

Please fill this packet out return it to the HR manager. If you have any questions, please contact the facility Administrator.



New Employee Checklist:

☐ Please let us know if you have issues checking off any of the requirements in this packet.

- **Forms to fill out completely**

- W-4 Form
- I-9 Form
- Background check permission
- Job application
- Health evaluation
- Direct Deposit information

- **Read and Signed**

- Drug and Alcohol Abuse form
- Dress code and personal appearance
- Job description
- Dating within the workplace
- Emergency evacuation plan

- **Copies Made**

- Driver License
- Social Security Card
- Food Handlers Permit
- CPR & First Aid Certification
- C.N.A. Certification
- TB Testing*

*If you have not had a TB Test within the last year, please talk to your supervisor to set up an appointment with our RN.

Job Application - Standard

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Personal Information:

First Name: _____

Middle Name: _____

Last Name: _____

Street Address:

City, State, Zip Code:

Phone Number:
(____) _____

Email Address: _____

Are you eligible to work in the United States? Yes _____ No _____

If you are under 18 do you have an employment certificate? Yes _____ No _____

Have you been convicted of a felony within the last five years? Yes _____ No _____

If Yes, Please Explain:

Position/ Availability:

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Position Applied for: _____

Days/ Hours Available

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Hour available: From _____ to _____

What date are you available to start working?

Education:

Name and address of schools attended – Degrees/ Diplomas earned – Graduation Dates

Skills and Qualifications: Licenses, Skills, training, awards, or other:

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Employment History:

Present or last position:

1.) Employer:

Address:

Supervisor:

Phone Number: _____ Email:

Position Title:

Date employed from: _____ to: _____

Responsibilities:

Salary: _____

Reason for Leaving:

2.) Employer:

Address:

Supervisor:

Phone Number: _____ Email:

Position Title:

Date employed from: _____ to: _____

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Responsibilities:

Salary: _____

Reason for Leaving:

May we contact your previous employers? Yes _____ No _____

Personal References (No immediate family):

Name/Title/Address/Phone Number:

1.) Name:

Relationship: _____

Phone Number:

2.) Name:

Relationship: _____

Phone Number:

3.) Name:

Relationship: _____

Phone Number:

I certify that the information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Printed Name: _____ Date: _____

Signature: _____

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Employee Health Evaluation

It is mandatory for all health care professionals to have a TB test done and also a Hepatitis B series completed. Please attach a record of your immunizations to this form.

★ If you have not received a Hepatitis B series or TB test, please see the RN for more information.

Name: _____ Social Security Number: _____ - _____ - _____

Address: _____

Zip _____ Street address _____ City _____ State _____
Job Title: _____ Phone Number: _____

Family Physician: _____ Contact Number: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone Number: _____

Do you have any allergies to (Circle all that apply):

- | | | |
|-------------------|---------------------------------|--------------------|
| A. Latex or Vinyl | C. Chemicals/Household products | E. Pollens/dust |
| B. Foods | D. Soaps/personal care products | F. Clothing/gloves |

Circle the answer that describes the communicable diseases, vaccinations, or antibody titers you have had. Please include the date(s) of vaccinations or titer completion.

<u>Disease</u>	<u>Vaccine</u>	<u>Date</u>	
Yes/No	Yes/No	_____	Rubeola (Red measles – 7 day)
Yes/No	Yes/No	_____	Rubeola (German measles – 3 day)
Yes/No	Yes/No	_____	Mumps
Yes/No	Yes/No	_____	Hepatitis B
Yes/No	Yes/No	_____	Tuberculosis
Yes/No	Yes/No	_____	Chicken Pox
Yes/No	Yes/No	_____	Tetanus/Diphtheria
Yes/No	Yes/No	_____	Polio
Yes/No	Yes/No	_____	Pneumococcal

If you have had a positive TB skin test, date of skin test conversion: _____

Last chest X-ray date: _____ Result: _____

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Please note that if you are pregnant or planning pregnancy, please discuss the occupational risks peculiar to your position (such as exposure to communicable diseases, exposure to cleaner/disinfectant fumes, lifting) with your physician.

If you have any conditions that may prevent you from performing assigned duties satisfactorily, these must be discussed with your employer. All information will be kept confidential.

The information on this health evaluation is complete and accurate to the best of my knowledge. I hereby certify that I am free of any physical, mental, or emotional condition that would be detrimental to the well-being of those in my care.

Signature: _____

Date: _____

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Direct Deposit Authorization

Instructions:

Fill out and return to your Human Resource Manager.

