uniform you will receive one (1) point. If this happens three (3) times you will receive a one day suspension without pay.

If you should have any additional questions, please feel free to contact the office during normal business hours Monday-Friday 8:30am-5:00pm (412)362-0657.

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24 Hour Return Call Policy

EFFECTIVE IMMEDIATELY

To ensure that all employees, all staff, and Management are on the same accord. Please be sure that when you have received an email, voice mail or any kind of notification from an LRC agent or Management team. You as the direct care worker are responding to the notification within 24 hours from the time the notification has been received unless directed otherwise. This is also a part of your job, as the Direct Care Worker, LRC Staff or Management team. If you should have any questions regarding this letter, please feel free to contact the office during normal business hours. Monday thru Friday from 9:00 am until 5:00 pm.

It is also the policy of Love Respect and Care to return Participant phone calls within three (3) business days.

If you do not adhere to this policy:

1) Written Warning

2) 1 Day Suspension

3) Immediate Termination

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AGENCY/REGISTRY LLC**

**EMPLOYEE/STAFF SEMI-ANNUAL TRAINING BILLING
(TSADF)**

I, _____,
have received training on the following by Love Respect
and Care Home Health Aide on _____.

- Type- means that the provider is qualified and enrolled with the Department to provide the particular waiver service.
- Scope- means that the specific services to be delivered match the service definition.
- Amount-means that the number of units ordered and documented on the service plan are delivered to the participant.
- Duration-means that services are provided in the amount of time scheduled.
- Frequency-means that services are provided the scheduled number of times and days.

I understand that the purpose of this training is to clarify the meaning of type, scope, amount, duration and frequency of services. I have been trained on the Office of Long Term Living Bulletin number 05-13-05, 08-13-05, 11-13-05, 17-13-05, 19-13-05, 25-13-05, 25-13-05, 26-13-05, 41-13-05, 51-13-05, 54-13-05, and 59-13-05. I also understand that this training is required by State Regulation to be done semi-annually. My signature indicates that I will abide by this state Regulation as long as I'm employed by Love Respect and Care Home Health Aide.

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Clarification of Type, Scope, Amount, Duration and Frequency of Services

Scope: This bulletin applies to Office of Long Term Living (OLTL) Medical Assistance (MA) Home and Community-Based Services (HCBS) Service Coordinators and Direct Service Providers for the Aging, Attendant Care, COMMCARE, Independence and OBRA Waivers and the Act 150 Program.

Purpose: The purpose of this bulletin is to clarify the meaning of type, scope, amount, duration and frequency of services provided in 55 Pa. Code Chapter 52 in order to ensure consistency in the accuracy and quantity of services provided by service coordinators and direct service providers.

Discussion:

OLTL monitors providers to ensure that the correct type, scope, amount, duration and frequency of services are rendered to participants. This bulletin addresses provider questions regarding the meaning of each of these terms.

The terms type, scope, amount, duration, and frequency are used in 55 Pa. Code Chapter 52 in reference to appropriate documentation needed to verify that a service has been ordered, has been rendered, and has been billed for appropriately. Each claim is reviewed by OLTL to ensure the appropriate type, scope, amount, duration and frequency of services

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is rendered by a provider. 55 Pa. Code, Chapter 52 can be found at:

<http://www.pacode.com/secure/data/055/chapter52/cchap52toc.html>

Policy:

The terms type, scope, amount, duration, and frequency mean the following unless the context of the regulation clearly indicates otherwise.

Type

Type means that the provider is qualified and enrolled with the department to provide the particular waiver service OLT review a provider to ensure that the service ordered is a service that the provider is authorized to provide for example, only provider types 51, 55, and 59 are authorized to render and bill for service coordination services.

The following link leads to a list of all provider types and specialty code as listed in promise and their meaning or description of provider specialty:

http://www.dpw.state.pa.us/ucmprd/groups/public/documents/communications/s_02145.pdf

Scope

Scope means that the specific services to be delivered match the service definition.

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Amount

Amount means that the number of units ordered and documented on the service plan or delivered to the participant. If the number of units ordered or 50 units per week, and the amount of units delivered is 46, then the total amount of services order it has not been rendered. OLTL will accept reasonable documentation as to why units were not delivered such as:

- Participant refused service.
- Participant ill and service could not be delivered.
- Family member delivered service in lieu of provider.

Unacceptable reasons include provider being unavailable to deliver services.

Documentation may be maintained in service notes, in a participant's file, or wherever the agency chooses as long as it is maintained and accessible for monitoring.

A provider cannot bill for 50 units if only 46 were delivered. See 55 Pa. Code 52.14(n) in addition to 52.14(q) and 52.42(d). Documentation must be kept to show that services were provided for the correct amount or, if they were not, why not.

Duration

Duration means that services are provided in the amount of time scheduled. If the participant is

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scheduled to receive 2 hours of Personal Assistance Services (PAS), then the PAS provider should deliver 2 hours of service. Again, reasonable explanations as listed in paragraph 3 will be accepted as to why a service was not delivered in the appropriate duration. See 55 Pa. Code 52.14(n). Documentation must be kept to show that services were provided for the correct duration or, if they were not, why not. Providers also need to assure that only those hours actually delivered and documented are billed.

Frequency

Frequency means that services are provided the scheduled number of times, such as once a month, once a week, etc. Again, reasonable explanations as listed in paragraph 3 will be accepted as to why a service was not delivered in the appropriate frequency. See 55 Pa. Code 52.14(n). Documentation must be kept to show that services were provided for the correct frequency or, if they were not, why not.

OLTL monitors providers to ensure that the correct type, scope, amount, duration and frequency of services are being rendered to participants. Violation of the provision of this bulletin will result in corrective action steps being taken by OLTL. See 55 Pa. Code 52.23.

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Collection of Fiscal/Clinical Records Used for Billing Policy

All employees must service each one of Love Respect and Care's participants in consistency of the Service Authorization Form. The State has mandated our Agency to follow every participant Service Order by the type, scope, amount, duration and frequency, all under 55 Pa. Code Chapter 52, that all employees have been trained on.

OLTL monitors providers to ensure that the correct type, scope, amount, duration and frequency of services are being rendered to participants. Violation of the provision of this policy will result in corrective action steps taken by OLTL against our Agency. **It is imperative that you work all the hours that you have been scheduled to work on a daily basis.**

Love Respect and Care will now monitor daily through Timesheets, the hours that each employee works. If you are scheduled to work 8 hours you must work the full 8 hours, if you do not we must record why the participant did not receive their full authorized hours; this recording cannot reflect that you were late coming in and left at your scheduled time. If the participant has not received their full authorized time it must be to their own reasoning.

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Procedure:

All employees that short the participant of authorized hours will be given a written warning for the first violation, 3-5 suspension for the second violation and termination for the third violation.

My signature indicates that I am fully aware and understand that I must work all scheduled hours that I signed off on. I am also fully aware not to short my participant on any of their authorized hours.

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POLICY: EMPLOYEES CANNOT USE THEIR OWN MONEY TO MAKE PURCHASES FOR PARTICIPANTS

Love Respect and Care prohibits any employee from buying, donating, contributing or gifting **anything**, whatsoever, to a participant. If the participant is in need of food, cleaning products, medication or anything that is a necessity, you must contact your supervisor and he/she will contact the proper persons to assist with the deficiency.

Love Respect and Care employees are committed to abide with all state regulations that will prevent any illegal or improper acts in the delivery of services.

PROCEDURE:

The first violation will be a written warning. The second violation will be three day suspension. The third violation will be termination from the company.

My signature indicates that I am fully aware and understand that I am prohibited to buy, donate, contribute or gift anything to a participant while working for Love Respect and Care Home Health Aide.

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Reading Your Emails Daily

It is very important that emails are read on a daily basis. When you were hired for your position Love Respect and Care provided you an email address and advised that you check it daily. It is your responsibility to make sure you are checking your email. Love Respect and Care communicates this way because it is a faster and more effective way to reach everyone. To ensure that you stay up-to-date with what is going on be sure to check your email at least once a day. **Be sure to never change your password or any account information.**

Typically emails will not be sent out after 5:00pm unless it is imperative that we do so.

Your email address is the first letter of your first name, last name, lrc@aol.com

Example: For Jane Doe – jdoelrc@aol.com

If you have any questions feel free to contact the office or email us at lovespectandcare@aol.com.

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Insubordination

It is the policy of Love Respect and Care that any and all employees follow all policy and procedures of LRC. It is also imperative that you follow any and all directives provided by the consumer and management. If it is found that you are not performing these tasks it is considered insubordinate. This also goes for communicating in the form of an email. To continue to respond to emails that were settled or confirmed is considered insubordinate; as well as using all Caps and exclamation marks.

Insubordinate is engaged in or promoting the defiance of established authority.

