



The Gentle Hands Care Agency, LLC

Home Health Agency

Office phone: 1-614-252-5224

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EMPLOYEE ORIENTATION BOOKLET



The Gentle Hands Care Agency, LLC

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Revised 8/30/2020

Welcome to The Gentle Hands Care Agency, LLC!

Adherence to the following Policy and Procedures will help secure a successful career with The Gentle Hands Care Agency, LLC

1. Employees are expected to dress in a manner appropriate to the health care environment. Proper fitting scrubs tops and bottoms are the required dress attire. No jeans, shorts, sandals, are allowed. Closed toe shoes are required (gym shoes are acceptable) This includes personal hygiene, jewelry, hair and makeup. Please do not smoke in the presence while on duty and no perfume is allowed. Perfume and smoke fumes may irritate the patients.
2. Always wear your I.D. badge.
3. You are expected to arrive on time to all assignments that you have accepted. If an emergency or situation should cause you to be five minutes late or more, or to be completely absent from the assignment, you must notify The Gentle Hands Care Agency, LLC immediately. PLEASE DO NOT CALL YOUR PATIENT DIRECTLY unless directed to do so by your manager or the nurse.
4. If you have any problem, incident or accident on the job, do not discuss it with the patient you are required to call the Director at the office 614-252-5224. You will be required to complete an incident report immediately no more than 8 hours after the incident.
5. You are not allowed to administer any medications unless you are a Licensed Practical Nurses (LPN), Registered Nurses (RN) or if you are working in the DD side of the company and you have completed a Medication Administration class on how to administer medication to Developmentally Disabled individuals.
6. UNDER NO CIRCUMSTANCES are you to ask for or accept any money, gifts or belongings from your patient. There shall be no involvement with the patient's financial affairs, including check writing, No personal telephone calls should be made or accepted while on duty. You may call The Gentle Hands Care Agency, LLC 24 hours a day if you need to cancel or reschedule your assignment.
8. A NO CALL, NO SHOW, IS GROUNDS FOR TERMINATION!
9. Please do not discuss your salary or any other personal affairs with the patient or co-workers.
10. You are not authorized to accept any direct employment that may be offered to you by your patient.
All documentation sheets, nursing notes, therapy notes, time sheets etc. are to be signed by the client after each visit. Your documentation sheet can be reviewed at any time and if sheets are not completed correctly you will not get credit for the time worked and thus you will not get paid for that day.



MISSION STATEMENT

The Gentle Hands Care Agency provides care that optimizes comfort and dignity; and is

The primary responsibility of leaders is to provide for the safety and quality of care, treatment, or services. The purpose of the mission, vision, and goals, is to define how The Gentle Hands Care Agency will achieve safety and quality.

The mission of The Gentle Hands Care Agency: To "Leave No Person Behind".

The Gentle Hands Care Agency strives to help every individual regardless of financial status, residential status, race, sexual orientation, gender or religious affiliation. Our company's main focus is caring for those in need and helping that individual in need get back on the road to a healthy recovery as soon as possible.

Our agency staff will demonstrate that they regard patients as valuable individuals who should be treated with respect by all who interact with them. This may include simple etiquette, such as:

- A. Referring to patients by name
- B. Including patients in discussions of their plan of care

Each and every employee has the responsibility of promoting a caring climate.

ORIENTATION PROGRAM GUIDELINES

COMMUNICATION

1. All scheduling and call offs MUST be done by calling the office. NOT by calling the patient.
2. Call every week to make sure your tentative schedules are the same. Scheduling is subject to change.
3. You are responsible for keeping track of your own hours by using Alora and Sandata EVV system and timesheets.
4. Be certain to call the patient right before you go to their home. You will not be paid if the patient is not home.
5. Report ANY problems to your nursing supervisor and office management. A supervisor is on call 24 hours a day to handle questions about patient care.

DRESS CODE

- A. Scrubs and ID unless otherwise specified.
- B. Personal hygiene and overall appearance must be above average.

EVALUATION PROCEDURES

- A. First Evaluation will be ninety (90) days from your hire date (the first actual visit or shift you work) and will be once a year after that.
- B. HHAs will receive supervisory visit reports from skilled nurses every 14 days.



NON-DISCRIMINATION POLICY _____

- A. No client or employee discrimination on the basis of race, color, creed, religion, gender, etc. will be tolerated. Any problems should be reported to your supervisor immediately.