This document must be signed by employees setting up automatic deposit of paychecks and retained on file by the employer. Employees may attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers

PLEASE FILL OUT COMPLETELY:

Account 1

BANK NAME: _____

Select account type: Checking / Savings

Bank routing number: _____

Account number: _____

Dollar amount to be deposited to this account: \$ _____

Account 2 (remainder to be deposited to this account)

BANK NAME: _____

Account 2 type: Checking / Savings

Bank routing number: _____

Account number: _____

You may attach a voided check for each account here:

Authorization for (_____)

This authorizes (_____) to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Employee signature: _____ Print name: _____

Start Date of Automatic Deposit: _____ Today's Date: _____

Testing for Drug and Alcohol Abuse – Policy Effective Date: _____

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() is committed to maintaining a workplace free of substance abuse. No employee is allowed to consume, possess, sell, purchase, or be under the influence of alcohol or illegal drugs on any property owned by or leased on behalf of () or in any vehicle owned or leased on behalf of (). The use of over-the-counter drugs and legally prescribed drugs is permitted as long as they are used in the manner for which they were prescribed and provided that such use does not hinder an employee's ability to safely perform and/or operate equipment for his or her job.

() will not tolerate employees who report for duty while impaired by the use of alcohol or drugs. All employees should report evidence of alcohol or drug abuse to their supervisor or Human Resources Manager immediately. In cases in which the use of alcohol or drugs creates an imminent threat to the safety of persons or property, employees are required by () to report the violation. Failure to report violations will result in disciplinary action, up to and including termination of employment.

As a part of our effort to maintain a workplace free of substance abuse, () employees will be randomly asked to submit to a medical examination and/or clinical testing for the presence of alcohol and/or drugs. Within the limits of federal, state, and local laws, () reserves the right to examine and test for drugs and alcohol at our discretion.

As a condition of your employment with (), employees must comply with this Substance Abuse Policy. Be advised that no part of the Substance Abuse Policy shall be construed to alter or amend the at-will employment relationship between () and its employees.

Employees found in violation of this policy and/or if an employee declines submitting a sample, this will result in immediate termination of employment.

Print Name: _____ Date: _____

Signature: _____

Dress Code and Personal Appearance

Purpose: _____

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To establish the criteria for presenting a professional business appearance that is appropriate to the job and work situation, and to ensure that residents, family members and other employees feel comfortable at (_____) Care.

Policy:

All aides are to maintain appropriate standards of grooming, personal hygiene, and dress that will not distract others or create a safety hazard to you, your co-workers, or the residents. Hairstyles or personal hygiene should not pose a safety hazard or create an unacceptable appearance. Aides must look and act professional at all times while representing (_____).

- Clean, wrinkle-free scrubs must be worn by all aides.
- Scrubs shall be worn appropriately and not rolled up.
- Shoes and socks must be worn at all times. No open toed shoes or sandals.
- Name badge must be worn at all times.
- Fingernails must be ¼ inch or shorter and must always be clean and well groomed.
- Long hair (below the shoulders) must be tied back. Hair must also be properly cleaned.
- Jewelry should be kept to a minimum with no dangling jewelry.
- Conservative makeup may be worn.
- Any tattoos must not be visible.
- Hands must be washed and cleaned throughout the day.
- Teeth must be brushed and clean to prevent bad breath.
- Aides must shower, wear deodorant, and refrain from wearing strong perfumes.
- Personal accessories such as iPods will not be permitted.
- Any appearance that is deemed inappropriate and that may cause other to be uncomfortable or alarmed will not be permitted.

Print Name: _____ Date: _____

Signature: _____

CNA/Med Tech Job Description

Job Summary:

Responsible for responding to residents physical, emotional, and environmental needs. Also responsible

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to ensure residents are clean, well-groomed, and fed in a timely manner. CNA's/med techs will also ensure that the resident's living spaces are clean and orderly. Will report directly to the Nurse.

Duties and Responsibilities for Resident care:

1. Groom residents as needed or assigned; including bathing/showering, shaving, dressing, oral care, and other ADL's.
2. Help residents with transfers and ambulation as needed.
3. Measure and record vitals including temperature, pulse, respirations, blood pressure, SaO2 levels, and weight as assigned or PRN. Report vitals that are out of range to nurse.
4. Assist with blood glucose checks as needed.
5. Provide residents with meal reminders and escorts if needed.
6. Support the cognitive, medical, physical/functional, social, and emotional needs of each resident.
7. Catheter care as needed.
8. Treat each resident with respect and dignity. Honor and abide by their rights (see Resident Rights)
9. Avoid gossip or derogatory comments or remarks of any kind.

Dispensing Medications: (Med Techs ONLY)

1. Administer medications according to the 7 rights of medication administration.
2. Do not administer any medications unless completely clear on instructions/orders. Ask questions if needed.
3. Monitor resident's reactions to medications.
4. Report any problems regarding the administration of medications to the nurse.
5. Report any changes in the resident's mental or physical condition including any deviation from daily routines to the nurse.
6. Reorder and restock medications as needed.
7. Execute any written or verbal tasks assigned by a nurse or administrator.
8. Refer to the nurse with any questions on how to deal with clinical issues or unforeseen situations.

Other:

1. Perform all assigned housekeeping tasks.
2. Assist kitchen staff to set tables, clean up, wash dishes, and/or help prepare meals as needed.
3. Attend regularly scheduled monthly staff meetings.
 - a. These meetings are mandatory.
 - b. Notify the Nurse if you can't make it.
 - c. Only 1 absence per quarter will be allowed unless prior arrangements have been made.
 - d. If you miss a meeting, it is your responsibility to get with the Nurse to go over the missed information within 1 week.