Insubordinate implies failure or refusal to submit to the authority of a superior.

Instances that would be considered insubordinate include but are not limited to:

- Profanity in communicating with the consumer and/or management
- Inappropriate or unprofessional physical contact
- Verbal harassment
- Refusal of work or of being directed or redirected

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It is important that everyone is able to work professional so that we can continue to provide quality service to and for our clients. Violation of this policy will result in **immediate termination**.

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Employee/Staff Annual Training

I, _____,
have received training on the following by Love Respect
and Care Home Health Aide Agency/Registry LLC on
_____:

- ISP
- Prevention of Elder Abuse and Neglect
- Reporting Critical Incident Reporting
- Participant Complaint Resolution
- Department Issue Policy and Procedures on QMP
- Fraud and Financial Abuse Prevention

I understand that this training is required by State Regulation to be done annually. My signature indicates that I will abide by this State Regulation as long as I'm employed by Love Respect and Care Home Health Aide Agency/Registry LLC.

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Individual Service Plan Training

An **Individual Service Plan** consist of the services a Participant would need assistance with. The service plan is reviewed by the Direct Care Worker alongside the Love Respect and Care manager. Sometimes the main contact person may be the Client/Participant's family member. If this is the case we are required to deal directly with them. If there is anything the Direct Care Worker doesn't understand, this time is provided to ask questions and get familiar with any of the services.

A service plan usually includes, but is not limited to:

- The Client's/Participant's address and phone number
- Their contact person
- Their medical condition
- The services they need performed
- The shift they need covered
- The amount of hours they are allotted

Some of the services that may be included in a service plan are, but not limited to:

- Bathing
- Laundry
- Cooking
- Light Housekeeping
- To run errands
- Grocery shop
- Transfers (ex: from bed to wheelchair)

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It is the responsibility of Love Respect and Care, and its employees, to follow the Service Plan and anything else the Client/Participant (or main contact person) requests or requires.

In this training you will learn about the following topic:

- What is abuse
- The different type of abuse
- Signs and symptoms of abuse
- Risk factors for abuse
- Preventing abuse
- Reporting self-neglect

Warning signs, Risk Factors, Prevention, and Reporting Abuse

Many elderly adults are abused in their own homes, in relatives' homes, and even in facilities responsible for their care. If you suspect that an elderly person is at risk from a neglectful or overwhelmed caregiver, or being preyed upon financially, it's important to speak up. Learn about the warning signs of elder abuse, what the risk factors are, and how you can prevent and report the problem.

What is abuse?

[Your Neighbor:](#)

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There's an elderly neighbor you've chatted with at civic meetings and clock parties for years. When you see her coming to get her mail, as you walk down the street, you slow down and greet her at the mailbox. She says hello but seems wary, as if she doesn't quite recognize you. You ask her about a nasty bruise on her forearm. "Oh, just an accident", she explains; "the car door closed on it." She says goodbye quickly and returns to the house. Something isn't quite right about her. You think about the bruise, her skittish behavior. Something isn't right.

As elders become more physically frail, they're less able to stand up to bullying and or fight back if attacked. They may not see or hear as well or think as clearly as they used to, leaving openings for unscrupulous people to take advantage of them. Mental or physical ailments may make them more trying companions for the people who live with them.

Many seniors around the world are being abused: harmed in some substantial way often by people who are directly responsible for their care.

In the U.S. alone, more than half a million reports of abuse against elderly Americans reach authorities every year, and millions more cases go unreported.

Where Does Elder Abuse Take Place?

Elder abuse tends to take place where the senior lives: most often in the home where abusers are often adult

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children, other family members such as grandchildren, or spouses/partners of elders. Elder abuse can also occur in institutional settings, especially long-term care facilities.

The Different Types of Elder Abuse

Abuse of elders take many different forms, some involving intimidation or threats against the elderly, some involving neglect, and others involving financial chicanery. The most common are defined below.

-Physical Abuse

Physical elder abuse is non-accidental use of force against an elderly person that results in physical pain, injury, or impairment. Such abuse includes not only physical assault such as hitting or shoving, but the inappropriate use of drugs, restraints, or confinement.

-Emotional Abuse

In emotional or psychological abuse, people speak to or treat elderly persons in ways that cause emotional pain or distress.

Verbal forms of emotional elder abuse include:

- Intimidation through yelling or threats
- Humiliation and ridicule
- Habitual blaming or scapegoating

Nonverbal psychological elder abuse can take form of:

- Ignoring the elderly person

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- Isolation an elder from friends or activities
- Terrorizing or menacing the elderly person

-Sexual Abuse

Sexual elder abuse is contact with an elderly person without the elder's consent. Such contact can involve physical sex acts, but activities such as showing an elderly person pornographic material, forcing the person to watch sex acts, or forcing the elder to undress are also considered sexual elder abuse.

-Neglect or Abandonment by Caregivers

Elder neglect, failure to fulfill a caretaking obligation, constitutes more than half of all reported cases of elder abuse. It can be intentional or unintentional, based on factors such as ignorance or denial that an elderly charge needs as much care as he or she does.

-Financial Exploitation

This involves unauthorized use of an elderly person's funds or property, either by a caregiver or an outside scam artist.

An unscrupulous caregiver might

- Misuse of an elder's personal checks, credit cards, or accounts
- Steal cash, income checks, or household goods
- Forge the elder's signature
- Engage in identity theft

Typical rackets that target elders include

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- Announcements of a “prize” that the elderly person has won but must pay money to claim
- Phony charities
- Investment fraud

-Healthcare Fraud and Abuse

Carried out by unethical doctors, nurses, hospital personnel, and other professional care providers, examples of healthcare fraud and abuse regarding elders include

- Not providing healthcare, but charging for it
- Overcharging or double-billing for medical care or services
- Getting kickbacks for referrals to other providers or for prescribing certain drugs
- Overmedication or under medicating
- Recommending fraudulent remedies for illnesses or other medical conditions
- Medicaid fraud

Signs and Symptoms of Elder Abuse

At first, you might not recognize or take seriously signs of elder abuse. They may appear to be symptoms of dementia or signs of the elderly person’s frailty- or caregivers may explain them to you that way. In fact, many of the signs and symptoms of elder abuse do overlap with symptoms of mental deterioration, but that doesn’t mean you should dismiss them on the caregiver’s say-so.

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-General Signs of Abuse

The following are warning signs of some kind of elder abuse:

- Frequent arguments or tension between the caregiver and the elderly person
- Changes in personality or behavior in the elder

If you suspect elderly abuse, but aren't sure, look for clusters of the following physical and behavioral signs.

Physical Abuse

- Unexplained signs of injury such as bruises, welts, or scars, especially if they appear symmetrically on two sides of the body
- Broken bones, sprains, or dislocations
- Report of drug overdose or apparent failure to take medication regularly (a prescription has more remaining than it should)
- Broken eyeglasses or frames
- Signs of being restrained, such as rope marks on wrists
- Caregiver's refusal to allow you to see the elder alone

Emotional Abuse

In addition to the general signs above, indications of emotional elder abuse include:

- Threatening, belittling, or controlling caregiver behavior that you witness

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- Behavior from the elder that mimics dementia, such as rocking, sucking, or mumbling to self

Sexual Abuse

- Bruises around breasts and genitals
- Unexplained venereal disease or genital infections
- Unexplained vaginal or anal bleeding
- Torn, stained, or bloody underclothing

Neglect by caregivers or self-neglect

- Unusual weight loss, malnutrition, dehydration
- Untreated physical problems, such as bed sores
- Unsanitary living conditions: dirt, bugs, soiled bedding and clothes
- Being left dirty or unbathed
- Unsuitable clothing or covering for the weather
- Unsafe living conditions (no heat or running water; faulty electrical wiring, other fire hazards)
- Desertion of the elder at a public place

Financial Exploitation

- Significant withdrawals from the elder's accounts
- Sudden changes in the elder's financial condition
- Items or cash missing from the senior's household

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- Suspicious changes in wills, power of attorney, titles, and policies
- Addition of names to the senior's signature card
- Unpaid bills or lack of medical care, although the elder has enough money to pay for them
- Financial activity the senior couldn't have done such as, an ATM withdrawal when the account holder is bedridden
- Unnecessary services, goods, or subscriptions

Healthcare Fraud and Abuse

- Duplicate billings for the same medical service or device
- Evidence of overmedication or under medication
- Evidence of inadequate care when bill are paid in full
- Problems with the care facility: poorly trained, poorly paid, or insufficient staff; crowding; inadequate responses to questions about care

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Risk Factors for Elder Abuse

It's difficult to take care of a senior who has many different needs, and it's difficult to be elderly when age brings with it infirmities and dependence. Both the demands of caregiving and the needs of the elder can create situations in which abuse is more likely to occur.

