Assured Home Nursing Services
Caring for the Community

725 S. Adams, Suite 258
Birmingham, MI 48009
Ph: 248 593 8134
248 255 5870

EMPLOYEE CHECKLIST

PERSONNEL FILE

Name: _____ Position: _____

Orientation Date: _____

1. Application Completed _____
2. CPR Certification Current _____
3. RN/LPN License _____
4. PDA Certificates _____
5. Driver's License _____
6. Auto Insurance _____
7. Physical Exam Completed _____
8. Negative TB test _____
9. Skills checklist Complete _____
10. Pretest Complete with Satisfactory Results _____
11. Safety Skills Test Complete with Satisfactory Results _____
12. Provisional Requirements Form Signed
13. Employee Understanding Form Signed _____
14. Statement of Confidentiality Signed _____
15. Employee Automobile Waiver Form Signed _____
16. Driving Record Check Form Signed _____
    Date Sent _____ Received _____
17. Criminal History Check Form Signed _____
    Date Sent _____ Received _____

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PRIVATE DUTY AIDE APPLICATION PRE-TEST

MULTIPLE CHOICE: SELECT THE BEST ANSWER AND CIRCLE THE LETTER
(NOTE: SELECT ONLY ONE ANSWER)

1. The care plan requests you do something for the client and you are unfamiliar with the procedure. You should:
   a. Call the office and say so right away.
   b. Ask the client to tell you how others have done it.
   c. Ask another coworker when you see them.

2. When arriving at a new case, you should:
   a. Start early so you can find the place and not be late.
   b. Wear your badge and introduce yourself to client and/or family.
   c. Ask where to hang your coat, park your car and put your food.
   d. All of the above.

3. The client and family have requested that you change your schedule. You should:
   a. Try and meet their needs.
   b. Work for the family on your own.
   c. Have them call the office and request the new times needed.

4. You are working the weekend at a client's home and you notice a change in the client's condition. You should:
   a. Report the change on Monday morning.
   b. Call the on-call nurse now regardless of the time of day.
   c. Call the doctor.
   d. Call an ambulance.

5. You are leaving a terminally ill client's home and the neighbor stops you and says, "I hear he is very ill and near death, is he?" Your answer is:
   a. "Yes, he is very ill and near death."
   b. "No, he is doing very well."
   c. "I'm sorry, but I can't discuss his condition."

6. When a client complains of pain, what should you do first?
   a. Call the client's doctor.
   b. Change the client's position.
   c. Ask the client to describe the pain and its location.

7. Which of these statements describes good body mechanics?
   a. Carry heavy objects as far away from the body as possible.
   b. Bend over at the waist when lifting a heavy object.
   c. Bend the knees when lifting an object off the floor.

8. You are in the process of getting a client out of bed and into the chair. As he is sitting on the edge of the bed, he says that he is very dizzy. What should you do?
   a. Help him to a standing position and see if it goes away.
   b. Let him remain sitting and wait until it goes away.
   c. Put him back to bed and put a cold compress on his forehead.

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9. You are about to give a frail elderly client a back rub and you notice a quarter size red spot at the base of her spine. You should:
   a. Omit the back rub and put corn starch on the area.
   b. Continue with the back rub but stay away from the area because it will just cause further irritation.
   c. Rub the area well and position the client on her side.

10. Your client is receiving oxygen through a nasal tube. What safety precautions should you take?
   a. Do not use any lotions that contain oil.
   b. Allow no smoking in the client's room.
   c. Do not allow client to remove the tube at any time.

11. An elderly male client occasionally wets his trousers. What should you do?
   a. Reduce his fluid intake and give fluids at meals only.
   b. Tell him if he continues, he may have to wear diapers.
   c. Inform the family that he may need a bladder catheter.
   d. Encourage him to go to the bathroom every two hours.

