

POLICIES AND PROCEDURES	
<i>POLICY REFERENCE: COMAR 10.07.10</i>	A&Z Home Health
<i>APPROVAL DATE:</i>	
<i>REVIEW DATE:</i>	

A&Z HOME HEALTH

POLICIES

&

PROCEDURES

MANUAL

POLICIES AND PROCEDURES	
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INTRODUCTION:

This manual was developed to set forth the overall policies and procedures of A&Z Home Health in accordance with the state of Maryland Home Health regulations. This policies and procedures manual shall be reviewed and revised as necessary or at least once a year.

This manual shall be available at all times for review by staff, clients and their designated representatives, and potential applicants for home care services.

All policies and procedures in this manual were reviewed and approved by:

President of the Board of Directors Signature: _____ Date: _____

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SECTION 1:

ADMINISTRATIVE

POLICIES

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COMPANY MISSION, VISION AND GOALS

MISSION

Our Mission is to deliver compassionate, quality , community-based home care and to provide health care staffing services to a wide range of facilities when care outside the home is needed.

OUR VISION

Our vision is to be one of the leading primary health care providers in the area, expanding our health care services to reach additional community members

OUR GOALS

Our Goal is to provide all levels of health care services, allowing the client to be in their home and involved in establishing, implementing and evaluating services

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ADMINISTRATION

PURPOSE

To designate the lines of authority within the agency and to document the administrative responsibilities of the agency.

POLICY

A&Z Home Health shall have clear lines of authority as established in the company's organizational chart.

PROCEDURE

The board of directors shall assume full legal authority and responsibility for the operation of A&Z Home Health and the conduct of the agency.

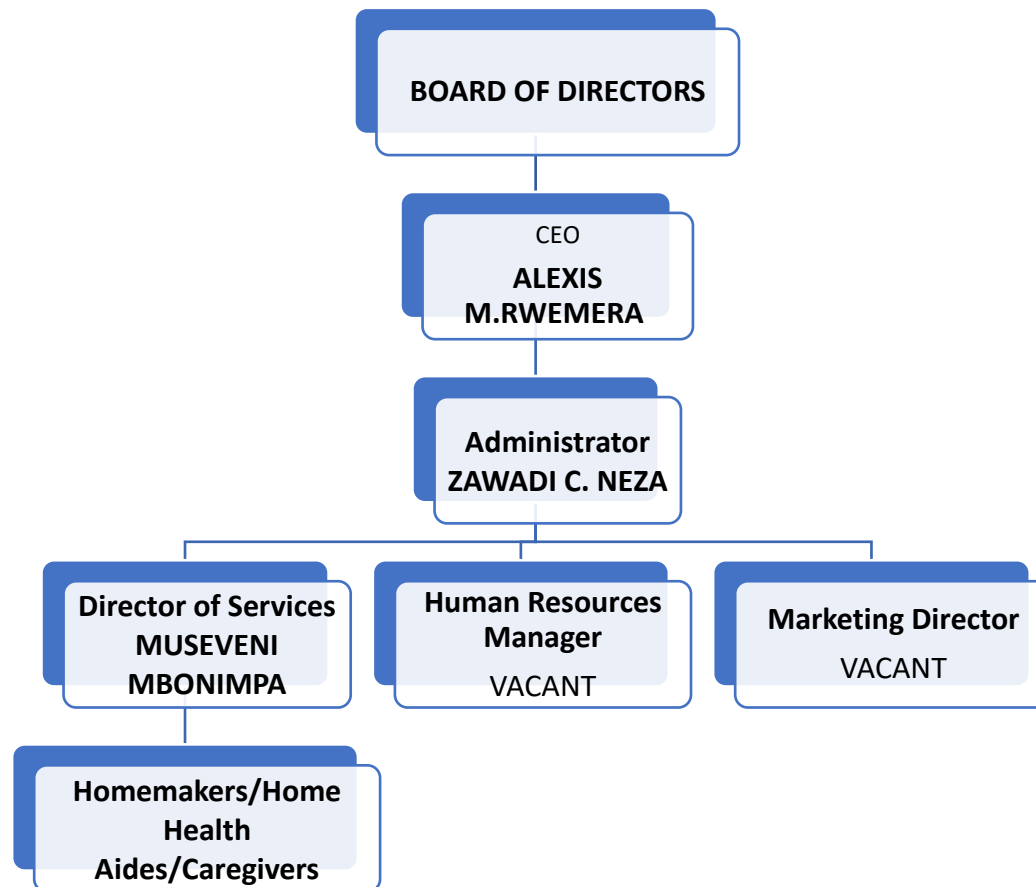
The qualified Administrator appointed by the board of directors shall be responsible and accountable for implementing the policies and programs approved by the board of directors.

The Administrator shall employ a Director of Services responsible for general supervision, coordination, and direction of patient care.

The Administrator or designee shall employ qualified homemakers/Home Health Aides to assist patients with activities of daily living.

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ORGANIZATIONAL CHART



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BOARD OF DIRECTORS

PURPOSE

To ensure lines of authority are established.
To ensure an overall oversight of the agency.

POLICY

A&Z Home Health shall be organized under a board of directors, which shall assume full legal responsibility for the conduct of the agency.