Electronic Record Keeping/Time Sheets

- A. The work-week is Sunday through Saturday.

a. We are using electronic medical records to perform our duties and for time keeping.

b. That means instead of using paper time sheets, we will be using **Electronic Medical charting systems** (currently, AloraPlus which is subject to change) to complete our aide notes and skilled nursing notes and EVV to verify all visits as mandated by The State of Ohio Department of Medicaid.

c. Those individuals who have DODD CLIENTS, you will have to CONTINUE TO DO PAPER DOCUMENTATION, AS WELL AS EVV. You will be notified when you able to utilize for your documentation.

d. Paper timesheets are only allowed when the system is not available and must be signed by the patient immediately after your shift and turned into, the office the same day in order to get credit for your visit unless otherwise directed by your manager.

e. EVV tasks are required to be completed at time of visit not after. The system clocks you in at the client's home and out from there as well. If you clock in at a different location other than the client's home, you will NOT get credit for that visit. The exception is if you have turned in paper time sheets per the instruction of your manager.

B. If you are required to only turn in paper documentation (DODD) your timesheets must be turned in **EVERY MONDAY by 5:00 PM NO EXCEPTIONS!** DO NOT bring two weeks of time sheets on the Monday of the week you are scheduled to be paid. The assumption will be that you didn't work the week before and those timesheets are not authentic. **NO EMPLOYEE WILL BE PAID FOR TIMESHEET SUBMITTED AFTER THE CUT OFF TIME.**

C. There is a drop box outside the main door for delivery over the weekend. Once the cutoff time has passed the mailbox will be sealed and no other timesheets will be taken.

PAYMENT PROCEDURES

- A. Paychecks are made only by direct deposit on bi-weekly on Friday's. We do not provide paper checks. If you do not have a bank account we encourage you to use a prepaid service for your paycheck.
- B. If you happen to get paid early please note this is a courtesy by your financial institution. Please do not contact the office until Friday of payday, after 10am if you have not received your direct deposit.

ABSENCE

- A. All absences must be reported to the office ASAP — 24 hours in advance, if possible; eight (8) hours in case of sudden illness.

CALL OFF POLICY

- A. You are allowed one (1) call off within a two (2) month period during the first six (6) months of employment.
- B. Two (2) call-offs occurring within a two (2) month period will result in a warning.
- C. Three (3) call offs within a two (2) month period will result in the employee being placed on a ninety (90) day probation.
- D. Four (4) call offs within a two (2) month period is a violation of probation and could result in termination.
- E. Any employee leaving an assignment before the end of their assigned shift or visit will be immediately terminated.
- F. Refusals to work will be documented in the employee's file and can lead to termination.

EXPIRED ITEMS IN FILE

- A. Notification of expiring items (i.e., physical exam, TB test, CPR, license, etc.) will be handled by Personnel.
- B. Expired items will result in immediate cancellation of all work until item is updated.

BENEFITS

A. All employees are covered by Malpractice Liability Insurance. Nurses and Therapists will also be required to obtain their own professional liability insurance.

IN-SERVICES

A. All employees (HHA, RN's LPN's HomeMaker Personal Care Aide) are required to have twelve (12) hours of In-Service per year. Training will be scheduled.

PATIENTS' RIGHTS

A. A booklet on patients' rights will be given to all patients on admission. Please become familiar with this policy.

B. Write the patient's home phone number, patient's doctor's phone number, and THE

GENTLE

HANDS CARE AGENCY, LLC.'s phone number on the front of the folder.

SAFETY PRACTICES

A. Adhere to the Universal Precautions at all times. You are responsible for reading the Infection Control Policy and Procedure Manual.

EMERGENCY PRACTICES

A. Dial 911. Take care of the patient, notify the RN on staff, the RN or management will notify the doctor. Call the office ASAP.

TRANSPORTING PATIENTS

A. Only provided via waiver contract under escort.

ERRANDS FOR PATIENTS

- A. For waiver patients: Aides who are assisting with shopping or picking up prescriptions for a patient must have a check made out to the establishment and return any change along with a receipt. If patient is confused, please call agency and ask for a case manager to act as a witness regarding patient's request.

ORIENTATION

While an abbreviated orientation is given to all employees upon hiring, mandatory In-service training is scheduled every 6 to 8 weeks. It is the responsibility of the employee to make arrangements to attend the first scheduled orientation after employment. The Personnel Office can provide you with the date and time of the next orientation. This orientation will be on Agency time. All personnel care aides are required to complete twelve (12) hours of In-service training yearly to remain compliant.