12. Your client suddenly complains of intense chest pain that goes down the arm. You should:
   a. Call 911 or telephone for an ambulance immediately.
   b. Massage the chest and arm and report it to the family later.
   c. Put the patient to bed and try to get him to forget the pain.

13. Your client's foley catheter is connected to a drainage bag. The bag should always be kept:
   a. 12 inches above the level of the bladder.
   b. At the level of the bladder.
   c. Below the level of the bladder.

14. When assisting your client from the bed to the wheelchair, which of these actions is essential?
   a. Place the foot supports of the wheelchair so that he can step on them.
   b. Have the brakes for each wheel in a locked position.
   c. Place a pillow in the chair for support.

15. Your client has requested to use the commode frequently and only voids small amounts of concentrated urine. You should:
   a. Automatically encourage your client to drink lots of fluids.
   b. Call the family and inform them of a urinary tract infection.
   c. Call the physician and inform him of the circumstances.
   d. Contact the agency and report your observations.

16. Your client has not had a bowel movement in four days and she has always given herself an enema when this situation occurs. She asks that you give her the enema. What should you do?
   a. Giving an enema is within your job description so go ahead.
   b. Suggest that she take a laxative and wait another day.
   c. Contact the agency nurse and seek advice.

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SAFETY GUIDELINES

As a member of Assured Home Nursing, you provide compassionate care and important information to your clients. Your care can promote health and prevent injury. Helping your client create a safe home environment can reduce the potential for crippling or even fatal injuries. Therefore, home safety intervention is an essential part of your work. To assist you in this role, we have enclosed some useful information. Please read all the information provided and incorporate this information in your daily practice. Please complete the written exam and it will be kept in your file as part of your skills program.

SAFETY IN THE HOME - PREVENTING FALLS

A review for Assured Home Nursing Staff

In the home, there are many hazards which can be avoided. Let's walk through an average house and determine what can be done to reduce the risk for an accident.

We can start with our approach to the home. Are the stairs secure and is there a rail to support your client's efforts to climb the stairs? Are toys blocking the sidewalk? Is the doorway lighted well? Is the lock working? Are the streets or sidewalks icy or slippery?
Encourage your client to:

- Keep the walkway clear
- Install a railing by the steps
- Keep a doorway well lighted
- Install a working lock on the door
- Travel in icy or slippery conditions only when absolutely necessary

As you approach the living room/family room, you may notice several things. First, look down at the floor.
Make sure:

- All carpet edges are secure
- All traffic lanes are clear .
- All phone and electrical wires are cleared out of pathways
- No smaller rugs are placed on top of the carpet
- All rugs have non-skid padding

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Now is a good time to notice the lighting.

- Make sure good lighting reaches all areas of the room
- Do not overload circuits or outlets
- Clear all wires and electrical cords from traffic areas

Take time to notice the furniture. For your clients who may have difficulty getting in and out of furniture, you can suggest:

- Furniture with good back support to allow ease in sitting/standing
- Chairs with armrests to give support when sitting/standing
- If the chairs have wheels, they should be locked

For the kitchen, you can make the following suggestions:

- Store frequently used items at waist level
- Use a wide-based stepping stool for reaching into high places or, use a long-handled grasping device to reach into high places
- If the floor is waxed, the wax should have a no-skid feature
- All spills should be wiped up immediately
- Use a timer when cooking, to remind yourself that something is on the burner
- Avoid loose sleeves when cooking, especially those found on robes and nightgowns

As you may know, many accidents occur in the bedroom and bathroom. Keep this in mind as we head into the bedroom. Once again, the lighting is very important. Many people fall when unable to reach a light or unable to find a light switch in the middle of the night.
Encourage your clients to:

- Have a light within reach of the bed (Perhaps the bed can be moved closer to a switch, or a lamp can be placed near the bed. Some people use a converter on their lamps which allows them to turn the lamp on or off just by touching the base of the lamp).
- Keep a phone within reach, at the bedside if possible. A portable phone with a locator might be helpful
- Keep a clear path from the bed to the bathroom. (you can suggest a night light at each end of the hall - your client may want a night light which automatically turns on and off during the night and day)
- Keep the bed at the lowest possible horizontal position. If the bed has wheels, they should be locked. Encourage your client to avoid getting out of bed too quickly. Advise them to swing their legs over the side of the bed and sit for a minute or two. Your client should move to a standing position slowly
- Advise your client to sit on the edge of the bed or in a chair when putting on socks, shoes, slacks, and hose

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Finally, it is time to check out the bathroom, a very dangerous place for everyone.