PROCEDURE

The duties and responsibilities of the Board of directors shall include:

1. Adopting appropriate bylaws and policies and procedures.
2. Appointing the group of professional personnel; meeting at least bi-annually.
3. Appointing an Administrator qualified to carry out the agency's overall responsibilities in relation to written goals and objectives and applicable state and federal laws. The Administrator shall participate in deliberation and policy decisions concerning all services.
4. Providing a continuing and annual program of overall agency evaluation.
5. Assuring that appropriate space requirements, support services, and equipment for staff to carry out assigned responsibilities.
6. Assuring that an agency having one or more branches providing service and located in a geographic area which varies from a centralized administrative area, shall provide, on a regular basis, supervision and guidance relating to all activities so as to maintain the entire agency on an equitable basis.
7. Assuring that branches are held to the same standards and policies as the parent organization. Services offered by branches are specified in writing. Branches do not need to offer the same services as the parent agency.
8. Seeking and promoting sources of reimbursement for home health services which will provide for the patient's economic protection.
9. Cooperating in establishing a system by which to coordinate and provide continuity of care within the community served.

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10. Assuring that services will be provided directly or under arrangement with another person, agency or organization. Overall administrative and supervisory responsibility for services provided under arrangement rests with HHA. The HHA assures that legal physician's orders are carried out regardless of whether the service is provided directly or under arrangement. A&Z Home Health and its staff, including staff services under arrangement, must operate and furnish services in accordance with all applicable federal, state, and local laws.

MEMBERS OF THE BOARD OF DIRECTORS:

The Board of Directors of A&Z Home Health shall be elected to hold office until the annual meeting of members following his/her election and until a successor shall have been chosen, elected and qualified, or until his death, resignation or removal.

MEMBERS OF THE BOARD OF DIRECTORS		
NAME	BOARD ROLE/ RESPONSIBILITIES	COMPANY ROLE/ RESPONSIBILITIES
ALEXIS M.RWEMERA	PRESIDENT	CEO
ZAWADI C. NEZA	VICE PRESIDENT	ADMINISTRATOR
MUSEVENI MBONIMPA	SECRETARY	DIRECTOR OF SERVICES

OFFICERS

The Board of Directors shall elect or appoint a President and Secretary and such other officers as deemed necessary. All officers shall be elected or appointed to hold office until the meeting of the Board following the next annual meeting of members. All officers shall have the authority to perform such duties in the management of the Agency as may be necessary.

The President shall be the Chief Executive Officer of the Agency and shall have the responsibility for the general supervision of the business of the Agency, including financial and operational affairs.

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The Secretary shall notify members of meetings and shall take written minutes of meetings which will be retained for a minimum of five years.

BY-LAWS

The Agency shall operate within the scope of its written By-laws, which are adopted by the Board of Directors and reviewed and approved at least annually.

MEETINGS

Meetings of the Board of Directors, regular or special, may be held at any place within or outside the state. The time and place of the meeting may be fixed by resolution of the Board, and members shall be notified by the Secretary seven days in advance of the meeting.

Special or emergency meetings may be called at any time, and telephone conference meetings may be held.

Meetings are held at a minimum of yearly.

QUORUM

A majority of the directors shall constitute a quorum, and a vote of the majority present and voting shall prevail. At every meeting, the President shall conduct the order of business and the Secretary shall take written minutes. In the absence of the President, the Secretary shall act as Chairman and Secretary of the meeting.

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ADMINISTRATIVE RECORDS

PURPOSE

To ensure that all administrative records, including legal documents, documentation of the organization, functions, policies and procedures, decisions, procedures and financial information are confidentially maintained, stored and secured against loss, destruction, or illegal or unauthorized use.

POLICY

A&Z Home Health shall maintain administrative records at the agency office.

A&Z Home Health has a record management system for administrative records that:

1. protects Agency, patient and employee information;
2. assists quality monitoring activities; and,
3. conforms to relevant local, state and federal legislation/regulations.

PROCEDURE

1. The administrator or designee shall ensure administrative records are maintained.
2. All administrative records shall be maintained in locked cabinets and/or in a locked room office at A&Z Home Health.
3. All records shall be kept for the mandated period of time.
4. Electronic documents shall be protected through the application of passwords.
5. Access to records shall be restricted to authorized personnel only.
6. Administrative Records that shall be maintained include, but are not limited to:
 - a. Policies and Procedures
 - b. Records of Inspections
 - c. Minutes and documentation by the Board of Directors
 - d. Legal documents
 - Insurance information
 - Licenses
 - e. Program Evaluation records
 - f. Financial Records, including:
 - Budgets, income and expense records;
 - data pertaining to annual reporting; and,
 - all business transactions.

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- g. Human Resource Records, including:
 - payroll records;
 - records of grievance and disciplinary procedures; and,
 - employee files, including active, inactive and terminated.
 - h. Quality Management Records
 - patient satisfaction surveys/ data;
 - occurrence/incidents, accidents, reporting and tracking records, including *Workers' Compensation* claims; and,
 - other legal documents including contracts, business license(s), residential service license(s), insurances policies, minutes of meetings, etc.
 - i. Statistical and reporting records
7. Personnel shall be educated in the responsibilities of their positions, as they pertain to management of administrative records.

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ANNUAL BUDGET POLICY

PURPOSE

1. To provide financial, operating and planning guidelines for the organization.
2. To develop, review and revise as necessary an annual operating budget and, as appropriate, a long-term capital expenditure plan for the organization.
3. To determine whether the organization's fiscal plan for providing care, treatment and services is appropriate to meet the needs of the patient population served.

POLICY

1. A&Z Home Health 's Administration, along with A&Z Home Health 's medical staff (if any), under the direction of the Board of directors, shall prepare an overall annual plan and budget which outlines the annual operating budget and, as appropriate, a long-term capital expenditure plan for A&Z Home Health .
2. The budget shall reflect A&Z Home Health 's vision, mission, goals and objectives, and adhere to applicable laws, regulations and standards of the home care industry, accounting principles, and reflects sound business practices.
3. The Board of directors shall approve A&Z Home Health 's annual operating budget and as appropriate, the long-term capital expenditure plan.
4. The Administrator/Chief Financial Officer shall be responsible for:
 - Monitoring budget expenses and revenue and, as appropriate, the long-term capital expenditures.
 - Providing quarterly budget and capital expenditure reports to the Board of directors.
 - Ensuring that appropriate financial audits are conducted by both internal and external entities.