PROBATIONARY PERIOD

All new employees are on a 90-day probationary period. During this period you and your supervisor will have the opportunity to determine whether the work is suitable for you. Every effort will be made to train you to do your job properly. At any time during this period, either party may choose to terminate employment with our Agency. At the end of this trial period, if all has progressed satisfactorily, you will be recommended for continuous employment. Pay increases will not be given during this probationary period.

IDENTIFICATION BADGE

One identification badge will be issued by the Personnel Office to each new employee at no charge. This badge must be worn at all patient visits. If lost or misplaced, a charge of \$35.00 will be made for its replacement. Upon termination, your identification badge must be returned to the Personnel Office in order to receive your final paycheck.

PHYSICAL/HEALTH EXAMINATIONS

Prior to starting work, new employees must a PPD Skin Test and/or Chest X-Ray. Employment is contingent upon the results of these tests. PPD Skin Tests are thereafter required annually for all employees. If a PPD Skin Test is positive, a Chest X-Ray is required, however, only one Chest X-Ray is required every three (3) years.

TERMINATIONS

In resigning from The Gentle Hands Care Agency, LLC it is desirable to give the Agency as much notice as possible. Fourteen (14) calendar days written notice is required for nonprofessional, clerical and technical employees. Supervisors and professional employees are expected to give thirty (30) calendar days written notice. All employees, at the time of their termination of employment, must return all keys, identification badges and other Agency property before their final paychecks will be released from the Personnel Office on the next regularly scheduled payday. Termination of an employee for any reason is of concern to the Agency. We, therefore, request each resigning employee to take part in an exit interview with the Director of Personnel. Please contact the Personnel Office to arrange a mutually convenient time for the interview. All information will be kept in strict confidence.

SOLICITATION

In order to prevent disruption in the operation of the Agency, no solicitation will be allowed by employees or non-employees. Violation of this rule is grounds for disciplinary action.

CONFIDENTIAL INFORMATION

In the process of performing work in the Agency, you may overhear statements regarding patients, doctors and others which may be considered confidential. Employees are directed, therefore, not to discuss outside the Agency or even with other Agency employees these bits of information unless required as a necessary part of the employees' job. Even casual conversation with other employees may be overheard and thereby violate other rights of privacy. Failure to maintain confidential information may be grounds for dismissal.

PROMOTION

It is the policy of The Gentle Hands Care Agency, LLC to promote from within those persons whose past performance has shown merit and aptitude for other positions. Job vacancies will be posted on the bulletin board in the Personnel Office.

PERSONNEL RECORDS

To keep payroll benefits, mailing lists, and other information up to date, the Agency requests employees to inform our Human Resources Department of any changes in status. Change of address, telephone number, marital status, name, dependents, person to notify in case of accident, or licensure and registration information should be reported to the Personnel Office.

Employment data is maintained by the Personnel Office. This information is considered confidential, and only the employee and his or her supervisors are allowed to see the records.

RULES OF CONDUCT

The Agency strives to be fair and uniform in its handling of personnel. It is our desire to assist employees in every way possible so that working here is a meaningful, satisfying life experience. The majority of employees perform loyally and efficiently, but the misconduct and offenses of a small number of employees necessitates certain rules and regulations.

Violations of rules which result in disciplinary action or discharge include, but are not limited to, those listed herein. Employees are responsible for familiarizing themselves with this list.

Violations have been rated in two (2) steps: (1) Of Concern, (2) Extremely Serious. All warnings will be conducted in written form, including verbal warning, and placed in the employee's Personnel file. Employees can be placed on "interim probation" at any time after they receive a warning. Employees have the privilege of signing and making comments on the form used for written warnings.

Of Concern Violations:

- A. Inconsiderate treatment of others.
- B. Disregard of proper dress and/or personal hygiene.
- C. Failure to attend scheduled meetings.
- D. Failure to attend education and training sessions.
- E. Tardiness without reasonable excuse (more than one time per month will be considered a violation).
- F. Failure to wear or show I.D. badge.
- G. Poor performance of duties.

Disciplinary Actions for Of Concern Violations:

- A. Oral warning (documentation recorded in Personnel file).
- B. Written warning (recorded in Personnel file).
- C. Work suspension for 1-10 days.
- D. Termination for repeated violations of any offense.

Extremely Serious Violations:

- A. Striking a patient.
- B. Possession of potentially dangerous weapons.
- C. Theft, abuse, or possession of Agency equipment, supplies, or personal belongings of patients or fellow employees without the consent of owner.
- D. Falsification of Personnel or Agency records.
- E. Fighting or inciting a fight on Agency property or in patient's home.