Printed Name: _____ Date: _____

Signature: _____ Date: _____

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Dating within the workplace

(_____) strongly believes that a work environment where employees maintain clear boundaries between employee personal and business interactions is most effective for conducting business and enhancing productivity. Although this policy does not prevent the development of friendships or romantic relationships between co-workers, it does establish boundaries as to how relationships are conducted during working hours and within the working environment.

This policy does not preclude or interfere with the rights of employees protected by the National Labor Relations Act or any other applicable statute concerning the employment relationship.

Procedures

1. During working time and in working areas, employees are expected to conduct themselves in an appropriate workplace manner that does not interfere with others or with overall productivity.
2. During non-working time, such as lunches, breaks, and before and after work periods, employees engaging in personal exchanges in non-work areas should observe an appropriate workplace manner to avoid offending other workers or putting others in an uncomfortable position.
3. Employees are strictly prohibited from engaging in physical contact that would in any way be deemed inappropriate by a reasonable person while anywhere on company premises, whether during working hours or not.
4. Employees who allow personal relationships with co-workers to adversely affect the work environment will be subject to the appropriate provisions of (_____)’s disciplinary policy. Failure to change behavior and maintain expected work responsibilities is viewed as a serious disciplinary matter.
5. Employee off-duty conduct is generally regarded as private, as long as such conduct does not create problems within the workplace. An exception to this principle, however, is romantic or sexual relationships between supervisors and subordinates.
6. With regard to the above paragraphs, the initial solution may be to make sure the parties no longer work together on matters where one is able to influence the other or take action for the other. This means that in some cases transfer to other positions or departments may be necessary.
7. With regard to Paragraph 7, if one or both parties refuse to accept a reasonable solution or to offer an alternative position, if available, such refusal will be deemed a voluntary resignation.
8. Failure to cooperate with (_____) to resolve a conflict or problem caused by a romantic or sexual relationship between co-workers or among managers, supervisors or others in positions of authority over another employee in a mutually agreeable fashion may be deemed insubordination and cause for immediate termination. The disciplinary policy of (_____) will be followed to ensure fairness and consistency before any such extreme measures are undertaken.
9. The provisions of this policy apply regardless of the sexual orientation of the parties involved.
10. Where doubts exist as to the specific meaning of the terms used above, employees should make judgments on the basis of the overall spirit and intent of this policy.

Any concerns about the administration of this policy should be addressed to the director of HR.

Printed Name: _____ Date: _____
Signature: _____ Date: _____

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**This packet is for you to keep, except the
“CONTINUING EDUCATION SUBMISSION FORM”
needs to be turned in with your hire packet.
Thank you!**

Employee Policy and Procedures

CARE / COMPASSION / COMMUNICATION - SLM

“Every minute of every day, I will assist the weak, uplift the hands which hang down, and strengthen those who are frail.”

Know Your Responsibilities!

Objectives:

- Define the terms: abuse, confidentiality, dignity, ethics and grievance
- Explain “Resident Rights”
- Identify ethical and professional behavior
- Describe the role employee’s play in helping the resident resolve grievances
- Describe how to assist in maintaining a resident’s dignity

The Resident Bill of Rights is a federal law that all members of the health care team must respect. The purpose and intent of this law is to make sure that residents of long term care facilities are treated with dignity and respect. These rights inform residents and others of their rights, and to provide an ethical code of conduct for healthcare workers including nursing assistants. Copies of these rights are given to each person when admitted to a facility.

Generally, Resident Rights include:

- Respect: the right to be treated with dignity and respect.
- Services and Fees: You might be informed in writing about services and fees before you enter a nursing home.
- Money: the right to manage your own money or to choose someone else trusted to do this.
- Privacy: the right to privacy, and keep and use your personal belongings and property as long as it doesn’t interfere with the right, health, or safety of others.
- Medical Care: the right to be informed about your medical condition, medications, and to see your own doctor, also the right to refuse medications and treatment.

(A Detailed list of Resident Rights can be found at the end of this packet)

These rights give residents the same right that all citizens have. It is part of your role and responsibility as a licensed nursing assistant to support the resident in using these rights. A long-term care facility and its staff must encourage and assist the resident to use these rights.

A person’s rights are violated when wrong choices are made. Wrong choices lead to ethical problems and a violation of rights.

Ethics involves knowledge of what is right and wrong conduct. An ethical person behaves and acts in the right way. He or she does not cause any person harm or violate their rights. Nursing assistants are portrayed as ethical individuals. Professional and ethical behavior is vital to the safety and well-being of residents.