PROCEDURE:

1. A&Z Home Health 's Administration shall solicit staff input in preparing A&Z Home Health 's annual budget and, as appropriate, the long-term capital expenditure plan.

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2. A&Z Home Health 's Administration shall prepare an annual operating budget of all anticipated income and expenses for the coming year.
3. The budget shall be submitted to the Board of directors for ratification and approval.
4. The budget shall be comprised of items which are considered income and expense items, under generally accepted accounting principles; however, item-by-item identification of each component or type of income or expense items is not required.
5. A&Z Home Health 's Senior Management Team and the Board of directors shall collaborate, as appropriate, in the development of A&Z Home Health 's long-term capital expenditure plan.
6. A capital expenditure plan covering at least a three (3) year period, including the current year's operating budget, shall identify in detail anticipated sources of financing for, and objectives of, each anticipated expenditure in excess of \$1000,000 for the purchase of capital items.
7. The cost of the following shall be included in determining if a single capital expenditure exceeds \$100,000:
 - Studies, surveys, designs, plans, working drawings, specifications and other activities essential to the acquisition, improvement, modernization, expansion or replacement of building and equipment.
 - Also included are expenditures directly or indirectly related, i.e., grading, paving, broker commissions, taxes assessed during the construction period, costs involved in demolishing or razing structures on land.
 - Other costs related to capital expenditures include title fees, permit and license fees, broker commissions, architect, legal, accounting and appraisal fees, interest, finance or carrying charges on bonds, notes and other costs for borrowing funds.
8. Review and updating of the overall plan and budget shall occur at least annually and include the following:
 - Strategic plans.
 - Revenue, capital, expense and staff budgets that directly or indirectly relate to the staff's ability to provide patient care, treatment and services.

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- Operational plans that directly or indirectly affect the staff's ability to provide appropriate, effective, efficient, efficacious, safe, timely, respectful, caring and ongoing patient care, treatment and services.

10. Financial policies that directly or indirectly affect staff or care, treatment and services.

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TERMINATION OF THE AGENCY

PURPOSE

To ensure appropriate action is taken when the agency is terminated.

POLICY:

A&Z Home Health will take appropriate action when the agency is terminated in accordance with regulations.

PROCEDURE:

On the termination of an agency, the board of directors shall:

- Provide Adequate Notice to All Parties.
- Provide Clinical Records.
- Inform Public.
- Insure Confidentiality, Safekeeping and Storage of Records.
- Return License to the Department.

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AGENCY ADMINISTRATOR DUTIES AND QUALIFICATIONS

POLICY

A&Z Home Health shall have a qualified Administrator for the management of the agency affairs.

PROCEDURE

The Board of Directors shall appoint a qualified full-time Administrator with the overall authority and accountable for implementing the policies and programs approved by the board of directors.

The administrator, or his designee, shall assume responsibility for:

- a. Organizing and coordinating administrative functions of the program, delegating duties, establishing a formal means of accountability on the part of staff members, and maintaining continuing liaison among the board of directors, the group of professional personnel and the staff.
- b. Providing staff orientation, continuing education, information on applicable laws, rules and policies, resource materials, and staff development to effectively implement and continue the program.
- c. Appointing a director to provide general supervision, coordination, and direction of the medical, nursing, and other direct patient services of the program.
- d. Ensuring that personnel employed shall be qualified to perform their assigned duties and that agency practices are supported by written personnel policies.
- e. Personnel records of staff working directly with patients shall include: qualifications, licensure or certification when indicated, orientation to home health, the agency and its policies; performance evaluation, and documentation of attendance or participation in staff development, in-service, or continuing education; documentation of a current CPR certificate; and other safety measures mandated by state/federal rules or regulations.
- f. Developing and implementing a policy addressing safety measures to protect patients and staff as mandated by state/ federal rules or regulations.

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- g. Ensuring that agency personnel, including those providing services under arrangement, practice within the bounds set forth by the applicable state licensure boards.
- h. Ensuring that if personnel under hourly or per visit contracts are used by the HHA, there is a written contract between those personnel and the agency that specifies the following:
 - A patient is accepted for care only by the primary home health agency;
 - The services that are to be furnished;
 - The necessity to conform to all applicable HHA patient care policies including personnel qualifications;
 - The responsibility for participating in developing plans of care;
 - The manner in which services will be controlled, coordinated, and evaluated by the primary agency;
 - The procedures for submitting clinical and progress notes, scheduling of visits, and periodic patient evaluation;
 - The procedures for payment for services furnished under the contract; and
 - A statement to the effect that the contractor does not engage in patient discrimination because of race, creed, color, sex, national origin, sexual orientation, and diagnosis.
- i. Ensuring that the clinical record and minutes of case conferences establish that effective interchange, reporting, and coordination of patient care between all agency personnel caring for that patient does occur.
- j. Implementing an ongoing program of budgeting and accounting.
 - The annual operating budget shall include all anticipated income and expenses related to the overall operation of the program.
 - The overall plan and budget shall be reviewed and updated at least annually by the board of directors.
- k. Coordinating agency services with other community health care providers.
- l. Conducting an annual evaluation and maintaining documentation of reports and communications to the board of directors.
- m. Directing investigations by the agency of complaints against the agency or agency personnel.
- n. Reporting all suspected instances of abuse or neglect as defined by state law, to the appropriate state authority.

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- o. Ensuring that all agency personnel, including volunteers authorized by the agency, provide services in accordance with agency policies and procedures. Family members and other volunteers not affiliated with the agency are exempt from this requirement.

The administrator may also be a supervising physician or supervising registered nurse.