Risk Factors among Caregivers

Many nonprofessional caregivers- spouses, adult children, other relatives and friends- find taking care of an elder to be satisfying and enriching. But the responsibilities and demands of elder caregiving, which escalate as the elder's condition deteriorates, can also be extremely stressful. The stress of elder care can lead to mental and physical health problems that make caregivers burned out, impatient, and unable to keep from lashing out against elders in their care.

Among caregivers, significant risk factors for elder abuse are:

- Inability to cope with stress (lack of resilience)
- Depression, which is common among caregivers
- Lack of support from other potential caregivers
- The caregiver's perception that taking care of the elder is burdensome and without psychological reward
- Substance abuse

Even caregivers in institutional settings can experience stress at levels that lead to elder abuse. Nursing home

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staff may be prone to elder abuse if they lack training, have too many responsibilities, are unsuited to caregiving, or work under poor conditions.

The Elder's Condition and History

Several factors concerning elders themselves, while they don't excuse abuse, influence whether they are at greater risk for abuse:

- The intensity of an elderly person's illness or dementia
- Social isolation; i.e., the elder and caregiver are alone together almost all the time
- The elder's role, at an earlier time, as an abusive parent or spouse
- A history of domestic violence in the home
- The elder's own tendency toward verbal or physical aggression

In many cases, elder abuse, though real, is unintentional. Caregivers pushed beyond their capabilities or psychological resources may not mean to yell at, strike, or ignore the needs of the elders in their care.

Preventing Elder Abuse and Neglect

Preventing elder abuse means doing three things:

- Listening to seniors and their caregivers
- Intervening when you suspect elder abuse

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- Education others about how to recognize and report elder abuse

What You Can Do To Prevent Elder Abuse

If you're overwhelmed by the demands of caring for an elder, do the following:

- Request help, from friends, relatives, or local respite care agencies, so you can take a break, if only for a couple hours.
- Find an adult day care program.
- Stay healthy and get medical care for yourself when necessary.
- Adopt stress reduction practices.
- Seek counseling for depression, which can lead to elder abuse.
- Find a support group for caregivers of the elderly.
- If you're having problems with drug or alcohol abuse, get help.

And remember, elder abuse helplines offer help for caregivers as well. Call a helpline if you think there's a possibility you might cross the line into elder abuse.

What You Can Do As a Concerned Friend or Family Member

- Watch for warning signs that might indicate elder abuse. If you suspect abuse, *report it*.

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- Take a look at the elder's medications. Does the amount in the vial jive with the date of the prescription?
- Watch for possible financial abuse. Ask the elder if you may scan bank accounts and credit card statements for unauthorized transactions.
- Call and visit as often as you can. Help the elder consider you a trusted confidante.
- Offer to stay with the elder so the caregiver can have a break- on a regular basis, if possible.

Protecting Yourself, As an Elder, Against Elder Abuse

- Make sure your financial and legal affairs are in order. If they aren't, enlist professional help to get them in order, with the assistance of a trusted friend or relative if necessary.
- Keep in touch with family and friends and avoid becoming isolated.
- If you are unhappy with care you're receiving, wherever it's in your own home or in a care facility, *speak up*. Tell someone you trust and ask that person to report the abuse, neglect, or substandard care to an elder abuse helpline or long-term care ombudsman, or make the call yourself.

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Critical Incident

Policy and Procedure

It is the policy of Love Respect and Care that if it is determined that a critical incident is probable or in progress in any of the following situations, the Manager of Love Respect and Care shall immediately inform the President of Love Respect and Care about the incident and will then take the appropriate steps to address and investigate the critical incident as described below.

Critical Incident- The occurrence of an event that jeopardizes the participant's health and/or welfare. This includes, but not limited to:

- **Death, Serious Injury, or Hospitalization**
- **Provider and Staff Misconduct-** deliberate, willful, unlawful, or dishonest activities
- **Abuse-** the infliction of injury, unreasonable confinement, intimidation, punishment, mental anguish, sexual abuse or exploitation of a participant. Types of Abuse include:
 - a) Physical abuse- physical act by an individual that may cause physical injury to a participant
 - b) Psychological abuse- an act, other than verbal, that may inflict emotional harm, fear, and/or humiliate, intimidate, degrade or demean a participant
 - c) Sexual abuse- an act or an attempted act such as rape, incest, sexual molestation, sexual exploitation or sexual harassment,

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and/or inappropriate or unwanted touching of a participant

d) Verbal abuse- using words to threaten, coerce, intimidate, degrade, demean, harass, or humiliate a participant.

- **Neglect-** the failure to provide an individual the reasonable care that he or she requires, including but not limited to food, clothing, shelter, medical care, personal hygiene, and protection from harm.
- **Exploitation-** an act of depriving, defrauding or otherwise obtaining the personal property of a participant in an unjust or cruel manner, against one's will, or without one's consent or knowledge for the benefit of self or others.
- **Service interruption-** any event that results in the participant's inability to receive services that places his or her health or safety at risk. This includes involuntary termination by the provider agency and failure of the participant's back up plan. In the occurrence of these events, the provider agency must have a plan for temporary stabilization.

If a Direct Care Worker *witness or have knowledge* of a critical incident you **must** report it to Love Respect and Care immediately. Love Respect and Care would then report it OLTL no later than 48 hours after being notified. Love Respect and Care will also inform the Participant's Service Coordinator within 24 hours of an incident. If the Participant is in need of immediate

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intervention, Love Respect and Care must immediately contact the Service Coordinator if 911 is not called.

If the Participant is over the age of 60 Love Respect and Care is to report the suspected abuse and/or neglect to **Older Adult Protective Services**.

The Participant has the right to not report incidents and has the right to decline further interventions.

The participant also has the right to suspend Direct Care Worker. If suspended, the Direct Care Worker will not receive pay. If the incident doesn't result in immediate termination the DCW will be required to take additional training.

All Critical Incidents will be managed by Love Respect and Care Management.

For Preventable Training refer to, "Prevention of Critical Incidents".

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Critical Incident Training

Prevention of Incidents.

What is an Incident?

A Critical Incident is the occurrence of an event that jeopardizes the participant's health and/or welfare.

Two accident causes-

Unsafe Acts and;

Unsafe Conditions

Be aware in your consumer's home at all times. Make sure it's hazard free.

Slips and Falls

Falls are by far the leading unintentional injury accounting for more than 8.7 million emergency room visits each year in the United States. (Injury Facts)

One in every three adults age 65 and older falls each year. (CDC)

It would seem that trips and falls happen to people that are clumsy or not paying attention but the truth of the matter is the mostly occur due to environment conditions.

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Here Are Five Ways to Prevent Slips and Falls

- Wear non slip shoes.
- Keep cords out of walk ways.
- Use non slip bath mats.
- Keep shoes tied.
- Clean up spills immediately.

Medication

Love Respect and Care does NOT administer medicine, meaning giving the Client his/her medication. We can only perform things such as:

- Reminders
- Hand them their medicine bottle(s)
- Monitor that medication is taken and at the correct dosage

If for any reason something happens and the Client needs medical attention be sure to call 911.

If you have a concern about a client's medicine be sure to fill out a Comments and Concerns form.

*If needed, Direct Care Workers will be required to take additional training. That would also include training on abuse, neglect, exploitation, or service interruption. This training is available at www.learningcenter.pahomecare.org.

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Department Issued Policy Training

I, _____,
have received training on the following by Love Respect
and Care Home Health Aide Agency/Registry LLC on
_____:

- ADA Compliance Policy
- Criminal History Background Check Policy
- Critical Incident Management Policy
- Employee Healthcare Exclusion Check Policy
- Employee SSN Verification Policy
- HIPAA Compliance Policy
- Non-discrimination Policy
- Participant Complaint Management Policy
- Quality Management Policy
- Regulation Compliance policy
- Staff Training Policy
- Limited English Proficiency (LEP) Policy

I understand that this training is required by the Office
of Long Term Living to be done annually. My signature
indicates that I will abide by this State Regulation as
long as I'm employed by Love Respect and Care Home
Health Aide Agency/Registry LLC.

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ADA COMPLIANCE POLICY

POLICY: It is the policy of Love Respect and Care Home Health Aide (hereinafter “Agency”), to comply with all Federal and State requirements of the Americans with Disabilities Act (ADA), the Rehabilitation Act of 1973, and other similar statutes and regulations. Agency will provide auxiliary aids and services to patients and employees with hearing, speech or vision impairments in accordance with 29 C.F.R. ^36.302, in order that its services and programs are accessible to individuals with disability. If you have a need for auxiliary aids or services, or other modifications to Agency’s policies and practices, please contact Agency’s ADA Coordinator. **Agency/company** has read, understands, and will comply with the ADA provisions. Also, that your agency/company will provide reasonable accommodations and inclusions for participants with disabilities to ensure compliance with ADA.