RULES OF CONDUCT

- F. Bringing unauthorized intoxicants, drugs or narcotics onto Agency property, or consuming unauthorized intoxicants, drugs or narcotics on Agency property, or reporting for duty under the influence of intoxicants, drugs or narcotics.
- G. Immoral conduct or indecency on Agency property or in a patient's home.
- H. Insubordination and/or refusal to perform assigned duties.
- I. Falsifying a timesheet.
- J. Sexual harassment.
- K. Allowing non-employees (friends, family, etc.) in patient's homes, etc.

Disciplinary Actions for Extremely Serious Violations:

- A. Termination
- B. Criminal charges where appropriate.

Employee Appeal Procedure:

In any organization there can be honest misunderstandings about working conditions, discipline, rules and other employee problems. The following procedure should be followed:

- A. Step 1: The grievant may appeal the decision of the Human Resources Director by filing an appeal in writing to The Gentle Hands Care Agency within 15 days of receiving the Human Resources Director's decision.

- B. Step 2: The Gentle Hands Care Agency's Human Resource Director will issue a written decision in response to the appeal within 30 days of it being filed.

WORKERS' COMPENSATION

In case of an accident or injury while on duty, the employee must report to the Director. The supervisor or department head will be responsible for submitting the employee's incident report to the Personnel Office within 24 hours. In cases where medical attention is required, the employee will be referred to the nearest Emergency Department or be referred to an outside physician.

It is important to remember that an Incident Report must be made on all accidents, as Workers' Compensation benefits depend on this report. The Agency cannot and will not be responsible for conditions which may arise after a time lapse from the accident date unless a report has been made initially.

NON-DISCRIMINATION (HARASSMENT POLICY)

The Gentle Hands Care Agency, LLC is committed to providing its employees with a work environment in which each individual is treated with respect and dignity. Our commitment as an equal opportunity employer means we value diversity, and we will afford all employees equal employment opportunities without regard to their race, color, creed, religion, marital status, sex, sexual orientation, national origin, age, veteran status, or disability.

This policy applies to all terms and conditions in the employment process, which include, but are not limited to: hiring, placement, promotion, transfer, disciplinary action, lay-off, recall, leave-of absence, compensation, and training.

In conjunction with this stated internal non-discrimination/harassment policy, The Gentle Hands Care Agency, LLC is fully committed to serving equally all people of the community without regard to their race, color, religion, sex, sexual orientation, national origin, age, veteran status, or disability.

In support of this non-discrimination/harassment policy, The Gentle Hands Care Agency, LLC expressly prohibits any form of harassment, including sexual harassment. Sexual harassment is any conduct which interferes with an employee's work performance or creates a hostile work environment.

No employee should be subject to employment considerations or acts of retaliation which are based on submission to or rejection of unwelcome sexual advances, requests for sexual favors, unwanted touching, or verbal or physical conduct of a personally offensive sexual nature.

Please be advised that all The Gentle Hands Care Agency, LLC administrative and supervisory personnel will be held strictly accountable for the effectiveness of this nondiscrimination/harassment policy. Employees and patients who believe they have been discriminated against or sexually harassed may address their concerns with the appropriate Supervisor, D O N, Director or CEO.

The Gentle Hands Care Agency, LLC gives prompt, considerate attention to all complaints from patients and families. In order that your complaint may receive proper attention and follow-up, the following procedure is recommended:

1. Contact the Director of Nursing immediately if a problem arises, and give details of complaint.
2. Complete the incident report. (This form is necessary to meet documentation and follow-up requirements.) You will be advised of action taken.
3. All information will be handled in a confidential manner. However, this information will become part of a permanent complaint record and possibly be part of employee's Personnel file.
If Director of Nursing is unable to resolve the problem, the Director will be advised.
4. The patient/family will be contacted by phone by the Director of Nursing. A meeting will be scheduled if necessary.
5. If the problem remains unresolved, it will be reviewed by the Administrator for recommendations and resolution.

CONTINUING EDUCATION

OBJECTIVE:

To keep the nursing staff up to date on new and expanding nursing care techniques, equipment, facilities, and concepts of care.

POLICY:

1. Documentation of participation in continuing education specific to specialty areas will be kept on file in the Office.
2. Records of participation will be maintained in the Personnel file and the In-Service Education Department.
3. The employee receives the original of a Certificate stating the hours obtained.
 - A. Scrubs are to be worn when applicable.
 - B. All staff members must be dressed in a professional manner

ASSIGNMENT POLICY

All staff assignments are done under the direction of the the D.O.N. Assignments are made after checking staff profiles for skill level and technical abilities, and review of patient data for psychosocial considerations and anticipated compatibility. The number of staff assigned to a case is to be kept to a minimum based on service/care needs of patient.