The administrator shall designate, in writing, a qualified person to perform the functions of the administrator to act in his absence.

CROSS REFERENCE POLICY OR FORM:

1. ADMINISTRATOR JOB DESCRIPTION

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ADMINISTRATOR BACKUP

PURPOSE

To assure that a qualified individual is designated to fulfill the responsibilities of Agency Administrator.

POLICY

In compliance with established policy and regulations, in the event that the Administrator is not available, a designated, qualified alternate will assume his or her duties and responsibilities and be available to staff. In the event that the Administrator leaves employment, the designated alternate will assume the Administrator's responsibilities until a replacement is hired and oriented.

The Administrator or alternate will be available during all hours of operation.

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APPOINTMENT OF ADMINISTRATOR AND POLICY DURING THE ABSENCE OF THE AGENCY ADMINISTRATOR

APPOINTMENT OF ADMINISTRATOR BY BOARD

The board of directors has appointed **Zawadi C. Neza** as the full Administrator of A&Z Home Health . The Administrator has full authority for management of Agency affairs. (See Administrator Job Description)

Signature of Administrator

Date

Signature of Board President

Date

ABSENCE OF THE AGENCY ADMINISTRATOR

During the absence of the **Administrator, Zawadi C. Neza**, the **Director of Services, Museveni Mbonimpa**, is designated as the person to assume all Administrator responsibilities for the operation of the Agency.

Signature of Administrator

Date

ACCEPTANCE OF ASSIGNMENT OF RESPONSIBILITY OF ALTERNATE ADMINISTRATOR FOR THE AGENCY

I, **Museveni Mbonimpa** accepts the responsibility of Alternate Administrator for the agency.

Signature of Alternate Administrator

Date

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DIRECTOR OF SERVICES DUTIES AND QUALIFICATIONS

POLICY

A&Z Home Health shall have a qualified Director of Services responsible for general supervision, coordination, and direction of patient care.

PROCEDURE

The Administrator shall employ a qualified Director of Services of the agency.

The Director of Services shall be responsible for ensuring the following:

- a. An initial assessment/evaluation is made to provide a data base to plan and initiate care of the patient;
- b. There is a plan of treatment established for each patient;
- c. Continuing assessment and evaluation are provided in accordance with the patient's response and progress as related to the course of his disease or illness and the plan of treatment;
- d. The initial plan of treatment and subsequent changes are approved by signature of the attending physician and carried out according to his direction.
- e. The total plan of treatment is reviewed by the attending physician as often as the severity of the patient's condition requires and shall be reviewed at least every sixty (60) days;
- f. Information is available to the attending physician on an ongoing basis and is timely, accurate, and significant of change in clinical status or condition;
- g. Information is provided to the administrator and guidance requested as is necessary to carry out assigned duties.

The Director of Services shall be a physician or registered nurse and shall be available at all times during operating hours and shall participate in all activities relative to the professional or other services provided, including the qualifications of personnel as related to their assigned duties.

CROSS REFERENCE POLICY OR FORM:

1. ***DIRECTOR OF SERVICES JOB DESCRIPTION***

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HOME HEALTH AIDE DUTIES AND QUALIFICATIONS

POLICY

A&Z Home Health shall employ home health aides to assist patients with activities of daily living and other non-clinical tasks as delineated in this policy under the supervision of a registered nurse or therapist.

PROCEDURE

The Director of Services shall employ qualified home health aides to provide services to patients in their homes.

Duties of a home health aide include the following:

- a. The performance of simple procedures as an extension of therapy services;
- b. Personal care;
- c. Ambulation and exercise;
- d. Assistance with nutritional needs of the patient;
- e. Household services essential to health care at home;
- f. Assistance with medications that are ordinarily self-administered;
- g. Reporting changes in the patient's condition and needs; and
- h. Completing appropriate records.

Home health aide employed at A&Z Home Health must have completed the supplemental skills checklist approved by the Maryland State Board of Nursing and shall be included on the Maryland State Board of Nursing's Home Health Aide Registry.

CROSS REFERENCE POLICY OR FORM

1. HOME HEALTH AIDE JOB DESCRIPTION

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SCOPE OF SERVICES

PURPOSE

To provide an overview of services provided by the agency, which it is qualified and/or licensed to provide to ensure that patient needs are effectively, efficiently and safely met in the local community.

POLICY

A&Z Home Health provides non-medical, homecare services by home health aides to patients, who may require assistance in their own homes and communities to assist in the maintenance and retention of their independence and wellbeing. These services are responsive to the distinct needs of the patient and community and are delivered by qualified home health aides under the supervision of a registered nurse or therapist.

PROCEDURE

- a. The Agency shall offer the following non-medical home care services provided by home health aides:
 - The performance of simple procedures as an extension of therapy services;
 - Personal care;
 - Ambulation and exercise;
 - Assistance with nutritional needs of the patient;
 - Household services essential to health care at home;
 - Assistance with medications that are ordinarily self-administered;
 - Reporting changes in the patient's condition and needs; and
 - Completing appropriate records.
- b. Employees and patients shall be informed of, and understand, the extent and limitations of services provided by the Agency.
- c. Services shall be delivered in a caring and respectful manner, in accordance with relevant Agency policies, state of Idaho home health agency regulations and industry standards.
- d. Services shall only be assigned to those employees who have the necessary experience, skills, qualifications, certification, or equivalent to meet the needs of the

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patient. Where this is not possible, employees may be trained to perform the necessary tasks required for patient care.

- e. Services shall be delivered by employees, who are able to communicate effectively with patients, using the patients' preferred methods of communication.

CROSS REFERENCE POLICY OR FORM

1. HOME HEALTH AIDE JOB DESCRIPTION

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GEOGRAPHIC AREA SERVED

PURPOSE

To identify the service area(s) in which the Agency delivers services and/or is licensed to operate.