Protecting a Resident’s Rights:

Some of the ways you, as a licensed nursing assistant, can protect a residents rights include:

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- Provide quality care to **ALL** residents regardless of race, color, ethnic origin, age, religion, handicap, marital status or sexual preference.
- Give privacy when caring for the resident.
 - Knock on doors and wait for an answer before entering
 - Pull privacy curtain while doing care
 - Cover sitting resident with a blanket or robe, if the resident wishes
 - Give privacy to residents and visitors if requested
- Keep in confidence all medical information known about the resident
- Call the resident by name
- Help the resident protect any personal possessions
- Help the resident make phone calls or write letters
- Patients have the right to have their medical information kept secure and private. The nursing assistants play an important role in helping to ensure that a resident's rights are protected.

Maintaining the Residents Dignity:

There are many ways you can help maintain resident's dignity. Dignity is having respect for a person. It is important to maintain the resident's dignity at all times.

A resident who has entered a long term care facility has had to make many adjustments. Many of these adjustments have been hard and painful. Treat the resident as you would want to be treated.

Some of the ways a licensed nursing assistant can help maintain resident's dignity include:

- Maintain an attitude of respect
- Help the resident to be as independent as possible. Let the resident do as much as possible for themselves
- Handle personal possessions of the resident with care and security
- Always tell the resident what you going to do before you do it. Ask permission of the resident.
- Refer to the care plan for special instructions
- Always be alert to safety concerns
- Provide care that protects the resident from abuse (intentional or threatening harm of an individual's health or welfare), mistreatment or neglect.

It's the Residents Right to Make Choices:

Residents have the right to make personal choices. As a nursing assistant you have the most contact with the resident therefore, you have more opportunity to assist the resident in making choices.

Some of the ways you can assist a resident in making choices includes:

- Offering choices whenever possible
- Accommodating the resident's requests with the best times to provide care/ procedures
- Taking the time to talk with the resident to learn personal preferences
- Talking to the family members to learn the resident's interests
- Reporting the resident's preferences to other staff

Resolving Grievances:

A grievance or complaint occurs when the resident or employee feels his or her rights have been violated. When this happens, the resident or employee has a right to file a grievance. The Bill of Rights gives everyone the right to voice grievances without the fear of punishment. The policy of

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() will show how this procedure is to be carried out. Your responsibility as an employee of () is to report the resident's grievance to the nurse supervisor. All information reported to the nurse should be accurate. Always follow ()s' policy when reporting.

A Grievance report is included on the following page.

GRIEVANCE FORM

If you are requesting assistance in resolving a problem with this organization, please fill out the sections that relate to your concern(s). Return the form to the receptionist or to the following address:

()

INSERT COMMUNITY ADDRESS

Please fill this packet out return it to the HR manager. If you have any questions, please contact the facility Administrator.



Person Reporting - Name:

Address:

City: State:

Daytime Phone: () Date of Birth:

Grievance Involves: (check all that applies)

- Staff Member
Name: Title:

- Other Resident
Name: Title:

- Other (specify):
-
- Treatment Related/Quality of Care Briefly specify:
-
- I choose to remain anonymous. I understand by remaining anonymous this may result the inability to fully process my grievance.
- I choose to represent myself during this grievance process.
- I have chosen a representative to help me during this grievance process.

Please list the name and relationship if any of the representative:

Signature of Patient/Person Filing Grievance Date:

Signature of Patient Representative Filing Grievance Date:

Describe your grievance in Detail: (**Attach Additional Sheets on Back if more room is needed**)

Please fill this packet out return it to the HR manager. If you have any questions, please contact the facility Administrator.



List dates and approximate times when incident or action occurred.

Please remember to restrict your comments to the facts associated with this grievance (**Attach additional sheets if more room is needed**)

Reviewed by: _____ Title: _____

Reported to the Medical Director on: _____

Management Comments:

Signature: _____ Title: _____ Date: _____

Reporting responsibilities for abuse, neglect, and exploitation

Defining Abuse: _____

Physical abuse: *(Includes but is not limited to)*

- Assault
- Any type of sexual assault, including rape
- Forced restraint without doctor indication
- Non-prescribed drugs to subdue residents
- Withholding medications

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- Any injury that cannot be explained
- Untreated wounds
- Reports from residents of abuse
- Withholding of food/drink

Neglect:

- Activities of daily living are ignored
- Medication is ignored
- Nutrition is ignored
- Clothing and living areas are dirty

Mental/Verbal:

- Acts unhappy to help resident
- Yells, raises voice in an offensive manor, swears, says hurtful things towards resident
- Secludes residents and makes them feel unwelcome

Accountability:

Abuse violations are among the most serious violations that can occur in assisted living facilities. The elderly and disabled residents cannot protect themselves from physical attack or sexual assault. Sometimes they cannot even communicate to family members that they have suffered from abuse. Residents and their families are almost entirely dependent upon (_____) and its employees to ensure the safety of their loved ones. To help prevent possible abuse or neglect, all (_____) employees will be supervised, interviewed, and trained frequently. Individuals that abuse others will not stay employed with (_____). Every single employee is responsible for reporting any possible abuse immediately and will be held accountable if found guilty of hiding mistreatment. If suspected of abusing a resident, you will be sent home immediately. An employee who reports suspected abuse, neglect, or exploitation shall not be subject to retaliation, disciplinary action, or termination by the facility for that reason alone. You may be found criminally liable for physically or emotionally abusing residents under your care or (_____)’s care if you don’t report it immediately. We will suspend an employee accused of abuse pending an investigation. If they are determined to be innocent they will be allowed to return to work and paid for their time of suspension. If they are determined to be abusive then they will be terminated. Prosecution could involve neglect due to failure to follow through with policies to ensure resident safety.