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

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

EMPLOYMENT PRACTICES:

Agency will take reasonable steps to ensure that:

1. Applicants are able to make application and take pre-employment tests even if accommodation is needed;
2. Applicants are not discriminated against on the basis of a disability, hiring practices and interview techniques, all are consistent with the intent of the ADA;
3. Where reasonable, accommodation is made for qualified applicants with disabilities who are offered a position with the Company;
4. Employee retention and promotion decisions will not be based on any real or perceived disability; and

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5. No other benefits or rights of employment will be denied otherwise qualified individuals with disabilities.

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

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Criminal History Background Check Policy

Love Respect and Care Home Health Aide, (hereinafter "Agency"), requires all employees prior to any offer of employment; to successfully pass a state mandatory criminal background check. Agency is prohibited from hiring and or retaining any individual(s) with a prohibited conviction or Department of Aging ineligibility.

Agency Policies Background Check Investigation adheres to the Background Investigation guidelines as required under PA CODE s 611.52 (a-j).

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

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

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

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

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

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

(f) Records maintained. The home care agency or home care registry shall maintain files for the direct

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

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

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(h) *Opportunity to appeal.* If the decision not to hire, roster or retain an individual is based in whole or in

part on State Police criminal history records, Department of Aging letters of determination regarding Federal criminal history records, or both, the home care agency or home care registry shall provide an affected individual with information on how to appeal to the sources of criminal history records, if the individual believes the records are in error.

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

(j) *Individuals currently employed or rostered.* A direct care worker and each member of the agency or registry office staff who is employed by or rostered by a home care agency or home care registry as of December 12, 2009, shall obtain and submit a State Police criminal history record or Department of Aging letter of determination as

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applicable, to the home care agency or home care registry by April 12, 2010. This subsection does not apply if the home care agency or home care registry obtained a criminal history report meeting the requirements of this subsection when the direct care worker or office staff member was hired or rostered and a copy of the report is included in the individuals file.

In connection with my application for employment, my continued employment, or in connection with my desire to engage in home care services for Agency, I have been advised and I hereby consent and authorize either agency or its agent, at any time during my application process and/or employment, to obtain an investigative consumer report that will include, but not be limited to, a criminal record check, employment and education verifications, verification of personal references and reputation and driving record.

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

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hold harmless either Agency or any consumer reporting agency used by either Agency with regard to any information reported by the consumer reporting agency. I understand that I am to be provided the name, address and telephone number of the consumer reporting agency and the nature and scope of the investigative report will be disclosed to me. I acknowledge that facsimile, copy or email of this document shall have the same validity, force and effect as the original.

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EMPLOYEE SCREENING FOR EXCLUSION POLICY (LEIE, EPLS & MEDICHECK)

POLICY:

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

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

- Individual or entity provides a service for which a claim is submitted to Medicaid;
- Individual or entity who causes a claim to be generated to Medicaid;
- Individual or entity whose income derives all, or in part, directly indirectly, from Medicaid funds;
- Independent contractors if they are billing for Medicaid services;

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- Referral sources, such as providers who send a Medicaid recipient to another provider for additional services or second opinion related to medical condition

PROCEDURE:

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

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

http://WWW.dpw.state.pa.us/learnaboutdpw/fraudandabuse/medichexprecludedproviderslist/S_001152

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

b. *List of Excluded Individuals/Entities (LEIE):* *data base maintained by HHSOIG that identifies individuals or entities that have been excluded on the LEIE is ineligible to participate, either directly or indirectly, in the MA program. Although the Department makes best efforts to include on the Medicare List all federally excluded individuals/entities that practice in Pennsylvania, providers must also use the LEIE to ensure that the individual/entity is eligible to participate in the MA program: <http://oig.hhs.gov/fraud/exclusions.asp>.*

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

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

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

By U.S. mail at the following address:

Bureau of Program Integrity

Commonwealth of Pennsylvania

P.O. Box 2675

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

4. Develop and maintain auditable documentation of screening efforts, including dates the screenings were performed and the source data checked and its date of most recent update; and
5. Periodically conduct self-audits to determine compliance with this requirement.

BACKGROUND FOR POLICY:

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

When the HHS-OIG excludes a provider, Federal health care programs (including Medicaid and SCHIP

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

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

In addition, no Medicaid payments can be made for any items or services directed or prescribed by an excluded

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physician or other authorized person when the individual or entity furnishing the services either knew or should have known of the exclusion.

This prohibition applies even when the Medicaid payment itself is made to another provider, practitioner or supplier that is not excluded. 42 CFR § 1001.190(b).

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

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examples of types of items or services that are reimbursed by Medicaid which, when provided by excluded parties, are not payable.

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EMPLOYEE SOCIAL SECURITY VERIFICATION POLICY

POLICY:

It is the policy of Love Respect and Care Home Health Aide, to verify that each employee is legally eligible to work in the United States.

Prior to any offer of employment, Love Respect and Care Home Health Aide, does verify employee's social security information including names and identification numbers through the Social Security Administration (SSA) social security number (SSN) verification system to ensure that the employee is legally eligible to work in the United States.

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HIPPA Notification of Privacy Rights

It is a policy of Love Respect and Care to enforce the HIPPA act the Health Insurance Portability and Accountability Act. The Privacy Rule protects the privacy of your health information; it says who can look at and receive your health information. It also gives you specific rights over that information. We will protect all clients' medical records and other personal health information that applies to health plans. Only our administration staff, who all has signed a confidentiality statement, will have access to that information. All clients' files are under lock and key. We will get authorization from all clients on the uses and disclosures that may be made in the following areas:

- ❖ A basis for planning home care needs.
- ❖ A means of communication among the many professionals who contribute to your care.

**Do not discuss or Repeat insulting comments,
complaints or questions**

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NON-DISCRIMINATORY CLIENT SERVICE PROVISION

Section 1: Policy

Love Respect and Care is dedicated to non-discriminatory practices in provision of our services. Love Respect and Care provide services, accept referrals and offer employment regardless of one's race, sex, color, national origin, ancestry, religious creed, handicap, or age. Love Respect and Care does not discriminate against clients on the basis of age, race, sex, sexual orientation, gender expression, color, religion, national origin, disability, veteran status, or any other characteristic protected by state or federal law.

Love Respect and Care prohibits retaliation against any client for filing a complaint under this policy or for assisting in a complaint investigation. If a client believe there has been a violation of this policy or retaliation standard, please contact the President of Executive Chief.

Love Respect and Care intends to maintain an environment free of unlawful harassment. Such conduct may include, but is not limited to derogatory or vulgar comments regarding a person's race, color, national origin, ancestry, creed, religion sex, age, disability, veteran status, citizenship, or sexual orientation, or distribution of any electronic or written graphic material containing such comments.

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Love Respect and Care intends to maintain an environment free from intimidation, threats, or violent acts. This includes, but is not limited to, intimidating, threatening or hostile behaviors, physical abuse, vandalism, arson, sabotage, use of weapons, carrying weapons on to Love Respect and Care property, or any other act, which, in management's opinion, is inappropriate to the work place. In addition, offensive comments regarding violent events and/or behavior are not tolerated. Employees should directly contact proper law enforcement authorities and the Executive Chief if they believe there is a serious threat to the safety and health of themselves or others.

Section 2: Reporting Discrimination/Harassment

Should any client believe that he or she has been subjected to unlawful discrimination and/or unlawful harassment including sexual harassment, the client should immediately notify the Executive Chief who will promptly investigate the matter and take appropriate corrective action. The employee's complaint will be kept as confidential as practical. If the Executive Chief is not available or the client feels that they cannot go to the Executive Chief, the client may contact the President of Love Respect and Care's Board. If the client feels that they cannot go to these individuals with the complaint, they should immediately notify the Treasurer or Secretary of Love Respect and Care's Board. If an investigation confirms a violation of this policy,

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disciplinary action up to and including Discharge may be taken against any employee violating this policy.

Love Respect and Care prohibits retaliation against a client for filing a complaint under this policy or for assisting in a complaint investigation. If a client perceives retaliation for making a complaint or participating in the investigation, they should notify the President or Executive Chief. The situation will be promptly investigated.

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PARTICIPANT COMPLAINT MANAGEMENT POLICY

POLICY:

This policy describes Love Respect and Care Home Health Aide (hereinafter “Agency”), waiver provider responsibilities for responding to complaints raised by Participants (hereinafter “Clients”) their families, or advocates. Clients will understand that all complaints will be addressed, investigated without reprisal, discrimination or unreasonable care or interruption of services by Agency.

SCOPE:

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

BACKGROUND:

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

Complaints:

Dissatisfaction with any aspect of program operations, activities, or services received or not received involving Home and Community-Based Services are considered complaints. All complaints should be directed to our

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Agency's President, Service Coordinator, Direct Care Manager or the supervisor of your attending employee. When issues are not able to be resolved or a Client is not comfortable discussing with their Service Coordinator, Care Manager, or supervisor, the OLTL Quality Assurance Helpline is available at **1-(800)-757-5042.** Concerns or complaints about services should not be reported as incidents.