POLICY

- a. A&Z Home Health provides services in the following areas: **Montgomery County** and **Prince George's county.**
- b. Only those patients who are within the Agency's service area will be accepted for service.

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AGENCY EVALUATION

PURPOSE

To assess how well the organization's program meets the needs of the community, provides adequate services, delivers services effectively, and operates efficiently.

To maintain accountability for all programs and services.

To evaluate and make recommendations based on the needs of the community and satisfaction surveys.

POLICY

The agency evaluation is a systematic collection and analysis of information necessary to guide the agency in future planning for services. The evaluation is completed annually.

PROCEDURE

The Board of Directors shall designate a group of professional personnel as the professional advisory group which includes at least one (1) physician, one (1) registered nurse, and with appropriate representation from other professional disciplines, establishes and annually reviews the agency's policies governing the scope of services offered, admission and discharge policies, medical supervision and plans of care, emergency care, clinical records, personnel qualifications, and program evaluation. At least one (1) member of the group is neither an owner nor an employee of the agency.

The group of professional personnel meets as needed to advise the agency and monitor the program.

The professional advisory group shall complete an overall evaluation of the agency's total program at least once a year by the group of professional personnel, or a committee of this group, HHA staff, and consumers, or by professional people working outside the agency in conjunction with consumers.

The evaluation shall consist of an overall policy and administrative review and a clinical record review and assesses the extent to which the agency's program is appropriate, adequate, effective, and efficient.

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Results of the evaluation are reported to the board of director and acted upon by the administrator.

The administrator shall maintain results of the evaluation and any actions taken separately as administrative records.

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CLINICAL RECORD REVIEW

POLICY:

The agency shall have a subcommittee to perform an audit of clinical records on at least a quarterly basis.

PROCEDURE:

As part of the Agency' annual evaluation, appropriate health professionals, representing at least the scope of the program, is required to review at least quarterly not less than 10 percent of both active and closed clinical records representing all services being offered to determine whether established policies are followed in furnishing services, to determine adequacy of the plan of treatment and appropriateness of continuation of care.

A written summary of findings and recommendations of the committee shall be reported to the agency board of directors

The administrator shall utilize the written summary of findings and recommendations of the committee in the overall review and self-evaluation of the agency

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STATISTICAL AND REPORTING SYSTEM.

POLICY:

A&Z Home Health shall maintain statistical data and reporting system.

PROCEDURE

The Administrator shall maintain a documented statistical and reporting system to include: age, sex, diagnosis, referral source, length of service, number of visits, types of services provided, reason for discharge or referral, patient disposition.

Staff shall report any changes in patient status in writing to the administrator to maintain accurate statistical data.

CROSS REFERENCE POLICY OR FORM

1. STATISTICAL REPORT FORM

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SECTION 2:

CLIENT CARE

POLICIES

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ACCEPTANCE OF PATIENTS

PURPOSE

To outline the conditions and process for accepting individuals as patients of the Agency.

POLICY

A&Z Home Health accepts/retains individuals as patients according to the following criteria:

1. On the basis of a reasonable expectation that the patient's personal care, and social needs can be met adequately by the agency in the patient's plan of care.
2. The Agency shall be qualified and/or licensed to provide the services required in a safe, efficient and responsible manner.
3. The Agency has a sufficient number of qualified personnel and resources to meet a prospective patient's requested/needed services.
4. The services requested/needed fall within the Agency's scope of services.
5. Patients must reside within the geographical area served by the Agency.
6. The patient's home environment shall be adequate for safe and effective care.
7. The Agency shall not refuse services to any individuals based on race, color, sex, age, race, marital status or national origin

PROCEDURE

1. In-home evaluations shall be conducted by the Director of Services in a timely fashion following a request for service.
2. The Director of Services shall evaluate a prospective patient/patient's representative request for services prior to accepting an individual as a patient.
3. The evaluation shall be comprehensive enough to determine the ability of the Agency to meet the requests and needs based on the Agency's overall service capability.
4. The identified needs/problems shall be reviewed with the patient/patient's representative to determine the services required and the ability of the Agency to meet the prospective patient's requests/needs.
5. If the Agency can provide the services, the patient shall be provided with all the necessary information/material in order to make an informed decision.
6. The Director of Services shall document that the above information has been given to the patient/patient's representative.

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7. The patient/ patient's representative, after review, shall be given the opportunity to either accept or refuse services.
8. If a patient is accepted for service, a *Plan of care* shall be developed.
9. A copy of the *Plan of care* shall be given to the patient and the originals shall be placed in the patient's record.
10. A referral, at the request of the patient may be made by the Director of Services, if the Agency cannot meet the needs of the patient.

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PLAN OF CARE

PURPOSE:

To abide by state/federal guidelines and offer guidelines to the agency staff, and community for the appropriate utilization of home services.

To assure continuity and consistency under the current plan.

To focus on the service, frequency duration.

To provide updated, coordinated document that reflects the current home services

POLICY

A written plan of care shall be developed and implemented for each patient by all disciplines providing services for that patient that addresses their identified needs and the agency's plan to respond to those needs. This plan is developed in collaboration patient and family, as indicated, and is based on services needed to achieve specific measurable goals. Home health services will be provided to appropriate patients on an intermittent, part-time or full-time basis, under the direct supervision of the Director of Services. The duties of the home health aide include the provision of hands-on personal care, performance of simple procedures. All home health aides providing home care will be qualified through training and/or competency evaluations and meet the minimum requirements as established in the agency home health aide job description.

PROCEDURE

1. Following the initial assessment, the Director of Services shall ensure a written Plan of care is developed and implemented for each patient by all disciplines providing services for that patient.