Expectations:

We love and support our employees when they love and support our residents. We expect you to treat all residents and employees of (_____) with love and respect. We value education, training, experience, and maintaining skills. Therefore, you will be expected come to work ready to learn and ready to participate in any skill assessment we provide. We want these procedures and "rules" to not only assist employees in performing their daily tasks, but also ensure that actions are in line with company goals. We wish to provide employees with a structure they feel comfortable with and are an active part of. We believe a united, team atmosphere is one of the most important things we can provide or encourage. (_____) will be open to the possibilities, changing as life changes, and thinking outside of the box. We will not fear the unknown, but rather look forward to its challenges. There is a fine line between excitement and fear and we will definitely enjoy

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the excitement. Integrity and honesty are the guiding principles of our company. We want to project the image of ethical principles and personal integrity to our clients, residents and our employees. We want them to know any dealings with us will be honest, and we want them to trust us.

We want to follow through on all aspects of customer relations and business situations. If we say we will do something--we do it!

We should regard the resident as our loved one. We recognize that we are a service organization and we serve our residents with enthusiasm, energy, and pride in our work. We are here to help them continue living a quality life EVERY DAY. We will regularly survey our residents, always striving to do better.

Furthermore, we want to be known for quality care and to strive for the highest quality in all of our services. We want our quality, pride, and professionalism to be obvious to everyone we do business with. We are here to support our residents in a long-term relationship rather than a business transaction. We want our residents to know that we are committed to their success. We want to build a company that is attractive to people. It will be a company that everyone would want to work for, but that not just anybody can. We expect people will want to work with us a long, long time. Therefore, we expect a low turnover. We want loyalty, trust, and respect from our employees. These things aren't free. It has to be a two-way street. To receive these things from our employees we have to give them (and convey them) in return. We want employees to appreciate the jobs they have and know that we appreciate them and will treat them with care and respect. Oh main goal is to treat our residents just as we like to be treated. We want to build a company that views people as assets and investment in a personalized caring way.

Our ultimate goal:

Our end goal is excellence and balance. Balancing our residents' needs and desires, our employee's needs desires, and balancing exceptional service and profitability. We have no desire to pursue the quick buck regardless of the price incurred or methods used. The ideal is to do something we like, the way we feel it should be done, and with people we enjoy working with. If we can do these things, we will truly be successful.

(_____) CARE CONTINUING EDUCATION SUBMISSION FORM

Name: _____

Telephone Number: _____

Date: _____

PLEASE NOTE:

Documentation of completion of the continuing education program(s) submitted will be placed in our database. Please retain a copy of your completed test for your own records, should you need to reference it for any reason.

Resident Rights: Know Your Responsibility

Matching

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- | | |
|---|--------------|
| _____ 1. The state of being respected | A. Grievance |
| _____ 2. Intentional or threatening harm of an individual's health or welfare | B. Ethics |
| _____ 3. Keeping information or facts private | C. Abuse |
| _____ 4. A complaint | D. |
| Confidentiality | |
| _____ 5. Knowledge of what is right or wrong conduct | E. Dignity |

Short Answer

6. List five "Resident Rights".

- a.
- b.
- c.
- d.
- e.

7. Describe your role in helping a resident resolve a grievance.

8. List three ways you can assist a resident in making choices.

- a.

- b.

- c.

9. List five ways a nursing assistant can help maintain a resident's dignity.

- a.

- b.

- c.

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d.

e.

True or False

- | | | |
|---|---|---|
| T | F | 10. Ignoring a call light is not considered neglect. |
| T | F | 11. Unexplained broken bones, burns and bruising are signs of abuse. |
| T | F | 12. If a resident shows fear or anxiety when a certain caregiver is present, this may be a sign of abuse. |
| T | F | 13. If a nursing assistant suspects abuse, they should wait until they are sure it is happening before reporting to a supervisor. |

Resident Rights

- (1) Assisted living facilities shall develop a written resident's rights statement based on this section.
- (2) The administrator or designee shall give the resident a written description of the resident's legal rights upon admission, including the following:
 - (a) A description of the manner of protecting personal funds, in accordance with Section R432-270-20; and
 - (b) a statement that the resident may file a complaint with the state long term care ombudsman and any other advocacy group concerning resident abuse, neglect, or misappropriation of resident property in the facility.
- (3) The administrator or designee shall notify the resident or the resident's responsible person at the time of admission, in writing and in a language and manner that the resident or the resident's responsible person understands, of the resident's rights and of all rules governing resident conduct and responsibilities during the stay in the facility.
- (4) The administrator or designee must promptly notify in writing the resident or the resident's responsible person when there is a change in resident rights under state law.
- (5) Resident rights include the following:
 - (a) The right to be treated with respect, consideration, fairness, and full recognition of personal dignity and individuality;