- If your client has difficulty getting in or out of the shower or tub, advise him/her to install a grab bar. Grab bars should be installed by professionals. Encourage your client to consider the best possible placement of the grab bar. Is the client right or left-handed? Will the client be using the grab bar to lean/push/pull? What is a comfortable position for the bar, within easy reach?
- To prevent sliding in the tub or shower:
  - use non-skid bath mats/strips
  - use a non-skid bath stool/chair
  - use a hand-held shower head
  - use a soap-on-a-rope or a bath mitt
  - DO NOT use bath oils or creams
- To prevent falling when using the toilet, suggest:
  - grab bars, if needed
  - raised toilet seats with rear-locking brackets
  - good lighting
  - placing items stored above the toilet in another area

Now that you have completed your tour of the house, your work has only begun. There are several other factors you need to consider when caring for your client.

1. Your client needs adequate vision in order to locate and identify hazards. If your client complains of vision problems, report these concerns to your supervisor (if you are a PDA). As a nurse, you can encourage your client to seek vision care.
2. When your client is using the stairs, or walking, he/she should wear supportive shoes with low heels and rubber soles. Smooth-soled shoes, slippers, and sock increase the danger of falling.
3. If your client feels unsteady walking, encourage them to use his/her cane or walker when walking.
4. Be sure dresses and nightgowns are short enough to avoid tripping over the hem when walking.

Customize your care to fit the needs and resources of your client. Remember that clients who have fallen once are most likely to fall again. If your client has a history of falls, always use stand-by assist when he/she is up.

If, despite all your efforts, your client falls, there are specific things you must do.

**Attend to your client. Is your client hurt? Where? Did your client hit his/her head? Assist the client to a comfortable position. Take your client's vital signs and check his/her pupils. Monitor the client closely. Has your client'-s level of consciousness changed? Has he/she suddenly developed nausea or vomiting? If the fall may have injured an extremity, elevate the extremity and apply ice.

Place a clean dressing over any cuts. Continue to monitor your client closely through the remainder of the shift. REPORT THE ENTIRE INCIDENT TO ASSURED HOME NURSING AS SOON AS POSSIBLE. DOCUMENT THE FALL/INJURY AND YOUR FINDINGS. MAKE SURE THE FAMILY IS NOTIFIED.

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HOME SAFETY TEST

Name: _____ Date: _____

True or False. Place your answer to the left of the statement.

_____ Assured Home Nursing staff can play an important role in promoting a safe home environment.

_____ Smaller rugs placed on top of installed carpet is safe.

_____ Good lighting is an important consideration for every room used by your client.

_____ Your client should wear socks or slippers when ambulating in the home.

_____ It is OK to use a handy chair as a step-stool when reaching for an object stored on a high shelf.

_____ You should encourage your client to get out of bed slowly, swinging his/her legs over the side of the bed first, and sitting for a few minutes before rising.

_____ If your client falls, immediately assist him/her to bed and allow to sleep through the night without being disturbed.

_____ All pathways should be kept clear and well lighted.

_____ Bathroom grab bars should be installed by professionals.

_____ Provide stand-by assist for clients who have fallen before.

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Fill in the blank. For each of the following areas, list 3 safety hazards mentioned in your reading, and state how those hazards can be avoided.