ACCEPTANCE OF PATIENT

Patients are accepted for treatment on the basis of an expectation that the nursing and health care needs can be met adequately by the Agency in the patient's place of residence. Care follows a written Plan of Treatment established and periodically reviewed by the physician, and care continues under the active supervision of Registered Nurses.

CUSTOMER SATISFACTION EVALUATION

Coordinators are to make a minimum of three (1) survey calls per week.

Patient Liaisons are to make a minimum of three (1) survey calls per week to patients, and ten (4) survey calls per month to physicians or referral sources. These surveys are to be turned in to Supervisor of Patient Liaisons. The Supervisor will review reports and give to the Director of Nursing.

OFFICE PERSONNEL

All staff members must be dressed in a professional manner. This includes the following:

- A. Dress slacks and dress shirts are preferred.
- B. If you wear shorts, they must be walking shorts and must fall below mid-thigh.
- C. Skirts should fall below your mid-thigh.
- D. No tights, leggings or stirrup pants.
- E. No low-cut or see-through material.
- F. No exposed midriff.
- G. All clothing apparel must be neat, clean and professional.
- H. Nice jeans or casual pants are acceptable.
- I. Clean tennis shoes.

PERSONNEL POLICIES

The Gentle Hands Care Agency, LLC shall have written policies and procedures to ensure the provision of acceptable, adequate and appropriate services. Personnel policies are available to all full and part-time employees.

Requirement:

Prior to contact with patients, the employee must submit a statement from an appropriately licensed health care professional, based on an exam within the last six (6) months, that the employee shows no apparent signs or symptoms of communicable disease and the results of a tuberculosis test. Positive test reactors shall submit a statement from an appropriately licensed health care professional that the employee does not constitute a risk of communicating tuberculosis. If at any time the employee has experienced symptoms possibly related to Covid-19 a negative test result must be submitted to the agency before work can begin or continue.

A. Each year, all employees shall:

- a. Submit a statement from an appropriately licensed health care professional that the employee is not at risk of communicating diseases, including tuberculosis, covid-19 to any person under the care of the agency.
- b. All health personnel will receive mandatory annual orientation to any changes in State/Federal rules as well as policies and objectives of The Gentle Hands Care Agency, LLC.
- c. If any person come in contact with a person exposed to Covid-19 they must notify the RN on duty, and the agency immediately. They must self-quarantine for 14 days and cannot return to work until the Agency confirms the employee is no longer a risk.

B. The Gentle Hands Care Agency, LLC shall maintain a file for all employees, which shall include name and address of employee, social security number, date of birth, name and address of next of kin or guardian, evidence of qualifications, licensure or registration, if applicable, contracts, if applicable, and dates of employment and separation from the agency.

- a. Evidence of continuing education and in-service training for Home Health Aides shall be on file, and this information shall be kept in the Personnel files or in a separate filing system maintained for this purpose, and shall be available for inspection within three (3) hours of request (aides are required to do 12 hours of In-service training).
- b. All employees will be given a Job Description.
- c. All personnel will be knowledgeable on Compliance with requirements of Title VI of the Civil Rights Act of 1964.

C. The Agency shall maintain a record of the employment or contractual history of all Agency personnel, both employed or under contract, shall make submission of such history a condition of employment or contract, and shall verify the history unless through diligent efforts such verification is not possible. Diligent efforts shall involve at least two (2) documented attempts to verify.

PROBATION PERIOD

All employees are hired on a probationary status. The probationary status shall be ninety (90) days in length.

An Evaluation of Performance will be completed prior to the end of the probationary period.

PERFORMANCE EVALUATIONS

All employees shall have a Performance Evaluation just prior to the end of the initial probation period status of ninety (90) days, and again at the end of an extended probation period or of any further imposed probationary periods. Subsequent Performance Evaluations shall be completed prior to each hiring date anniversary. For all home care staff, this will include an in-home visit to observe performance.

NOTIFICATION OF BREACH OF PROTECTED HEALTH INFORMATION

The Gentle Hands Care Agency will investigate all potential breach incidents and provide timely notification to affected individuals, the Department of Health and Human Services, media outlets, credit reporting agencies, and other federal or state agencies, as necessary and appropriate, upon the discovery of a breach of unsecured PHI or personally identifiable information. The Gentle Hands Care Agency will disseminate a written notice to all individuals whose protected health information may have been accessed, used, or disclosed without authorization. It is required that business associates of The Gentle Hands Care Agency must notify The Gentle Hands Care Agency of breaches at or by the business associate or its workforce, agents or subcontractors.