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- (b) The right to be transferred, discharged, or evicted by the facility only in accordance with the terms of the signed admission agreement;
- (c) The right to be free of mental and physical abuse, and chemical and physical restraints;
- (d) The right to refuse to perform work for the facility;
- (e) The right to perform work for the facility if the facility consents and if:
 - (i) The facility has documented the resident's need or desire for work in the service plan,
 - (ii) The resident agrees to the work arrangement described in the service plan,
 - (iii) The service plan specifies the nature of the work performed and whether the services are voluntary or paid, and
- (iv) Compensation for paid services is at or above the prevailing rate for similar work in the surrounding (_____);
- (f) The right to privacy during visits with family, friends, clergy, social workers, ombudsmen, resident groups, and advocacy representatives;
- (g) The right to share a unit with a spouse if both spouses consent, and if both spouses are facility residents;
- (h) The right to privacy when receiving personal care or services;
- (i) The right to keep personal possessions and clothing as space permits;
- (j) The right to participate in religious and social activities of the resident's choice;
- (k) The right to interact with members of the (_____) both inside and outside the facility;
- (l) The right to send and receive mail unopened;
- (m) The right to have access to telephones to make and receive private calls;
- (n) The right to arrange for medical and personal care;
- (o) the right to have a family member or responsible person informed by the facility of significant changes in the resident's cognitive, medical, physical, or social condition or needs;
- (p) The right to leave the facility at any time and not be locked into any room, building, or on the facility premises during the day or night. Assisted living Type II residents who have been assessed to require a secure environment may be housed in a secure unit, provided the secure unit is approved by the fire authority having jurisdiction. This right does not prohibit the establishment of house rules such as locking doors at night for the protection of residents;
- (q) the right to be informed of complaint or grievance procedures and to voice grievances and recommend changes in policies and services to facility staff or outside representatives without restraint, discrimination, or reprisal;
- (r) The right to be encouraged and assisted throughout the period of a stay to exercise these rights as a resident and as a citizen;
- (s) The right to manage and control personal funds, or to be given an accounting of personal funds entrusted to the facility, as provided in R432-270-20 concerning management of resident funds;
- (t) The right, upon oral or written request, to access within 24 hours all records pertaining to the resident, including clinical records;
- (u) the right, two working days after the day of the resident's oral or written request, to purchase at a cost not to exceed the (_____) standard photocopies of the resident's records or any portion thereof;
- (v) The right to personal privacy and confidentiality of personal and clinical records;
- (w) The right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being; and
- (x) The right to be fully informed in a language and in a manner the resident understands of the resident's health status and health rights, including the following:
 - (i) Medical condition;
 - (ii) The right to refuse treatment;
 - (iii) The right to formulate an advance directive in accordance with UCA Section 75-2a; and
 - (iv) The right to refuse to participate in experimental research.

I have read and understand the resident's rights.

Employee Signature: _____ Date: _____

Please fill this packet out return it to the HR manager. If you have any questions, please contact the facility Administrator.



Criminal Background Screening Authorization Form

Application: _____

Facility Name: _____

First Name: _____

Last Name: _____

Please fill this packet out return it to the HR manager. If you have any questions, please contact the facility Administrator.



I hereby authorize the Utah Department of Health (UDOH) to submit my Direct Patient Access Application to the Utah Bureau of Criminal Identification (BCI) for processing in accordance with Utah Code Annotated Title 21 Chapter 26 Part 2. I authorize BCI to access and review State and Federal criminal history records and provide that information to the UDOH to be used to make a clearance determination. I do hereby release UDOH and BCI, all persons, organizations or government agencies from any damages of, or resulting from, furnishing such information. I have been provided with a copy of this form.

I have read and understand the foregoing and my certification is true and correct to the best of my knowledge and belief.

Applicant Signature: _____

Date: _____

Facility Representative: _____

Date: _____

Posting of Media

(Effective as of 06/01/2016)

It has come to our attention that (_____) employees have been posting and uploading pictures and videos of (_____) residents onto their personal social networking sites. These posts are in some ways disrespectful and could be deemed as not funny or appropriate at all by those who view them, especially family members. As of 06/01/16, if a video or picture of a (_____) resident is posted by anyone other than the activities leaders on our (_____) Facebook page, they will be automatically terminated. This includes all social networking sites, emails, Snapchats, and all other forms of media sharing.

Employee Signature: _____

Date: _____

Please fill this packet out return it to the HR manager. If you have any questions, please contact the facility Administrator.



Employee Resident Referral Policy

(Effective as of:_____)

It is (_____)s policy, that no employee of our and/or its affiliates, accept payment in the form of cash, check, gifts, or other forms of compensation, as a bonus, commission, or any other form of financial gain, from any individual, corporation, or entity, for the referral of residents, either from or to our."