HAZARD	**SAFETY PRECAUTION**
Approach to home	
(ex.) Falling down stairs	Install railing
_____	_____
_____	_____
Living Room/Family Room	
_____	_____
_____	_____
_____	_____
Kitchen	
_____	_____
_____	_____
_____	_____
Bedroom	
_____	_____
_____	_____
_____	_____
Bathroom	
_____	_____
_____	_____
_____	_____

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REQUIREMENTS FOR PROVISIONAL EMPLOYEES

1. **EMPLOYMENT GUIDELINES:** As a provisional employee, your position is not considered to be a regular position and you are not eligible for the benefits of a regular employee. You will be paid an hourly rate. Assured Home Nursing specializes in temporary work; therefore, Assured Home Nursing cannot guarantee full-time employment. Assured Home Nursing has the right to discontinue use of your services at any time, with or without cause and without prior notice.

2. **SCHEDULING COMMITMENTS:** As a provisional employee, you will have some flexibility in scheduling your shift assignments. This does not mean you can change the schedule whenever you want. We DO expect a commitment to the shifts you do accept. Canceling shifts less than 8 hours prior to the scheduled shift will be monitored.

3. **SCHEDULING AVAILABILITY:** In an effort to adequately cover our patient shifts, you are required to inform the Scheduling Coordinator of your availability each month for the following months schedule. The Scheduling Coordinators will be unable to meet special scheduling requests after the monthly scheduling calendars are committed. The need of the agency in covering patient shifts must be the first consideration.

4. **WEEDEND/HOLIDAY:** Provisional employees are asked to work every other weekend, if required, for case coverage and to work a share of the holidays. The agency provides shifts and differential holiday pay to compensate for this commitment.

5. **24 HOUR CASE - SHIFT CHANGE:** When accepting shifts on a 24-hour case, know and agree to stay until relief arrives - never leaving a case uncovered. Non-compliance is subject to discharge.

6. **AUTO INSURANCE:** Provisional employees must submit evidence of automobile insurance through a certificate of insurance. Automobile insurance must be maintained while employed, as a condition of employment. If the. individual fails to timely notify the department of insurance cancellation, then the employee will be responsible for any claims.

I HAVE READ, UNDERSTAND, AND WILL COMPLY WITH THE ABOVE REQUIREMENTS.

_____ _____

EMPLYOYEE SIGNATURE DATE

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EMPLOYMENT UNDERSTANDING

The success of our company calls for teamwork among everyone in our group. Our success as a team will provide many advantages, benefits, and opportunities to you as a team member. Therefore, your company has established essential guidelines to help promote our group success. Please review the following terms and conditions of your employment relationship with our company:

1. I agree to read all newsletters mailed to the home. Health and safety, fringe benefits, work rules, and company activities are among topics updated in the newsletter.

2. I acknowledge that I have received Assured Home Nursing's employment policies, promise to read it, and seek clarification (if necessary). I will abide by its rules and regulations.

3. I acknowledge that our Employment Understanding and employee policies do not create contracts for personal services, and that I understand that as a condition of employment, my employment can be terminated at any time, with or without cause, for any or no reason, and with or without notice at the option of either myself or the company.

4. I may have been hired while work references are being obtained, and realize that I may be terminated at any time due to unfavorable references or resume/application fraud. Also, I warrant that I have the legal right to work in the USA.

5. I understand that I must have a working telephone in my home and a reliable means of transportation.

6. I agree not to work for any Assured Home Nursing client, to whom I have been assigned, in ANY way, either directly, or through another home health care agency or insurance company, other than through Assured Home Nursing.

7. I agree to report to management any acts of dishonesty or carelessness that I observe.

8. I have read the conditions of employment noted above, fully understand them, and agree to abide by them during my employment relationship with the company.

_____ _____

EMPLYOYEE SIGNATURE DATE

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STATEMENT OF CONFIDENTIALITY

A breach of confidentiality will cause pain to my patient; therefore, I commit myself to protecting the privacy of my patients and the privacy of their loved ones.

All information given to me concerning pensions under care through Assured Home Nursing will be respected by me and remain confidential.