Employee Handbook Acknowledgement

I acknowledge that I have received a copy of the Gentle Hands Care Agency, LLC Employee Handbook dated: _____

I understand that this handbook replaces any and all prior verbal and written communications regarding The Gentle Hands Care Agency, LLC working conditions, policies, procedures, appeal processes, and benefits.

I understand that the working conditions, policies, procedures, appeal processes, and benefits described in this handbook are confidential and may not be distributed in any way nor discussed with anyone who is not an employee of The Gentle Hands Care Agency, LLC.

I have read and understand the Standards of Conduct expected by The Gentle Hands Care Agency, LLC. and I agree to act in accord with the Standards of Conduct as a condition of my employment by The Gentle Hands Care Agency, LLC.

I have read and understand the contents of this handbook and will act in accord with these policies and procedures as a condition of my employment with The Gentle Hands Care Agency, LLC.

I have read and understand the Standards of Conduct expected by The Gentle Hands Care Agency, LLC and I agree to act in accord with the Standards of Conduct as a condition of my employment by TGHCA LLC.

I understand that if I have questions or concerns at any time about the handbook or the Standard of Conduct, I will consult my immediate supervisor, my supervisor's manager, the Human Resources staff, or the President for clarification.

I also acknowledge that the handbook contains an employment-at-will provision that states:

Either The Gentle Hands Care Agency, LLC or I can terminate my employment relationship at any time, with or without cause, and with or without notice;

That this employment-at-will relationship is in effect regardless of any other written statements or policies contained in this handbook, in any other The Gentle Hands Care Agency, LLC documents, or in any verbal statements to the contrary; and That no one except the President can enter into any differing employment relationship, contract, or agreement. To be enforceable, any such out of the ordinary relationship, contract, or agreement must be in writing, signed by the company's president, notarized and in the employee file.

Finally, I understand that the contents of this employee handbook are simply policies and guidelines, not a contract or implied contract with employees. The contents of the employee handbook may change at any time.

Please read this handbook and these employee Standards of Conduct carefully to understand these conditions of employment before you sign this document.

Signature

Printed Name

Date

Acknowledgement and Certification of Compliance

The agency requires that all agency representatives sign and acknowledgement confirming that they have received and read the Code and understand it, and acknowledge that the Code has been communicated to all agency representatives. In addition, each year these agency representatives will be asked to submit an updated Code of Conduct acknowledgement and compliance form

I acknowledge that I have received and read the Code of Conduct, and understand it.

Signature

Printed Name

Date

Notification of Breach of Protected health Information

Staff Acknowledgement of the Gentle Hands Care Agency Policy

Attached Policy: Notification of Breach of Protected Health Information
I have read and been given the opportunity to ask questions about The Gentle Hands Care Agency Policy and Breach notification.

Signature

Printed Name

Date

Acknowledgement and Certification of Compliance

The agency requires that all agency representatives sign an acknowledgement confirming that they have received and read the Code and understand it, and acknowledge that the Code has been communicated to all agency representatives. In addition, each year these agency representatives will be asked to submit an updated Code of Conduct acknowledgement and compliance form.

Signature

Printed Name

Date

Ethical, Professional, Respectful and Legal Service Standards Requirements for Every Type of Provider to Remain Certified

OAC 173-39-02 (B)(8)

Effective 10/29/20

The provider shall not engage in any unethical, unprofessional, disrespectful, or illegal behavior including the following:

- (a) Consuming alcohol while providing services to the individual.
- (b) Consuming medicine, drugs, or other chemical substances in a way that is illegal, unprescribed, or impairs the provider from providing services to the individual.
- (c) Accepting, obtaining, or attempting to obtain money, or anything of value, including gifts or tips, from the individual or his or her household or family members.
- (d) Engaging the individual in sexual conduct, or in conduct a reasonable person would interpret as sexual in nature, even if the conduct is consensual.