Employee Signature: _____

Date: _____

Please fill this packet out return it to the HR manager. If you have any questions, please contact the facility Administrator.



HIPAA Confidentiality and Non-Disclosure Agreement

I acknowledge that during the course of performing my assigned duties at (_____) Care (our), I may have access to, use, or disclose confidential health information. I hereby agree to handle such information in a confidential manner at all times during and after my employment and commit to the following obligations:

- A. I will use and disclose confidential health information only in connection with and for the purpose of performing my assigned duties
- B. I will request, obtain or communicate confidential health information only as necessary to perform my assigned duties and shall refrain from requesting, obtaining or communicating more confidential health information than is necessary to accomplish my assigned duties
- C. I will take reasonable care to properly secure confidential health information on my computer and will take steps to ensure that others cannot view or access such information. When I am away from my workstation or when my tasks are completed, I will log off my computer or use a password-protected screensaver in order to prevent access by unauthorized users.
- D. I will not disclose my personal password(s) to anyone without the express written permission of my department head or record or post it in an accessible location and will refrain from performing any tasks using another's password
- E. I will document all disclosures of confidential health information, including those authorized by clients of our and any accidental disclosures, in the appropriate client's file.

Please fill this packet out return it to the HR manager. If you have any questions, please contact the facility Administrator.



- ✓ I understand that as an employee of our, I have an obligation to complete Client Confidentiality or HIPAA training on an annual basis, and in signing this agreement, I confirm that I have completed confidentiality training within the past twelve months.
- ✓ I also understand and agree that my failure to fulfill any of the obligations set forth in this Agreement and/or my violation of any terms of this Agreement shall result in my being subject to appropriate disciplinary action, up to and including, termination of employment.

Employee Signature: _____

Employee Printed Name: _____

Date: _____

FIRE AND EMERGENCY EVACUATION PLAN

Facility Address

Facility Phone Number

Emergency Contact Chain of Command

***Always dial 911 in case of emergency**

Please fill this packet out return it to the HR manager. If you have any questions, please contact the facility Administrator.



Administrator
CALL FIRST
For ALL emergencies
Cell Phone Number: _____

Director of Clinical Services:
Phone: _____
If unable to contact Administrator
If unable to contact on-call nurse
For medical emergencies
- Senior Life Management LLC

Last Resort
Email: _____
Phone: _____

FIRE AND EMERGENCY EVACUATION PLAN

Non-Emergency Contact Information

Fire Department:
Sheriff Department:
Police Department:
Emergency Services: 9-1-1

Local Medical Facilities:
Hospital:
Insta-Care:

Please fill this packet out return it to the HR manager. If you have any questions, please contact the facility Administrator.



Rehab:

FIRE AND EMERGENCY EVACUATION PLAN STAFF PROCEDURE DURING FIRE ALARM

DO NOT SILENCE OR RESET FIRE ALARM UNLESS PERMISSION IS GIVEN BY FIRE DEPARTMENT

A. IF YOU SMELL OR SEE SMOKE OR A FIRE IS IN PROGRESS “RACE”

1. Rescue – Remove residents and or staff from immediate danger, note the resident’s unit number or affected area.

2. Alarm – Pull the fire alarm pull station nearest to that area and call 911.

3. Contain – Make sure fire is contained behind a closed door.

4. Evacuate– Evacuate person in immediate danger and “Defend in Place” the rest of the facility until fire department arrives, unless circumstances make defending in place unsafe.

5. Extinguish – A staff member may attempt to use a fire extinguisher if:

I. The evacuation has already begun.

Please fill this packet out return it to the HR manager. If you have any questions, please contact the facility Administrator.



II. The fire alarm has already been pulled.

III. The fire department has been notified.

IV. Staff members have been trained.

V. It is safe to extinguish without endangering one's self or others.

B. Once the fire alarm has sounded, announce the location of emergency 3 times.

All staff need to begin the fire evacuation procedures. Staff should clear hallways of any carts or other equipment that may block safe passage through the building. All patient room doors are to be closed.

C. Staff must check all rooms, including bathrooms and closets. Staff on each floor should take a headcount to be sure of everyone's safety.

D. The shift supervisor or most senior person shall ensure that a call to the fire department has been made.

E. The shift supervisor or most senior person will locate the source of the alarm by using the fire panel located on the south wall of the main foyer. This person will then communicate with other staff and, if necessary, begin evacuating and moving residents to areas of safety. This person will then direct the actions of other staff. If residents are in immediate danger, we will evacuate to "safe areas" behind fire/smoke doors.

COMMUNICATION BETWEEN STAFF MEMBERS IS ESSENTIAL IN PROTECTING OUR RESIDENTS AND VICTORS

F. Evacuate the affected area through fire/smoke doors to "safe area". If safe area is consumed with smoke or fire or if directed by fire department personnel, proceed to evacuate residents to the designated safe area.