Reportable Incidents:

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

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

Abuse: Physical abuse, Psychological abuse, Sexual abuse and Verbal abuse.

4. Abuse – an act or omission that willfully deprives a participant of rights or human dignity, or which may cause or cause or

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actual physical injury or emotional harm to a participant including a critical incident and any of the following:

- a. Sexual harassment of a Client
- b. Sexual contact between a staff member and a Client
- c. Using restraints on a Client
- d. Financial exploitation of a Client
- e. Humiliating a participant
- f. Withholding regular scheduled meals from a Client
- g. Neglect
- h. Exploitation
- i. Service Interruption
- j. Medication error resulting in hospitalization or other medical intervention.

Complaints may include the following:

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

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

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

AGENCY COMPLAINT MANAGEMENT SYSTEM (CMS):

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

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

CMS QUARTERLY REVIEW: Agency will review its CMS, quarterly analyze the number of complaints resolved to the Client's satisfaction and to analyze the number of complaints not resolved to Clients satisfaction. Additionally, Agency shall measure the number of complaints referred to the Department for resolution

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and make a good faith effort to resolve any current or pending complaints listed with the Department.

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

COMPLAINT PROCEDURES AND PROCESS:

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

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

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concerning lack of respect for the individual's rights and property.

Agency's Complaint Form requires the following information:

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

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

- 3. Clients are given support and direction from the Service Coordinator and the OLTL for resolving waiver participant's concerns and complaints about services and service providers.
- 4. Complaints may be directed to the Agency employing the service provider, any outside representative of the individual's choice, the Department of Health or the OLTL and must be investigated.
- 5. Clients will be informed that all complaints are reviewed, investigated and documented by Agency.

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6. Clients will be informed that all complaints regarding policy, care or services will not result in reprisal, discrimination, or unreasonable interruption of care or services. Complaints are to be written in the complaint log, dated and signed by the individual receiving the complaint.
7. Receipt of complaints will be acknowledged in writing with phone follow-up for resolution. A complaint form will be initiated that reviews relevant information, witnesses as available and appropriate Plan of Action and related follow-up.
8. The responsible Supervisor will investigate complaint, including anonymous complaints and a report will be provided to OLTL.
9. The President of Agency will be responsible for investigating all complaints related to the activities of the Supervisors.
10. The President of Agency responds to the complaint by follow up and assisting staff to modify the Plan of Care as it relates to the complaint. The complaint will be resolved if possible.
11. If the complaint is not resolved the complaint is referred to the Professional Advisory Committee for immediate attention.

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12. The President will be responsible for referrals to appropriate professional organizations if misconduct by a professional staff person is suspected.
13. Written complaints and oral complaint will receive a written response no later than thirty (30) days upon receipt.

The response will include:

- a. A description of the complaint investigation findings and decision rendered by the Agency.
 - b. Notice of the Complaints right to contact other regulatory agencies the outcome of the investigation.
14. The President shall be kept informed of the progress of investigations and ultimate outcome/resolution of complaints from the Agency level.
 15. Complaints and results of investigations will be trended and reported to the Quality Assurance Program Committee and the Agency's Complaint Management System (CMS) on a quarterly basis.

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UNRESOLVED COMPLAINT PROCESS:

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

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

PARTICIPANT COMPLAINT FORM

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

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Participant's Full Name:

(Please Print Clearly)

PLEASE DESCRIBE YOUR COMPLAINT:

DATE OF COMPLAINT: _____

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

AGENCY'S PLAN OF ACTION TO COMPLAINT:

DATE OF IMPLEMENT: _____

LOVE RESPECT AND CARE HOME HEALTH AIDE AGENCY/REGISTRY LLC

QUALITY MANAGEMENT POLICY

OBJECTIVE:

The Quality Management Framework System outlines the Love Respect and Care Home Health Aide (hereinafter “Agency”) implemented policies regarding quality Homecare Service Management to meet and exceed §52.24. Quality Management and Chapter 1101 (relating to general provisions) for continuous quality care improvement that focuses on enhancing outcomes for Client’s staff and stakeholders.

The Objectives of this policy are to:

- Provide Agency with measurable goals to meet and exceed compliance with Pa §52.24, Chapter 1101, including chapters in this title under which the Agency is licensed.
- Provide Date-Driven outcomes to meet and exceed compliance with Pa §52.24, Chapter 1101 and other chapters in this title which the Agency is licensed.
- Explain the structure of the Agency’s Quality Management Plan and (QMP) Framework system.
- The Quality Management Framework system shall be updated annually.
- Specify how this framework operated.

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- Outline the arrangements to embed across Agency's practice of continuous quality care improvement that focuses on enhancing outcomes for patients, staff and stakeholders.
- Prevent and reduce the number of preventable incidents to the Agency's Client's and their families.

SCOPE:

This policy applies to all organizational departments, all staff and all functions of the Agency.

POLICY PROVISIONS:

3.1 Quality Management Framework

3.1.1 The quality management framework is a whole-of-institution framework that links strategic direction setting, planning and quality. It is aligned with the budgeting and risk management systems.

3.1.2 Agency's quality management framework has been developed to assist our endeavors to:

- Ensure that we satisfy the needs and expectations of Client's and their families.
- Guarantee that we meet or exceed threshold or minimum requirements in all areas (regulatory, professional, and administrative).

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- Achieve our aspiration to excellence in all that we do.
- Embody our commitment to reflective practice and continuous improvement.

3.1.3 The Agency quality management framework:

- Is driven by the Mission, Vision, Values and Goals laid down in the Strategic Plan.
- Reflects the nested hierarchy of organizational levels from the President, through the various regulatory agencies including the Pennsylvania Department of Health to and general staff.
- Further reflects the two-way nature of effective quality management influence from the President to individual staff member and from individual staff member to the President (that is, both top-down and bottom up).
- Involves the alignment of all functional, organizational departments and individual staff member plans with the Agency's Strategic Plan is underpinned by a company-wide governance and policy framework of ordinances, rules, governance level principles, policies and procedures, supported by local level procedures, guidelines and work instructions.
- Is further supported by performance management and professional development programs.

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- Emphasis's the two essential and fundamentally intertwined dimensions of planning for quality and improving quality.

3.2 Planning for and Improving Quality

3.2.1 Agency's approach to quality management embodies continuous improvement, in a cycle of planning, implementation, review and improvement. Continuous improvement is therefore integral to Agency plans and planning. Agency actively plans for quality as well as seeking opportunities to improve quality.

3.2.2. The underlying approach is the OADRI Cycle, an adaptation of the ADRI Learning Cycle developed by the Australian Business Excellence Framework. The OADRI approach can be used to review any aspect of Agency's at any level from the Strategic Plan to operational plans for any organizational departments or functions. It is deployed using a variety of specific tools.

The **OADRI Cycle** elements are outlines below.

O: Objectives: (**list your agency goals**)

Objective are established and aligned at Agency, organizational department and individual staff levels.

A: Approach:

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Approaches are developed and/or established to achieve the objectives, including action plans, strategies and processes; performance measures are selected to facilitate later assessment of whether the objectives have been met.

D: Deployment:

The approaches to achieve the objectives are put into effect, supported by the required infrastructure, facilities and resources, as well as professional development programs to ensure staff understand the approaches and are properly prepared to carry them out.

R: Results:

The outcomes are monitored and evaluated using the performance measures selected earlier and an assessment is made as to whether the objectives have been met appropriately.

I: Improvement:

The loop is closed with the identification of any amendments in approach or deployment necessary to achieve the defined objectives or whether new objectives can be set to generate a new round of improvements.

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3.2.3 Agency deploys a range of mechanisms and specific tools to implement the OADRI approach and hence to achieve continuous improvement. These include but are not be limited to:

- Strategic, functional or organizational unit plan review procedures
- Course and unit review procedures
- Organizational unit review procedures
- Cyclical reviews of policies and procedures
- Annual staff performance appraisals
- Benchmarking

These mechanisms and tools are described in specific policy and guideline documentation. In addition, the Internal Audit Strategy is a key mechanism for continuous quality improvement.

3.2.4 ***Quality Management System*** Agency quality management is addressed on evidence-based and predicated information received and obtained through the community and the people to whom we serve. The Agency established its ***Management Information and Reporting Department*** (M.I.R.D.) and the Patient Evaluation of Services (P.E.S.D.) Department to assist in providing a better patient experience for our patients and their families.