2. The Plan of care shall be developed in plain, non-technical lay terms and identify the duties to be performed.

3. Care follows the written plan of care and includes:

- All pertinent diagnoses;
- The patient's mental status;
- Types of services and equipment required;
- Frequency of visits;

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- Functional limitations;
- Ability to perform basic activities of daily living;
- Activities permitted;
- Nutritional requirements;
- Medication and treatment orders;
- Any safety measures to protect against injury;
- Any environmental factors that may affect the agency's ability to provide safe, effective care;
- The family's or other caregiver's ability to provide care;
- The patient and his family's teaching needs;
- Planning for discharge; and
- Other appropriate items.

4. The goals of patient care shall be expressed in behavioral terms that provide measurable indices for performance.

5. The initial plan of care and subsequent changes to the plan of care are approved by a Doctor of Medicine, osteopathy, or podiatric medicine.

6. The total plan of care shall be reviewed by the attending physician and A&Z Home Health personnel as often as the severity of the patient's condition requires but at least once every sixty (60) days.

7. The Director of Services shall promptly alert the physician to any changes that suggest a need to alter the plan of care.

8. Drugs and treatments shall be administered by agency staff only as ordered by the physician. The nurse or therapist immediately records and signs oral orders and obtains the physician's countersignature. Agency staff check all medications a patient may be taking to identify possible ineffective side effects, the need for laboratory monitoring of drug levels, drug allergies, and contraindicated medication and promptly report any problems to the physician.

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CASE CONFERENCE

PURPOSE

To define the process for case conferences and documenting patient progress in the clinical record. To maintain liaison among professionals providing services to support the objectives and goals outlined in the plan of care.

POLICY

1. Case conferences will be held at least every sixty (60) days to review and discuss all multi-disciplinary cases.
2. Items of discussion may include, but are not limited to, the type and frequency of service by each discipline involved, changes in the patient's overall status, problems, possible resolutions, and any necessary revisions in the plan of care.
3. Case conferences will include utilization review; therefore, all clinicians, both direct and contract agency personnel, working with patients, may participate in case conferences.

PROCEDURE

1. All personnel involved in the care of the patient, including contract agency personnel, will have access to the patient's plan of care.
2. Each patient will have a case conference every sixty (60) days to review the ongoing need for the provision of services or as the severity of the patient's condition requires.
3. For each patient, the case conference personnel will discuss;
 - a. Physical status of the patient
 - b. Clinical implications of diagnoses and treatment prescribed
 - c. Changes in condition since the last conference
 - d. Interventions for all disciplines
 - e. Current frequency versus ordered frequency of all disciplines in the case
 - f. Progress toward goals
 - g. Teaching plan and its effectiveness

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h. Discharge plan

4. A record of meeting minutes for each patient listing the patient's name and clinical record number shall be kept in the patient's record to include all personnel providing services to the patient who participated in the meeting, which patients were discussed, a case conference/progress summary/interdisciplinary note written by the appropriate discipline(s) seeing the patient documenting the patient's progress as reported during the case conference shall be included in the meeting minutes.

5. The Director of Services shall promptly alert the physician to any changes that suggest a need to alter the plan of care.

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PATIENT BILL OF RIGHTS

PURPOSE:

It is anticipated that observance of these right will contribute to more effective care and greater satisfaction for the patient as well as the staff. The rights will be respected by all personnel and integrated into all agency programs. A copy of these rights will be given to patients and their families or designated representative. The patient or his/her designated representative has the right to exercise these rights. In the case of a patient adjudged incompetent, the rights of the patient are exercised by the person appointed by law to act on the patient's behalf. In the case of a patient who has not been adjudged incompetent. Any legal representative may exercise the patient's rights to the extent permitted by law. A&Z Home Health and anyone associated with the agency as an employee, contractor or member of the board of directors has an obligation to protect and promote the exercise of these rights.

POLICY

It is the policy of the agency to ensure that before care is initiated, the patient's rights shall be provided and reviewed with patients or patient designees upon admission to the organization.

PROCEDURE

Patient rights shall be reviewed with patients or patient designees upon admission to the organization by the Director of Service or designee. The review shall be documented in the patient's record.

The patient's rights form which list all the rights shall be provided to the patient or the patient designees

A copy of the signed and dated Rights form shall be given to the patient to be kept where it is easily accessible and the original shall be placed in the patient's file.

Patients' rights shall include but not limited to the following:

- i. A patient has the right to courteous and respectful treatment, privacy, and freedom from abuse and neglect.

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- ii. A patient has the right to be free from discrimination because of race, creed, color, sex, national origin, sexual orientation, and diagnosis.
- iii. A patient has the right to have his property treated with respect.
- iv. A patient has the right to confidentiality with regard to information about his health, social and financial circumstances and about what takes place in his home
- v. The HHA will only release information about a patient as required by law or authorized by a patient.
- vi. A patient has the right to access information in his own record upon written request within two (2) working days.
- vii. A patient has the right to voice grievances regarding treatment or care that is or fails to be furnished, or regarding the lack of respect for property by anyone who is furnishing services on behalf of the HHA and must not be subjected to discrimination or reprisal for doing so.
- viii. The HHA must investigate complaints made by a patient or the patient's family or guardian regarding treatment or care that is (or fails to be) furnished, or regarding the lack of respect for the patient's property by anyone furnishing services on behalf of the HHA and must document both the existence of the complaint and the resolution of the complaint.
- ix. A patient has the right to be advised of the availability of the toll-free HHA hotline in the state. When the agency accepts a patient for treatment or care, the HHA must advise the patient in writing of the telephone number of the home health hotline established by the state, the hours of its operation and that the purpose of the hotline is to receive complaints or questions about local HHAs.
- x. A patient has the right to be informed of the HHA's right to refuse admission to, or discharge any patient whose environment, refusal of treatment, or other factors prevent the HHA from providing safe care.
- xi. A patient has the right to be informed of all services offered by the agency prior to, or upon admission to the agency.
- xii. A patient has the right to be informed of his condition in order to make decisions regarding his home health care.
- xiii. Upon admission, the HHA must provide written and oral information to all adult patients regarding The Natural Death Act (Idaho Code, Title 39, Chapter 45). The agency must maintain documentation showing that it has complied with this requirement whether or not the patient has executed an advance directive ("Living Will" and/ or "Durable Power of Attorney for Health Care