- (e) Leaving the individual's home when scheduled to provide a service for a purpose not related to providing the service without notifying the agency supervisor, the individual's emergency contact person, any identified caregiver, or ODA's designee.
- (f) Treating ODA or its designee disrespectfully.
- (g) Engaging in any activity that may distract the provider from providing services, including the following:
 - (i) Watching television, movies, videos, or playing games on computers, personal phones, or other electronic devices whether owned by the individual, provider, or the provider's staff.
 - (ii) Non-care-related socialization with a person other than the individual (e.g., a visit from a person who is not providing care to the individual; making or receiving a personal telephone call; or, sending or receiving a personal text message, email, or video).
 - (iii) Providing care to a person other than the individual.
 - (iv) Smoking tobacco or any other material in any type of smoking equipment, including cigarettes, electronic cigarettes, vaporizers, hookahs, cigars, or pipes.
 - (v) Sleeping.
 - (vi) Bringing a child, friend, relative, or anyone else, or a pet, to the individual's place of residence.
 - (vii) Discussing religion or politics with the individual or others.
 - (viii) Discussing personal issues with the individual or any other person.
- Engaging in behavior that causes, or may cause, physical, verbal, mental, or emotional distress or abuse to the individual including publishing photos of the individual on social media without the individual's written consent.
- Engaging in behavior a reasonable person would interpret as inappropriate involvement in the individual's personal relationships.
- Making decisions, or being designated to make decisions, for the individual in any capacity involving a declaration for mental health treatment, power of attorney, durable power of attorney, guardianship, or authorized representative.
- Selling to, or purchasing from, the individual products or personal items, unless the provider is the individual's family member who does so only when not providing services.
- Consuming the individual's food or drink, or using the individual's personal property without his or her consent.
- Taking the individual to the provider's business site, unless the business site is an ADS center, RCF, or (if the provider is a participant-directed provider) the individual's home.
- Engaging in behavior constituting a conflict of interest, or taking advantage of, or manipulating services resulting in an unintended advantage for personal gain that has detrimental results to the individual, the individual's family or caregivers, or another provider.

Worker's Signature

Date



Non-disclosure and Non-competition

At all times while this agreement is in force and after its expiration or termination _____ (employee name) agrees to refrain from disclosing The Gentle Hands Care Agency, LLC's customer list, trade secrets, or other confidential materials. _____ (employee name) agrees to take reasonable security measures to prevent accidental disclosure and industrial espionage.

While this agreement is in force, the employee agrees to use his/her best efforts to provide Home Care Services and to abide by the nondisclosure and noncompetition terms of this agreement the employer agrees to compensate the employee as follows:

1. With the agreed upon salary.

After expiration or termination of this agreement, _____ (employee name) agrees notto compete with The Gentle Hands Care Agency, LLC for a period of 3 years within a 15 mile radius of The Gentle Hands Care Agency, LLC located at 1487 Madison Avenue, Columbus OH 43205. This prohibition will not apply if this agreement is terminated because The Gentle Hands Care Agency, LLC violated the terms of this agreement.

Competition means owingig or working for a business of the following type:

1. Home Health Care Agency

_____ (employee name) agrees to pay liquidated damages in the amount of \$10,000 for any violation of the not to compete cause.

IN WITNESS WHEREOF, THE GENTLE HANDS CARE, LLC and _____ (employee name) have signed this agreement and dated it _____ 201_

Employees Printed Name

Employee Signature

Company Representative Printed Name

Company Representative Signature

Corporate Responsibility

I understand that The Gentle Hands Care Agency has established a Corporate Compliance Program to ensure ethical business practices and compliance with applicable laws and regulations. I agree to comply with the organizations policies and procedures. All employees, contractors, Governing Body and Professional Advisory Board members are required to complete a Confidentiality Statement.

Confidentiality of Patient/Co-worker Information

It is The Gentle Hands Care Agency's policy (and in most cases a legal requirement) that all co-workers protect information regarding patients and other staff. No medical information, including the fact that a person has been treated by The Gentle Hands Care Agency, may be released except by authorized persons on a business need to know basis. Any information available to staff about patients, including staff members and their families who are patients, must be kept confidential and not discussed with others, including other staff, except as needed for medical treatment or to comply with legal processes or legal requirements.

Confidentiality of Company Information

I understand The Gentle Hands Care Agency's Confidentiality policy applies to information pertaining to The Gentle Hands Care Agency operations, activities and business affairs, including but not limited to charges, reimbursement rates and contracts. All The Gentle Hands Care Agency information is to be maintained in strictest confidence and is not to be discussed with anyone other than appropriate personnel, and may not be shared with others outside the workplace, during my employment or post-employment. Any questions with respect to specific instances of release or discussion of confidential information should be directed to your immediate supervisor(s).

System Security

I understand that with access to The Gentle Hands Care Agency computer system, I am responsible to use the system only for work related functions for which I am directly responsible or requested to do by my superior(s). I may not share my system password with another person; leave the password in an unsecured place, nor sign on to the system for an unauthorized person's use. I may only use the single valid system I.D. that has been assigned to me.