DO NOT ALLOW PERSONS WHO HAVE BEEN EVACUATED TO RE-ENTER THE BUILDING OR EVACUATED AREA WITHOUT PERMISSION FROM THE FIRE DEPARTMENT

G. Staff not assigned duties will respond to the announced area to be assigned duties.

H. Notify fire department personnel of any missing person or the location of any resident requiring special assistance.

I. The Administrator/Executive Director/ or Nurse will announce "ALL CLEAR" when given permission by the fire department.

NEVER SILENCE OR RESET THE FIRE ALARM SYSTEM WITHOUT FIRE DEPARTMENT APPROVAL.

ANY TIME THAT THE FIRE DEPARTMENT COMES ON THE SCENE, THEY ARE IN CHARGE AND ALL EMPLOYEES WILL TAKE DIRECTION FROM FIRE DEPARTMENT PERSONNEL IN THE EVACUATION OF THE RESIDENTS.

EDUCATION AND TRAINING

Please fill this packet out return it to the HR manager. If you have any questions, please contact the facility Administrator.



Upon employment staff will be oriented within three days regarding the Fire Evacuation Policy and Procedure. All employees will be trained periodically and as needed on the evacuation procedures as outlined in the plan.

FIRE DRILL POLICY

A fire drill will be performed as required by state fire code once per quarter, per shift, which amounts to one fire drill per month. Before performing a fire drill we will contact the Fire Department Communications Center and again at the completion of the drill. Fire drill will include as a minimum:

- ✓ Sounding of fire alarm
- ✓ Practice in staff response to a fire and execution of the fire plan
- ✓ Practice in alerting the fire department
- ✓ Practice in locating fire-fighting equipment
- ✓ Simulated use of firefighting equipment
- ✓ Practice in building evacuation procedures
- ✓ Maintain records of drills and staff response

PURPOSE

The purpose of this plan is to establish procedures for the safe and orderly response, and if necessary, evacuation of residents, visitors and employees at (_____) Care, in Layton UT in case of a fire or other emergency.

The plan also contains information about on-site fire and emergency equipment, information about staff responsibilities in the event of an emergency, and what information we have provided our residents in how to respond to an emergency. A fire drill policy is also included.

OBJECTIVE

The primary objective of this plan is to prevent or minimize injury to any and all occupants of the building in the event that an emergency evacuation is needed.

The plan also outlines the importance of continuing education for staff so that they are well acquainted with the fire equipment, fire doors, stairwells, exits, all safety features of the building, as well as the procedures and action they should take in case of a fire, and disaster and/or fire alarms.

The plan applies to all floors and addresses shift-staffing variances. All staff will be trained in the fire emergency plan and be trained in the RACE technique. Staff will know that their responsibilities are with the residents, how to communicate with other staff during an emergency, and how to respond to Fire Department personnel when they arrive. They will also know the location of all stairwells, fire doors, and location of all fire equipment.

EQUIPMENT INFORMATION

The design of our building incorporates the following features to insure maximum fire and life safety:

- A. Automatic smoke detection system located throughout the building.

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- B. An emergency lighting system will provide electrical power sufficient for evacuation purposes.
- C. Fire extinguishers (5 pound ABC, General Purpose, Dry Chemical) are conspicuously located on each floor.
- E. Emergency Exits are marked with illuminated EXIT signs.
- F. The building is protected by an Automatic Sprinkler System with coverage throughout the building.
- G. Fixed extinguishing system (Dry system located in the kitchen).
- H. Magnetic locking devices (located on Memory Care entrance doors).
- I. KeyBoard (Inside the 2nd floor maintenance room).

Upon arriving, Fire Department/Emergency Response personnel will be provided:

- A. A Key ring containing a reset key for fire the alarm pull stations and fire panel. This key ring will be located on the wall in the medication room with a copy of the plan.
- B. A fire diagram of the building indicating location of cutoffs for water (domestic and fire), natural gas, and HVAC system. The electrical/mechanical room will also be indicated.

EVACUATION PROCEDURES

The following fire alarm policies and procedures are outlined for all employees. All employees are required to respond to all fire alarms activations.

I. The fire alarm system can be activated by:

- A. Smoke detectors located throughout the building.
- B. Manual Fire Alarm Pull Stations located in hallways.
- C. Fire Sprinklers located throughout the building.
- D. Activation of Fixed Extinguishing Systems (kitchen hood system).

II. When any of the above devices are activated, the fire alarm will:

- A. Will activate all fire alarm horns and strobes throughout the building.
- B. Will cause all corridor fire/smoke doors to close.
- C. Indicate the involved area on the fire alarm panel.
- D. Notify the Fire Department via the Central Station service.

E. The shift supervisor or most senior person will be responsible to call 911 with the following information:

1. Name and address of facility
2. Location and nature of the fire from fire panel if you know it (ex. 1st floor south, Room 147, Laundry room).
3. Your name and the phone number of business

I have read this evacuation plan and understand it completely.

Please fill this packet out return it to the HR manager. If you have any questions, please contact the facility Administrator.



Signature: _____ **Date:** _____