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- xiv. An agency cannot condition the provision of care or otherwise discriminate against a patient based on whether or not the patient has executed an advance directive.
- xv. If the agency cannot comply with the patient's "Living Will" and/or "Durable Power of Attorney for Health Care" as a matter of conscience, the agency will assist the patient in transferring to an agency that can comply.
- xvi. The HHA must advise a patient, in advance, of the disciplines that will be furnished, care, and frequency of visits proposed to be furnished.
- xvii. The HHA must advise a patient in advance of any change in the plan of care before the change is made.
- xviii. A patient has the right to participate in the development of the plan of care, treatment, and discharge planning. The HHA must advise the patient in advance of the right to participate in planning the care or treatment.
- xix. A patient has the right to be informed prior to any care provided by the agency which has experimental or research aspects. The patient's or the patient's legal guardian's written consent is required.
- xx. A patient has the right to refuse services or treatment.
- xxi. Before the care is initiated, the HHA must inform a patient orally and in writing of the following:
 - 1. The extent to which payment may be expected from third party payors; and
 - 2. The charges for services that will not be covered by third party payors; and
 - 3. The charges that the patient may have to pay; and
 - 4. The HHA must inform a patient orally and in writing of any changes in these charges as soon as possible, but no later than thirty (30) days from the date A&Z Home Health provider becomes aware of the change.
 - 5. A patient has the right to have access, upon request, to all bills for service he has received regardless of whether they are paid by him or by another party.

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CLINICAL RECORD

PURPOSE:

To ensure that there is an accurate record of the services provided, patient response and ongoing need for care.

POLICY:

A clinical record containing past and current findings, in accordance with accepted professional standards, is maintained for every patient receiving home health services.

PROCEDURE:

A&Z Home Health will maintain a confidential clinical for each patient served.

The Director of Services shall be responsible for the maintenance of clinical records, the protection of records from unauthorized use or disclosure and the designation of records as active or discharge when patients are terminated from services.

Documentation shall be completed by the home health aides on a daily basis via and monitored by the Director of Services or designee. All activities with patient are recorded in the clinical record.

Contents:

Clinical records shall include but not limited to the following:

- Appropriate identifying information;
- Assessments by appropriate personnel;
- The plan(s) of care;
- Name of physician;
- Drug, dietary treatment, and activity orders;
- Signed and dated clinical and progress notes;
- Copies of summary reports sent to the attending physician;
- Signed patient release or consent forms where indicated;
- A signed dated copy of the patient's bill of rights;

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- Copies of transfer information sent with the patient; and
- A discharge summary.

Clinical and Progress Notes, and Summaries of Care

The Director of Services or designee shall ensure all clinical and progress notes are written or dictated on the day service is rendered and incorporated into the clinical record within seven (7) days.

The Director of Services or designee shall submit summaries of care reports to the attending physician at least every sixty (60) days.

Entries and Documentation:

All agency clinical records shall be written in ink, be typed, or be computer-generated suitable for photocopying and shall be available and retrievable during operating hours either in the agency or by electronic means.

Retention Period:

Clinical records shall be retained for five (5) years after the date of discharge, or in the case of a minor, three (3) years after the patient becomes of age.

Disposal of Records:

Any documentation related to patient care will be shredded when no longer required to be kept on file. This methodology will ensure compliance with patient confidentiality as required for both State and Federal privacy regulations.

Physical file/records shall be destroyed by:

- shredding within the Agency office by a management personnel;
- an outside company, which specializes in shredding;
- a secure, electronic or physical process for electronic files/records; or,
- an outside company, which specializes in erasing electronic files/records.

A log of all files/records destroyed shall be kept. This log shall contain:

- the name of the patient whose file/record is being destroyed;
- the name of the individual who authorized the destruction of the file/record;
- the date authorization was given to destroy the file/record;
- the date on which the file/record was destroyed; and,

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e. the name of the individual who destroyed the file/record.

Copies of Records for patient discharge or transfer:

In the event of a patient discharge or transfer, the Director of Services or designee shall provide a copy of the clinical record or an abstract and copy of most recent summary report of the patient to the agency or health care facility admitting the patient. The methodology of the provision of the patient's record to the receiving agency or health care facility shall ensure compliance with patient confidentiality as required for both State and Federal privacy regulations.

Safeguarding and Protection of the Record:

1. Patient files shall be kept in locked cabinets and/or in a locked room in the Agency office.
2. All files shall be returned to the locked cabinet and/or locked file room in the Agency office before the office closes.
3. No patient documentation shall be left on desks overnight.
4. Original patient records shall be kept in the Agency office at all times.
5. Copies of records, which are taken out of the Agency office shall be protected by:
 - a. Authorized by the Director of Services or Administrator
 - b. maintained under lock during the transport
 - c. returned to the Agency office by the end of the day.

Discontinuation of Operation:

In the event Alpha Home Health ceases operation, patient paper or electronic format shall be housed by a record management company under a written agreement with Alpha Home Health.

Alpha Home Health shall ensure the written agreement include provisions for future access to the records by patients and their authorized representatives and protect against damage or unauthorized access or disclosure.