_____ _____

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EMPLOYEE AUTOMOBILE WAIVER OF LIABILIITY

Employee Name: _____

Address: _____

City/State/Zip: _____

Driver's License #: _____

	Vehicle #2	Vehicle #1
Vehicle Make:		
Vehicle Year:		
Vehicle ID #:		
Insurance Company:		
Policy Number:		
Expiration Date:		

I understand that I may be asked to transport clients as part of my assignment. I understand that it is my responsibility to regularly maintain my vehicle to keep it operating in a safe condition. I also understand it is my responsibility to maintain current automobile insurance as required by Michigan Law and to provide proof of insurance upon any change. Failure to provide current information upon request may be grounds for termination.

I have read the above and to the best of my knowledge the information provided is accurate, complete and current.

_____ _____

EMPLYOYEE SIGNATURE DATE

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DRIVING RECORD CHECK & CRIMINAL HISTORY RECORD CHECK

This is to inform you that the driving record and criminal history of all prospective employees is checked through the Michigan State Police as part of the pre- employment screening process.

The check is done because, as an employee, you are providing care in a patient's home and/or may be requested to transport clients to medical appointments or on client errands.

Your employment with the agency is dependent upon:

1. A good driving record clearance from the Michigan State Police.
2. A clean criminal history.
3. Passing a physical evaluation through any Health Department.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION.

_____ _____

SIGNATURE DATE

Name: _____
(Please Print)

Social security Number: _____

Driver's License Number: _____

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ABUSE POLICY

POLICY:

It is the policy of Assured Nursing to maintain an environment free of abuse and neglect. The client has the rights to be free from verbal, sexual, physical and mental abuse, corporal punishment, and involuntary seclusion.

DEFINITIONS:

Abuse: Willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish (42 CFR 488.301) (includes the deprivation by an individual, including a caretaker, of goods or services necessary to attain or maintain physical, mental and psychosocial wellbeing).

> It is noted that abuse involves a willful, purposive and assertive action as opposed to a negligent action, accidental action, or lack of action. Abuse includes verbal, physical, sexual or mental abuse, corporal punishment and involuntary seclusion, as further defined below. There is a presumption that all instances of abuse of clients, even those in a coma, cause some degree of physical harm, or pain or mental anguish.

Verbal Abuse: defined as use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to clients or their families or within their hearing distance to describe clients regardless of their age, ability to comprehend, or disability.

Sexual Abuse: includes, but is not limited to sexual harassment, sexual coercion or sexual assault.

Examples of Sexual Abuse:

1. An employee molests a client. (For example, non-consensual touching of private body parts or forcing the client to commit a sexual act).
2. A client forcefully requires another client to participate in a sexual act.

Possible Sexual Abuse:

1. A client returns from an at-home leave, reporting being sexually molested.

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Physical Abuse: is not limited to hitting, slapping, pinching, and kicking. It also includes controlling behavior through corporal punishment.

In general, there is a presumption that physical abuse has occurred whenever there has been some type of impermissible or unjustifiable physical contact with a client which has resulted in injury or harm to the client. A client has been physically abused if ALL of the following conditions are satisfied:

- An individual makes or causes physical contact with the client in question, either through direct bodily contact or through the use of some object.
- The individual in question brings about this physical contact with the client either intentionally or through carelessness.
- The physical contact in question results, or is likely to result, in death, physical injury, or pain to the client in question and
- The physical contact in question cannot reasonably be justified under any of the exceptions set forth in paragraph below on permissible physical contact.

Examples of Physical Abuse:

The types of physical contact that may constitute physical abuse include, but are not limited to the following:

1. Striking the client by using a part of the body, such as hitting, slapping beating, punching, kicking, pushing, shoving, or spitting.
2. Striking the client through the use of an object (i.e., towel, rolled newspaper, shoe).
3. Pulling or tugging on any part of the client's body
4. Twisting any part of the client's body.
5. Squeezing or pinching any part of the client's body.
6. Digging into any part of the client's body with finger or nails.
7. Burning the client with objects such as matches or cigarettes.
8. Prodding, poking or sticking the client with objects such as needles, pins, pencils, pens, eating utensils, or electrical devices.