3.2.5 ***Quality Care Surveys (Measurement)***. To help gauge Agency's overall patient satisfaction, Agency will

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mail out annual Patient Surveys (P.S.) via U.S. mail (*Patients responding can remain anonymous*) to current and existing patients asking them to rate the care provided to them by Agency and its employees including, Agency's response time to their concerns, Agency's handling of their concerns, Caregivers performances and Agency overall approach in providing patient services to them. The Agency's goal is for the PS aims for a high percentage (95%) of client satisfaction for our measurable goal. The P.S. will use a number rating system 1-5 (1 being unsatisfied and 5 being completely satisfied), the PS will also have sections which allows patients the opportunity to write-in issues they feel the Agency needs to address. Finally, the survey shall have a checkbox where the patient can check if the wish to have a phone call from the President of the Agency to call them.

3.2.6. *Implementation of Survey Results.* Agency will review all annual Patient Surveys and input the results into the Agency's M.I.R. System. The results will be tabulated, analyzed and reviewed by the President of the Agency and the P.E.S. to ensure the Agency Quality Plan is being properly followed. Additionally, upon review of the data any areas of operations and patient care scoring 2 or lower on the surveys must be addressed by the P.E.S.D within 30 days after the review along with delivering to the President a Plan of Action (POS) to raise patient satisfaction levels from poor to satisfied (levels of 3-5). The survey results will be

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reviewed on an annual basis to ensure Agency and its employees are in compliance with this policy.

3.3 Responsibility:

3.3.1 The President has statutory responsibility for the Agency's strategic direction, professionalism and general reputation and the maintenance of high standards of care and probity. It therefore has ultimate responsibility for quality management. The Audit and Risk Committee oversees the Internal Audit Strategy, which has a significant role in quality management.

3.3.2 Implementation of Agency's QMF system involves the three key 'governing entities' operating in partnership:

- The President
- The Legal Department
- Patient Evaluation of Services (PESD)
Department

3.3.3 These entities, advised and assisted by the Quality Committee, are responsible for providing clear and consistent leadership in quality patient management.

All committees of management and sub-committees of Agency play important roles in quality management. Quality management, however, remains the responsibility of all Agency departments and staff.

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3.3.4 Responsibility for day-to-day oversight of quality management lies with the President, advised and assisted by the Chief Operating Officer and Patient Service Manager and Quality Processes and Improvement.

4. Definitions and Acronyms:

Organizational Unit

- Patient Evaluation of Services (PESD)
Department
- Quality Management Services
- Customer Service

Benchmarking:

The systematic comparison of an organization's inputs, systems, processes and outputs both against those of external bodies and internally against previously collated in-house data.

5. Versioning:

Former Version(s)

Version 1 – Approved by the President November 2015.
Revised February 29, 2016

Version 2.5 (current version) Approved by the
President/CEO, February 29, 2016.

- Minor Amendment – QMS – Rating System

LOVE RESPECT AND CARE HOME HEALTH AIDE AGENCY/REGISTRY LLC

Regulation Compliance Policy

LRC will comply with the department of home health regulations:

LRC will hold a current copy of this subpart and will be maintained at LRC Agency.

Love respect and care Home Health Aide Agency/Registry will comply with applicable environmental/ health sanitation and professional licensure standards, which are required by Federal/ State and local authorities. This includes, but is not limited to. Standards promulgated by the State Boards of Medicine, Nursing, Pharmacy, Physical Therapy Examiners- 49 pa. Code Chapters 16-18, 21, and 40- and the Occupational Therapy Practice Act (63 P.S. 1501-1519) LRC will also comply with chapter 27{relating to controlled substances, drugs, devices and cosmetics). If there is a difference in applicable State or local standards, LRC will comply with the standards established under State statutes apply for the purpose of compliance with this subpart.

LOVE RESPECT AND CARE HOME HEALTH AIDE AGENCY/REGISTRY LLC

Staff Training

It is the policy of Love Respect and Care to train all staff in regards to the Home Health Care service they are to provide to the Participant. It is mandatory that all employees stay up-to-date on any training implemented by Love Respect and Care. If not, Direct Care Workers will be removed from their current assignment (s).

Listed below are the trainings given:

Annual training for staff providing services includes the following:

- (1) Prevention of abuse and exploitation of participants.
- (2) Reporting critical incidents.
- (3) Participant complaint resolution.
- (4) Department-issued policies and procedures.
- (5) Provider's quality management plan.
- (6) Fraud and financial abuse prevention.
- (7) Individual Service Plan.

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Semi-Annual Training:

- (1) Billing Records
- (2) Clarification of Type, Scope, Durations, and Frequency

Online Training:

Courses provided upon hiring.

Once complete you will sign off on a training sheet stating you completed said training.

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Limited English Proficiency

LRC will ensure meaningful access to services for all Clients and/or their surrogate decision-makers with Limited English Proficiency (LEP) or with a sensory impairment (vision, hearing or speech). To outline the process to provide required language interpretation, translation, and other communication services within a reasonable time and at no cost to the Client. To ensure compliance with regulatory requirements related to language assistance and communication services.

LRC is a community of caregivers who welcome, respect and serves with dignity all people without regard to race, color, gender, national origin, religion, disability, handicap, age, sexual orientation, or any other status protected by relevant law.

It is the policy of LRC to serve Clients with Limited-English-Proficiency (LEP) or Sensory Impairment by providing programs, services, and procedures intended to meet the Clients special needs while in the care of any LRC Direct Care Worker.

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90 Day Probationary Period

Love Respect and Care offers a 90 day probationary period to see if an employee is an appropriate fit for LRC. In this 90 day period you are not to be late, leave early, or call off. In doing so you will be immediately terminated. *The only exception is a Doctor's excuse.*

Also, if in that 90 days you are not working for 60 consecutive days you will be removed from the roster. This includes refusal of work. If we contact you to offer work such as a fill in or a permanent position and you refuse that goes toward your days of not working.

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Competency

Love Respect and Care Home Health Aide Agency/Registry is a non-medical entity and request that all hired and/or roistered by LRC complete home health care training approved by the department of home health. The direct care worker will provide services including personal care, companionship, assistance with tasks such as laundry, shopping, making and keeping appointments, paying bills, and engaging in social and leisure activities depending on the consumer's needs. If the direct care worker provides additional assistance such as providing person care, including assistance with eating, ambulating, transferring, positioning, toileting and with personal hygiene and with self-administration of medications that the direct care worker must receive training, or establish competency through testing, in six additional subject matter areas. The nurse aide certification and training program sponsored by the Department of Education and is located at www.pde.state.pa.us

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Increments

Love Respect and Care requires that each Direct Care Worker and Office employee work their assigned shift.

Example: Jane Doe **Schedule:** 8:00 a.m. - 3:00 p.m.

We understand that there will be instances when you may not make it to work on time. In that case you are to work in 15 minute increments. For example:

If you are due to work 8:00 a.m. but you don't get there until 8:10 a.m. you are **required** to start at 8:15 a.m. Be sure to stay your entire shift, e.g. 8:15 a.m. – 3:15 p.m.

Increments are as follow:

: 00, :15, :30, :45

If you have any questions please feel free to call the office during normal business hours of:

Monday-Friday 8:30 a.m.-5:00 p.m.

You can also submit inquiries through email.

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Online Training

Dear Love Respect and Care Staff,

Love Respect and Care strives to provide top quality service to our clients. Our goal is to hire dedicated caregivers to provide this service. In making that possible we provide different forms of training.

The initial training is the Direct Care Worker Competency testing that was completed prior to being hired on here at Love Respect and Care. Then yearly you will be required to take a multiple choice exam to re-determine your competency. There is now new training that has been implemented. The training will be available online at www.learningcenter.pahomecare.org. The timeframe allotted is **90 days**.

They required training is listed below:

Independence & Confidentiality

1, 2, 3 & 4

Seniors and Aging

1, 2, 3, 4, 6 & 7

Infection Controls

2, 3, & 4

Safety

2, 6 & 7

***Also, be sure to complete Incident Training**

You have 90 days from the date of this letter to complete the above sections. Management will periodically monitor your progress. Periodically new

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training will be made available. Once that occurs Management will notify you. Below is your username and password.

Username: Your LRC Email

Password: LRC Email Password

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Personal Consumer Contact

It is Love Respect and Care's policy that there is to be no Consumer contact made by a Direct Care Worker if they are not on the schedule to work. You are not permitted in the home or to contact the Consumer by telephone. Direct Care Workers are also not permitted to visit a Consumer in a hospital or Nursing Home facility unless approved by LRC management beforehand.

It is imperative that these guidelines are followed. If they are not, the results are as follows:

1st Offense- 2 day suspension

2nd Offense- Termination

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ERRANDS PERFORMED FOR CONSUMERS

It is Love Respect and Care's policy that if you are performing errands for a Consumer it is to be noted as an activity in your log located at the bottom of the timesheet.