Employee Signature

Employee printed name

Revised 8/2015: _____



CORPORATE RESPONSIBILITY AND CONFIDENTIALITY STATEMENT

I understand that The Gentle Hands Care Agency has established a Corporate Compliance Program to ensure ethical business practices and compliance with applicable laws and regulations. I agree to comply with the organizations policies and procedures. All employees, contractors, Governing Body and Professional Advisory Board members are required to complete a Confidentiality Statement.

Printed Name

Signature

Date: ____

Acknowledgement of Documents

I acknowledge that I have received and read;

- Client Abuse and abandonment,
- Passport Code of Ethics,
- Professional Conduct,
- Consumer Incidents, thefts, and Property Damage,
- Supervisory visits,
- Passport Random Call list,
- Records Retention,
- Unscheduled Absences policies,
- and I understand them

Name: _____

Signature

Date: ____

TB Test Result Form



**The Gentle Hands
Care Agency**

tghca.com
info@tghca.com

Name: _____

Social Security Number: ____/____/____

TO BE COMPLETED BY THE PHYSICIAN:

Name of MD who read the exam (please print): _____

Date TB test was administered: _____

Date TB test result was read: _____

Result of Test: _____ Positive _____ Negative

Does Patient need to have a chest x-ray? _____ Yes _____ No

Signature of MD who read the exam: _____

Date: _____

MD Address: _____

MD Phone Number: _____

Please attach form here:

Note: Your physician's office may use its own TB test form to report the results, or you may be submitting results from a TB test administered within the last twelve (12) months. If so, please attach that documentation. Please indicate dates when the test was administered and read.

The Gentle Hands Care Agency, LLC

Employment Application

By typing your name in the signature box (or using the sign feature in adobe) you are certifying that this is your signature and you attest that all the information in this application is true and accurate.



**The Gentle Hands
Care Agency**

tghca.com
info@tghca.com

The Gentle Hands Care Agency, LLC Criminal Records Acknowledgement

To whom it may concern;

I _____ (employee name) hereby certify that I have given The Gentle Hands Care Agency, LLC permission to obtain a copy of any arrest or conviction records pertaining to me now and in the files of the Ohio Bureau of Criminal identification and investigation, London Ohio.

I _____ (employee name) hereby release the Ohio Bureau of Criminal identification and investigation and all individuals connected there with from all liability in connection with the dissemination of such arrest and conviction data.

Applicant Name (Printed) _____

Applicant Sign _____

Date: _____

Witnessed by Agency Representative (Printed Name) _____

Signature of Agency Representative _____

DRIVING HISTORY

ACCIDENT RECORD: For the past 3 years or more (attach sheet if more space is required) if non-write none.

Last Accident Date: _____ Nature of Accident: _____ At Fault? Yes No

Next Accident Date: _____ Nature of Accident: _____ At Fault? Yes No

Next Accident Date: _____ Nature of Accident: _____ At Fault? Yes No

TRAFFIC CONVICTIONS and forfeitures for the past 3 years (other than parking violations) if none, write none.

Location: _____ Date: _____ Charge: _____ Penalty: _____

Location: _____ Date: _____ Charge: _____ Penalty: _____

Location: _____ Date: _____ Charge: _____ Penalty: _____

EXPERIENCE AND QUALIFICATIONS – DRIVER

List all other licenses or permits held.

Driver Licenses: State held: _____ License Number: _____ Type: _____ Exp. Date: _____

Driver Licenses: State held: _____ License Number: _____ Type: _____ Exp. Date: _____

Driver Licenses: State held: _____ License Number: _____ Type: _____ Exp. Date: _____

1. **Have you ever been denied a license, permit or privilege to operate a motor vehicle?** Yes No

2. **Has any license, permit or privilege ever been suspended or revoked?** Yes No

If you answered Yes to either 1 or 2 please explain:

Do you have experience in driving an Ambulette (Wheelchair Van)? Yes No

Do you have experience in transporting individuals to different locations such as doctors, shopping, etc?

Yes No

List any course or trainings that pertain to transportation that you have not listed on your application.

List special equipment or technical materials you can work.

I certify that this information provided above is true and complete to the best of my knowledge.

Applicants Signature

Print Name

Date

THE GENTLE HANDS CARE AGENCY, LLC

EMPLOYMENT APPLICATION

By typing your name in the signature box (or using the sign feature in adobe) you are certifying that this is your signature and you attest that all the information in this application is true and accurate.