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Permissible Physical Contact:

There are only three types of situations in which physical contact which results, or is likely to result, in harm to the client does not constitute physical abuse. They are:

1. When the physical contact in question occurs in the course of carrying out a prescribed form of treatment or therapy to which the client has consented and both the type of contact involved and the amount of force used is reasonable and necessary in order to carry out that prescribed form of treatment or therapy; or

2. When the physical contact in question occurs in the course of providing care, comfort or assistance to which the client has consented and both the type of contact and the amount of force used are absolutely necessary in order to provide care, comfort or assistance to that client; or

3. When the physical contact in question occurs in the course of attempting to restrain a client's behavior in an emergency and both the type of contact involved and the amount of force used are reasonable and necessary in order to prevent that client from injuring himself/herself, injuring another person or damaging property.

Mental Abuse: Includes, but is not limited to humiliation, harassment, and threats of punishment or deprivation. (There is not a fixed rule on when an interaction between an individual and a client is serious enough to warrant a finding of mental or emotional abuse). Even minimal psychological harm may be enough; the answer depends on the circumstances of the individual case. However, the following factual situations provide a reasonable basis for concluding that mental or emotional abuse has occurred:

- The interaction coerces or intimidates the client into surrendering his or her money or personal belongings; or

- The interaction subjects the client to scorn, ridicule or humiliation; or

- The interaction produces a noticeable level of fear, anxiety, agitation, withdrawal or other emotional distress in the client that is not otherwise explainable; or

- The interaction involves a threat of physical harm, punishment, or deprivation.

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Examples of Mental or Emotional Abuse:

1. An employee taunts or teases a client or says things to frighten a client, such as telling a client he/she will never be able to see his/her family again.

2. A combative client threatens to beat up another client.

3. Involuntary seclusion - i.e., the separation of a client from other clients or from his or her room against the client's will, or the will of the client's legal representative. Temporary monitored separation from other clients will not be considered involuntary seclusion and may be permitted if reasonable used as a therapeutic intervention to reduce agitation as determined by professional staff and consistent with the client's plan of care.

Neglect: means failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.
(There is a presumption that neglect has occurred whenever a facility or individual fails to provide a treatment or service to a client which is necessary for a client's health or safety, and the failure to provide that treatment or service results in a deterioration of the client's physical, mental or emotional condition).

Examples of Neglect:

The following actions or omissions constitute neglect whenever they result in a noticeable deterioration of the client's physical, mental or emotional condition:

1. Failure to adequately supervise the whereabouts and/or activities of a client.

2. Failure to provide an adequate number of nutritionally balanced, properly prepared and medically appropriate meals.

3. Failure to take precautionary measures that have been ordered and which are reasonable and necessary to protect the health or safety of a client.

4. Refusal or failure to provide any service to the client for the purpose or punishing, disciplining or retaliation.

5. Allowing the physical environment to deteriorate to the point that clients are subject to hazardous situations such as electrical, water, or structural hazards.

6. Leaving a client lying in feces or urine-soaked linens for an extended period of time.

7. Leaving a client restrained in other than an immediate emergency.

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"Neglect Exceptions"

- No client can be considered neglected for the sole reason that he or she relies on or being furnished treatment in accordance with the tenets and teachings of a well- recognized church or denomination by a duly-accredited practitioner thereof.

- No client should be considered neglected because they have knowingly refused a treatment or service.

Misappropriation of Client Property: means the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a client's belongings or money without the client's consent.

Examples of Misappropriation:

1. Theft by home care staff of client's personal items/money.

2. The daughter/son of a client sells off a client's assets without the client's knowledge.

3. A caregiver steals jewelry from a client.

4. A court appointed guardian or conservator uses the client's money for personal gain rather than spending the money for the client's benefit.