Effective immediately, if you are performing errands for a Consumer you are to provide proof that this errand was completed. You can use receipts, shopping list, etc., as proof. These items will be required at the time you submit your timesheets.

If you should have any questions feel free to submit them to lrc_concerns@aol.com

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No Service When Consumer's not Home

It is Love Respect and Care's policy that if a participant is not at home, you are not authorized to be in the home servicing the client while he/she is not there. This is a state regulation that we must follow and if you are found guilty of this you will be **immediately terminated**.

If there is ever an instance when you are working and the consumer wants to leave and does not request that you go along you must call the office and make Management aware of the situation. If and when this occurs your shift will be considered complete, you will not be required to finish the shift.

Your timesheet should reflect your start time and the time in which the consumer left.

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72 Hour Call Off

In the event that you are working with a **High Risk Consumer** (one whom needs around the clock care), it is mandatory that you give Love Respect and Care, a 72 hour notice. This is very important so that we're able to find a temporary replacement.

In the event you are not able to give a 72 hour notice it is important that you give as early of a notice as possible. As soon as it feels that you may not be able to make it to the consumer please give LRC a call. You **must** speak with someone in Management.

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Retrieval of Timesheets

Per Love Respect and Care's *Timesheet Due Date Policy* it states that timesheets are due on Tuesday no later than 3:00pm the week of pay (please follow the pay chart), in order for us to process payroll and have it complete by Friday. If timesheets are not received by that time this may cause a delay in your pay. It may take up to 48 hours from the time your timesheets are received if received after 3:00pm on the Tuesday of pay week.

It is imperative that timesheets are turned in the week of pay or there will be a penalty applied. This applies to all timesheets no matter the amount of hours worked. It is mandatory that these are received for verification purposes and the release of a paycheck.

If you have any questions or concerns feel free to email us at lrc_concerns@aol.com

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Roster Removal

It is the policy of Love Respect and Care that if an employee is inactive for 60 consecutive days or more, they will be removed from the LRC Roster. If an employee is removed from the roster they will be required to reapply for a position.

If you no longer want to be an employee of Love Respect and Care you must submit your request in writing 2 weeks prior to your removal date. In other words you must submit a 2 weeks' notice.

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Holiday Pay

If and when your timesheets are due the same week as a holiday (Thanksgiving, Christmas, etc.) Love Respect and Care recommends that you submit your timesheets the **Monday of Pay Week no later than 3:00pm.**

The reason for this is because Love Respect and Care understands the needs of a paycheck around the holidays. So in order to help, we will like for the paychecks to be processed at an early enough time that paychecks will be receive before the holiday.

It is important that timesheets are submitted no later than the time listed above so that payroll may be processed. Any timesheets received after 3:00 pm will not be processed until the next business day.

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Arrival Time Policy

It is the policy of Love Respect and Care that Direct Care Workers arrive as close to their scheduled start time as possible. If a Direct Care Worker is scheduled to work 10:00 a.m. to 5:00 p.m. arriving at the Consumer's house about 9:50 a.m. would be an appropriate time to.

If Direct Care Workers rely on public transportation, and they are to arrive at the Consumer's house more than 10 minutes before the start of your shift, they are to contact LRC Management to make them aware. Once management is aware LRC Management will correlate it to the Consumer. If the Consumer is uncomfortable with the DCW arriving early, the DCW will have to manage until its closer to their start time.

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Communication

It is the policy of Love Respect and Care that in every situation between the Direct Care Worker and the Consumer, should always be communicated to Love Respect and Care. Communication is key here at LRC, it allows everyone to stay on one accord and allows us to provide top quality service.

Listed below are examples of things that need to be communicated always:

- Schedule-rather if it's for the DCW or the Consumer
- Schedule Adjustments
- Concerns with/for Consumer
- If DCW is late or need to leave early
- Questions Consumers may have for the DCW and they're unable to provide an answer
- Consumer Refuses help or services from Direct Care Worker

No matter how small the subject, DCWs should always share questions, concerns, or suggestions made by either them or the Consumer with the LRC Management team as soon as possible. It will be beneficial for everyone. DCWs are not permitted to exchange phone numbers with any Consumers.

**Violations are as follows: Written Warning 2) Two
(2) Day Suspension 3) Immediate Termination**

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Canceling Fill In/Permanent Cases

It is the policy of Love Respect and Care that if a Direct Care Worker should be requested, and agree to, a fill in position to care for a client, the services must be provided. DCWs are not authorized to call less than 72 hours before the start of an agreed upon fill in. The fill in must be completed. If you call off during this time you will be immediately terminated.

As for Permanent Cases,

If you are not able to fulfill the agreement once signed, you will need to give a two (2) weeks' notice. If your case is scheduled to be worked within those two (2) weeks, **you must work the case**. If not, you will be immediately terminated.

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Mileage Policy

It is the policy of Love Respect and Care Home Health Aide that if a Consumer's services include running errands that each Direct Care Worker log their miles and submit it with their W-2's as a deduction. LRC does not reimburse for mileage.

Now there are two ways to log miles.

1. LRC will provide a paper Mileage Log or;
2. Log your miles using the Miles IQ app

****Below are the guidelines according to irs.gov**

2016 Tax Year Standard Deductible Mileage Rates from Jan. 1, 2016- Dec. 31, 2016

ATTENTION: The following mileage rates are for 2016 Tax Returns. **Do not** use these rates for your 2015 Tax Return.

The optional standard tax deductible IRS mileage rates for the use of your car, van, pickup truck, or panel truck during **2016** are:

- **54 cents per mile driven for business purposes**
- **19 cents per mile driven for medical or moving purposes**
- **14 cents per mile driven in service of charitable organizations**

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Additional Vehicle Use Deductions: In addition to the standard mileage rates, you may deduct the costs of tolls and parking while using your vehicle for one of the approved purposes. These are separate deductions. However, if you have claimed vehicle depreciation, you may not deduct tolls and parking fees.

Standard Mileage Rate Restrictions: The standard mileage rates may not be used for vehicles used as equipment, or for more than four vehicles used simultaneously. You cannot use the standard mileage rates if you claim vehicle depreciation.

If you use your car in your job or business and you use it only for that purpose, you may deduct its entire cost of operation (subject to limits discussed later). However, if you use the car for both business and personal purposes, you may deduct only the cost of its business use.

You can generally figure the amount of your deductible car expense by using one of two methods: the standard mileage rate method or the actual expense method. If you qualify to use both methods, you may want to figure your deduction both ways before choosing a method to see which one gives you a larger deduction.

Standard Mileage Rate - For the current standard mileage rate, refer to [Publication 463](#), *Travel, Entertainment, Gift, and Car Expenses*, or search

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standard mileage rates on [IRS.gov](https://www.irs.gov). To use the standard mileage rate, you must own or lease the car and:

- You must not operate five or more cars at the same time, as in a fleet operation,
- You must not have claimed a depreciation deduction for the car using any method other than straight-line,
- You must not have claimed a Section 179 deduction on the car,
- You must not have claimed the special depreciation allowance on the car,
- You must not have claimed actual expenses after 1997 for a car you lease, and
- You cannot be a rural mail carrier who received a "qualified reimbursement."

To use the standard mileage rate for a car you own, you must choose to use it in the first year the car is available for use in your business. Then, in later years, you can choose to use the standard mileage rate or actual expenses.

For a car you lease, you must use the standard mileage rate method for the entire lease period (including renewals) if you choose the standard mileage rate.

Actual Expenses - To use the actual expense method, you must determine what it actually costs to operate

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the car for the portion of the overall use of the car that is business use. Include gas, oil, repairs, tires, insurance, registration fees, licenses, and depreciation (or lease payments) attributable to the portion of the total miles driven that are business miles.

Note: Other car expenses for parking fees and tolls attributable to business use are separately deductible, whether you use the standard mileage rate or actual expenses.

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6/3/16

Sleeping Policy

It is the policy of Love Respect and Care that no employee should be sleep during their work shift. Sleeping is a State Regulation Violation. If you are sleeping during your shift, that means you are not providing the services required to the Consumer, therefore, you are not to be paid.

Violations:

- 1) Final Written Warning
- 2) Termination.

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Falsifying Generations/Telephony Policy

It is the policy of Love Respect and Care Home Health Aide, that if and when a Consumer gives you the permission to leave early, you must immediately report it to the management team of LRC. If and when the Consumer is reported to have been admitted into the Hospital or any outside Facility, you are not authorized to log into the Telephony/Generations System. You are required to immediately report it to the Management Team of Love Respect and Care unless otherwise directed. If a caregiver has a login or logout documentation for any days a Consumer was in the Hospital or any outside Facility or if a Consumer has canceled His/her service for a particular day, the caregiver is Prohibited from requesting reimbursement for service for that date and it is considered as a violation. Truthfully reporting time is very critical and a State Regulation that must be followed.

If you are found guilty of falsifying Generations/Telephony again, you will be immediately terminated.

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No Additional Caregiver in Consumer's Home

It is the policy of Love Respect and Care that only one Caregiver from LRC is permitted in a Consumer's home at any given time. If you are found to be in violation of this policy you will be given a(n):

- 1) Final Written Warning**
- 2) Immediate Termination**

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Employee Handbook

It is the policy of Love Respect and Care that as a Direct Care Worker you are required to refer to your Employee Handbook via Love Respect and Care's website at:
www.loverespectandcare.com.

Signing this policy confirms that the handbook was reviewed with you and you had the opportunity to ask any questions needed during Orientation.

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Online Child Abuse

Love Respect and Care strives to provide top quality service to our clients. Our goal is to hire dedicated caregivers to provide this service. In making that possible we conduct Background Checks, as well as Child Abuse Clearances.

It is now possible for you to complete your Child Abuse Application online. You will visit www.compass.state.pa.us/CWIS/Public/Home. You will click on “Individual Login” and enter the information provided at the bottom of this page. When prompted you will enter the payment code provided by Love Respect and Care.

If you should need any help completing the application, please contact the office Monday-Friday 9:00am-5:00pm, or email us at lrc_concerns@aol.com.

**LOVE RESPECT AND CARE HOME HEALTH AIDE
AGENCY/REGISTRY LLC**

Created 9/8/2016

Consumer Model

This is an agreement between you and Love Respect and Care that you have signed on as a Caregiver per the request of the Consumer. You have agreed to only provide service to this client. With that being said, Love Respect and Care will not contact you for any fill-in assignments.

We thank you for being a part of Love Respect and Care and look forward to working with you.

If you should have any questions, please feel free to email us at lrc_concerns@aol.com.

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Effective 10/21/2016

Do Not Copy Timesheets

It is against Love Respect and Care policy to reuse signed copies of your timesheets. A new timesheet is required every pay period. If it found that you are recycling timesheets with the Consumer's signature on them, you will be immediately terminated. The Consumer is not to sign your timesheets until the last day of any given pay period.

If you are unable to gain a signature from the Consumer, maybe because it was a fill-in, or you may not be returning to the Consumer, please call the office to notify management.

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Compliance Policy

Love Respect and Care's top priority is to provide top quality service. In providing top quality service we must be sure to always be in compliance with State, OLTL, and the Department of Health's rules and regulations. Below is a list of requirements that are due upon hiring and annually or bi-annually, thereafter:

- Must complete online training when prompted
- Must complete step 1 & 2 Tb screening prior to it expiring
If expired: Will be immediately removed from current assignment
- Must complete a physical annually
- Must complete a CPR & First Aide screening every 2 years prior to it expiring
- Must complete a Direct Care Worker competency test annually prior to it expiring
If expired: Will be immediately removed from current assignment
- Must complete a Child Abuse screening annually prior to expiring
- Must complete a Criminal Background screening annually prior to expiring (Performed onsite)
- Must keep all request/required documentation up to date (Must complete right away & Send right back)
- Must keep all scheduled appointments/when requested by any office staff

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If you are not in compliance at all time, you are not authorized to provide Home Care to any of Love Respect and Care's Participants. If you receive a phone call from someone at Love Respect and Care, you must return the call as soon as you are able.

Leave of Absence Policy

Love Respect and Care Home Health Aide Agency provides quality service to its consumers. These

exemplary services are contributed to the dedication and commitment of our staff. However, we

understand employees face challenges in their personal lives which may result in needing a leave

of absence.

The Family and Medical Leave Act (FMLA) permits any staff employed up to 12 months with

an employer the following:

- Up to 12 work weeks of unpaid, job-protected leave a year.
- Leave eligibility entitlement is for one or more of the following reasons:
 1. birth of a son or daughter and caring for a newborn child;
 2. placement of child for adoption and foster care;

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3. care for immediate family member (spouse, child, or parent, but not a parent "in-

law") with a serious health condition;

4. employee is unable to work because of a serious health condition.

a. Serious health condition means an illness, impairment, or physical or mental

condition that involves any period of incapacity and receiving medical treatments

(i.e. chemotherapy, physical therapy, dialysis, etc.)

- Restored to original job or equivalent job upon returning from leave of absence.

Policy:

Employees requesting a leave of absence must:

1. Submit in writing a correspondence supporting the requested leave of absence (3) three

weeks prior to effective date of leave and includes anticipated return date.

a. The written correspondence can be a personal letter from the employee requesting a

leave of absence as a result of the above FMLA eligibility requirements stated;

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b. Letter verifying serious health condition
certified and issued by a health care
provider.

2. Understand a leave of absence in unpaid leave
and employee will not collect
unemployment.

3. Upon returning to work from a serious health
care condition, provide a letter stating
employee may return to work and note any restrictions.

Procedure:

Any employee who violates or commits fraud regarding
the eligibility requirements of the leave

of absence policy will be immediately terminated and
maybe subject to legal repercussions.

Your signature below indicates you understand and
agree to the policy and procedure.

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No Headphones Policy

It is the policy of Love Respect and Care that no Direct Care Worker should have headphones on at any time during their shift. Having headphones on can cause the DCW to be unresponsive to the Consumer. It is important that LRC is providing top quality service as well as following State Regulations at all times. Being able to hear if a Consumer is calling out, or fell down, is an essential part of a DCW's job.

If it is found that headphones have been worn in the Consumer's home during service hours the offenses are as follows:

- Written Warning
- Termination

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Updated 12/5/17

Reporting Consumer's Admission to Hospital, Nursing Home, or Any outside Facility

It is the policy of Love Respect and Care that should any Consumer be admitted to the hospital, Nursing Home, or any outside facility, it is the responsibility of the Consumer to report it to the LRC management team immediately.

Direct Care Workers will only be paid up until the time the Consumer is admitted.

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3/20/17

Schedule Adjustment

It is the policy of Love Respect and Care that if/when a Direct Care Worker accepts a Permanent Assignment the DCW is prohibited from requesting a change in the schedule of any kind within the first 90 days. If the DCW has completed their 90 days and wants to request a schedule adjustment they must submit it in writing and allow 2 weeks for the adjustment to take place.

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Voluntary Time Off Policy

11/03/2017

The Voluntary Time Off (VTO) Policy is for all Love Respect and Care employees. We offer Voluntary Time Off (without pay) with a 72 hour in advance notice. You are not permitted to be off within the first 90-day probation period of employment.

You will accumulate (2) voluntary days off (**Full-Time**) or (1) voluntary day off (**Part-Time**) if you are employed for less than 1 year but more than 90 days.

You will accumulate (4) voluntary days off (**Full-Time**) or (2) voluntary days off (**Part-Time**) if you are employed for 1 day over a year.

All requests must be submitted in writing using the Absence Request Form, which is located on the Love Respect and Care website at www.loverespectandcare.com.

No call, No Show is an automatic termination.

If you should have any additional questions, please forward them to lrc_concerns@aol.com.

(Full time is 35 hours or more. You have to remain on a full-time case for 90 consecutive days. LRC does not offer holiday pay or maternity leave.)

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Provider Records

(Records, Reports and Inspections)

It is the policy of Love Respect and Care Home Health Aide to retain source records for our data reports for a minimum of seven (7) years from the date of origination. These records are kept on location and filed away in a secure file cabinet that is locked at the end of each day.

Provider Records that will include:

(b) Electronic records are acceptable documentation when the provider meets the following:

- (1) The electronic format conforms to Federal and State requirements.
- (2) The electronic record is the original record and has not been altered or if altered shows the original and altered versions, dates of creation and the creator.
- (3) The electronic record is readily accessible to the Department, the Department's designee and State and Federal agencies.
- (4) The provider creates and implements an electronic record retention policy.

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(5) Electronic imaging of paper documentation must result in an exact reproduction of the original record and conform to the provider's electronic record retention policy.

(c) The provider shall ensure records are compliant with the Health Insurance Portability and Accountability Act of 1996.

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Child Abuse Clearance

For the purpose of employment at Love Respect and Care Home Health Aide, you are required to obtain a Child Abuse Clearance for Direct Care Work.

Please go online to:

<https://www.compass.state.pa.us/CWIS/Public/Home>
and create an individual account. Please use code:

In addition, Love Respect and Care requires employees to obtain the two required certifications when anyone under 18 resides in the home where services are provided:

- Criminal Background Clearance
- FBI Clearances

These documents are to be renewed every 5 years. It is also the responsibility of an LRC employee to notify Love Respect and Care Management within 72 hours of an arrest or conviction.

If you have any questions, feel free to send them to lrc_concerns@aol.com. Please allow a 24-hour turnaround time for a response. If you should need assistance in completing this, you can schedule an appointment to come into the office.

**LOVE RESPECT AND CARE HOME HEALTH AIDE
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