5. A caregiver uses money from client's trust funds for purposes not authorized by the clients.

Involuntary Seclusion: is defined as separation of a client from other clients or his/her room or confinement to his/her room (with or without roommates) against the client's will, or the will of the client's legal representative

Emergency or short term monitored separation from other clients will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the client's needs.

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PROCEDURE

1. All potential new employees will be screened for a history of abuse, neglect, or mistreatment of clients. A full criminal background check including fingerprinting and reference check will also be conducted. The licenses of all professional nursing staff are verified prior to employment through the Michigan Department of Community Health, Bureau of Health Systems. The State Nurse Aide registry and any Out of State Nurse Aide Registry (if applicable) will be contacted prior to employment to verify CENA certification and screen findings concerning abuse, neglect, mistreatment of clients or misappropriation of their property. All information will be kept in the employee file.

2. Assured Home Nursing will not employ individuals who have been found guilty of abusing, neglecting or mistreating individuals by a court of law or who has a finding entered into the State Nurse Aide Registry concerning abuse, neglect, mistreatment of clients or misappropriation of their property.

3. All employees will receive information and training during orientation, on an annual basis and as deemed appropriate by administration. The training programs will emphasize the following:

    - Techniques for management of difficult clients
    - Identification of factors that contribute to, or escalate, hostile behavior
    - Assessment of personnel responses to aggressive or hostile behavior
    - Identification of employee and clients coping behaviors, and reinforcement of positive and adaptive behaviors
    - Use of intervention techniques, including verbal responses and safe, non-injurious physical control techniques, as therapeutic tools for hostile Clients

4. Prevention of abuse will be communicated to families. They are encouraged to report concerns, incident, and grievances without fear of retribution and will be provided with feedback regarding the concerns that have been expressed.

5. Assured Home Nursing will identify and investigate all situations or incidents in which a client may have suffered physical or other harm for reasons which are unknown, unclear or not adequately explained. Investigations will include reviewing the occurrence, patterns and trends that may constitute abuse and will be used to determine the direction of the investigation.

6. Anyone interviewed regarding the suspected abuse will be asked to furnish a statement regarding the situation.

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7. If the abuse is substantiated, the incident shall be reported to the local law enforcement agency, licensing/certification boards and the Attorney General office for further actions when appropriate.

_____ _____

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COMPANY POLICIES

1. No personal phone calls are to be made from client's phone. Cell phones are to be used for emergencies only or if communication is needed between the office and the employee. Place all cell phones on vibrate. Children are not allowed in the Clients homes.

2. Do not give the client your phone number, if client needs to reach you, they should call the office.

3. Employees are to provide their own meals while on a case. Avoid using client's stove. Ask to heat up meals in client's microwave.

4. Personnel will not smoke inside client's home under any circumstances.

5. Nails should be short and well-manicured.

6. Scrubs should be worn unless client prefers the employee to wear street clothes.

7. Badges should be worn if you are entering a facility or hospital setting.

8. Personnel will not borrow or request items from clients.

9. Personnel will not discuss their own personal, financial or medical problems with client. Employees should avoid discussing the job performance of other fellow team members in the client's home. Any issues regarding an employee's job performance should be immediately brought to the office's attention.

10. Personnel should **NEVER** use a client's computer and avoid reading any personal material. If a client is using his/her computer, please provide necessary privacy by leaving the area as long as the client is safe.

11. Personnel will not insert themselves into conversations clients are having with family or visitors. The employee should be available but unnoticed, so client and visitors may have a comfortable visit.

12. An employee is **NOT ALLOWED** to sleep in a client's home. Make sure you bring reading material with you and at the end of your shift take all your own personal belongings with you.

13. Do not bring **IPODS** or **LAPTOPS** to client's home.
NO CELL PHONE USAGE OR TEXING.

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14. When eating meals and snacks please eat at kitchen table only.

15. Employees must arrive on time for their scheduled shift and have time logs.

Report of the client's condition should be communicated between employees.

_____ _____

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RULES AND REGULATIONS

Role of the Private Duty Aide:

A. Job Description

1. Primary purpose and function - provide clients with personal care services in the home, nursing home, or hospital setting.

2. Care is provided to all age groups of the population served through conscious application of knowledge, skill and under the direction of a care plan.

B. Duties and Responsibilities

1. Provides/assists clients with bathing (bed bath), tub or shower.
2. Assists clients transferring from bed to chair, chair to toilet, etc. If client is using an assisted device make sure assistant is walking directly behind client at all times and using a gait belt if it is necessary.
3. Provide/assist clients with all grooming needs (hair, oral, nail care).
4. Change linen in both occupied and unoccupied bed.
5. Do laundry when needed, sort clothes prior to washing a load (Empty lint trap).
6. Promote social interaction and encourage client to engage in appropriate activities.
7. Assist with exercise progran1 and encourage client to do exercises daily following prescribe regime.
8. Assist client with medications.
9. Recognize and report changes in client's condition to the office.
10. Prepare meals and follow any special diet needs.
11. Perform routine housekeeping tasks and maintain a safe and comfortable environment i.e., dusting, vacuuming, sweeping, dishes (rinse dishes completely prior to placing them in dishwasher).
12. May transport client on errands or appointments.

_____ _____

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DIRECT DEPOSIT AUTHORIZATION FORM

Name: _____

Account Type: (Select one) Checking: _____ Savings: _____

Name of Financial Institution: _____

Bank Routing Number: _____

Account Number: _____

_____ _____

SIGNATURE DATE

Michigan Department of Treasury
3281(Rev. 9-12)

State of Michigan New Hire Reporting Form

Federal law requires public (State and local) and private employers to report all newly hired or rehired employees who are working in Michigan to the State of Michigan.[1] This form is recommended for use by all employers who do not report electronically.

Michigan New Hire Operations Center
P.O. Box 85010
Lansing, MI 48908-5010
Phone: (800) 524-9846
Fax: (877) 318-1659

- A newly hired employee is an individual not previously employed by you, and a rehired employee is an individual who was previously employed by you but separated from employment for at least 60 consecutive days.
- Reports must be submitted within 20 days of hire date (i.e., the date services are first performed for pay).
- This form may be photocopied as necessary. Many employers preprint employer information on the form and have the employee complete the necessary information during the hiring process.
- When reporting new hires with special exemptions, please use the MI-W4 form.
- Online and other electronic reporting options are available at: www.mi-newhire.com.
- Employers who report electronically and have employees working in two or more states may register as a multi-state employer and designate a single state to which new hire reports will be transmitted. Information regarding multi-state registration is available online at: http://www.acf.hhs.gov/programs/cse/newhire/employer/private/newhire.htm#multi or call (410) 277-9470.
- Reports will not be processed if mandatory information is missing. Such reports will be rejected and you must correct and resubmit them.
- For optimum accuracy, please print neatly in all capital letters and avoid contact with the edge of the box. See sample below.

A	B	C	1	2	3

EMPLOYEE Information *(Mandatory)*

Social Security Number:

First Name:

Middle Initial:

Last Name:

Address:

City:

State:

Zip Code:

Hire Date:

OPTIONAL

Date of Birth:

Driver's License No:

EMPLOYER Information *(Mandatory)*

Federal Employer Identification Number (FEIN): 38 3493794

Employer Name: ASSURED HOME NURSING INC

Address: 725 SOUTH ADAMS SUITE 258

City: BIRMINGHAM

State: MI

Zip Code: 48009

OPTIONAL

Contact Name:

Contact Phone:

Contact Fax:

Contact Email:

[1] Ref: Social Security Act section 453A and the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (P.L. 104-193), effective October 1, 1997.