The agreement shall specify the retention times in accordance with regulations. No one can access the information contained in the records without a signed release from the patient or a properly executed subpoena or court order. Copies of records will be released to a person designated by the patient only with the patient's written request. The records

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management company shall comply with state and federal laws governing medical record confidentiality, access, disclosure, and charges for copies of the records.

The agency shall obtain approval of a plan to preserve or destroy clinical records prior to disposition

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HOME HEALTH ADIE SERVICES PROCEDURES IN THE HOME

PURPOSE

To designate the services provided in the home for each patient.

POLICY

Alpha Home Health shall provide personal care services in support of the patient's health and safety in his home. The organization shall designate a registered nurse responsible for the supervision of personal care services.

PROCEDURE:

The Agency home health aides shall provide the following services under the supervision of a registered nurse:

- The performance of simple procedures as an extension of therapy services;
- Personal care;
- Ambulation and exercise;
- Assistance with nutritional needs of the patient;
- Household services essential to health care at home;
- Assistance with medications that are ordinarily self-administered;
- Reporting changes in the patient's condition and needs; and

Services provided by the home health aide shall be documented daily on the home health aide documentation and daily progress notes form, dated and signed by the home health aide and shall include facts about the patient's assessment, care provided, and the patient's response during the provision of services.

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PATIENT SAFETY ASSESSMENT

PURPOSE

To foster a safe environment throughout A&Z Home Health by integrating safety priorities into relevant processes, functions and services. Improve patient safety by reducing risk of system or process failures.

Inform the patient and his/her family of their responsibilities in reducing unanticipated adverse events.

POLICY

A&Z Home Health will develop a program for identifying and reducing unanticipated adverse events and safety risks to patients. The safety program will have one or more qualified individuals assigned to manage the organization wide program.

All patients will receive a home safety assessment and instruction in safety management, as appropriate.

PROCEDURE

1. At admission, the Director of Services shall conduct a patient safety assessment to determine any safety measures to protect against injury; and any environmental factors that may affect the agency's ability to provide safe, effective care.

1. All appropriate employees and patients/caregivers, as indicated, shall receive instruction on the safety assessment including any identified risk including but not limited to:

- a. Basic home safety
- b. Fire response
- c. Electrical safety
- d. Bathroom safety
- e. Transfers and ambulation
- f. Use of medical equipment
- g. Standard Precautions
- h. Refrigeration
- i. Disposal of glass products
- j. Double boxing and bagging

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- k. Infection control
- l. Hand washing
- m. Hazardous waste handling and disposal

2. Patients and families will be informed of the risks identified in the home safety assessment and encouraged to participate in managing the risks.

3. Home health aides shall monitor the patient/caregivers understanding and compliance with safety management on an ongoing basis. Appropriate instructions will be provided.

4. All home health aides will attend education programs as part of agency orientation, annually, and as needed to assure safety for employees and patients.

5. Patient related safety hazards will be documented in the record and brought to the attention of A&Z Home Health Manager.

6. All accidents or injuries will be reported to A&Z Home Health Manager and documented on an Incident Report.

7. If the accident involves the patient, appropriate actions will be initiated.

8. If an accident or incident involves equipment malfunction and serious injury, illness, or death, the incident will be reported in writing to the vendor and/or manufacturer.

9. Information identified about risks and events will be evaluated by Agency Manager and recommendations made to reduce or eliminate practices leading to safety issues.

10. Documentation of incidents, including follow-up documentation with trends and patterns will be incorporated into A&Z Home Health performance improvement plan.

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EMERGENCY CARE MEASURES

PURPOSE

To outline procedures to follow when patients are in an emergency situation.

POLICY

A&Z Home Health requires that all its personnel follow specific procedures when patients are in an emergency situation.

PROCEDURE

1. If patients fall, when care is being provided, and are injured:
 - a. Do not move them unless they are in serious and immediate danger.
 - b. Call "911" following procedures outlined in "Guidelines".
 - c. Make them as comfortable as possible.
 - d. Call the Agency office to report the incident and await further instructions.
 - e. Stay with them until assistance arrives.
 - f. Ensure the home is secure when leaving.
 - g. Complete the Agency's *Incident Report*, as soon as possible.
2. If patients collapse or are taken seriously ill:
 - a. Call "911".
 - b. Make them as comfortable as possible.
 - c. Call the office to report the incident await further instructions.
 - d. Stay with them until assistance arrives.
 - e. Ensure the home is secure when leaving.
 - f. Complete the Agency's *Incident Report* as soon as possible.
3. Signs and symptoms, which may indicate patients are in an emergency situation and require the Home Care Worker to contact "911" include, but are not limited to, the following:
 - a. difficulty breathing or no breathing;
 - b. no pulse;
 - c. bleeding severely;
 - d. chest/neck/jaw/arm pain;
 - e. losing consciousness or are unconscious;
 - f. suspected fracture;
 - g. badly burned;

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- h. inability to move one or more limbs;
 - i. seizure;
 - j. suffering from:
 - i. hypothermia (below normal body temperature); or,
 - ii. hyperthermia (well above normal body temperature).
 - k. poisoning;
 - l. diabetic emergency;
 - m. stroke; or,
 - n. doubt exists as to the seriousness of the situation.
4. Manager/ Administrator or Supervisor shall contact local law enforcement authorities immediately in situations which include, but are not limited to, the following:
- a. physical abuse, involving physical injury inflicted on a patient by an employee;
 - b. physical abuse of a patient by a person, who is not an Agency employee;
 - c. sexual abuse of a patient by an employee;
 - d. commitment of an alleged crime in the patient's home by a person other than the patient;
 - e. death of a patient, which appears to be the result of something other than a disease process; or,
 - f. insurance of a patient's safety in situations, which require local law enforcement notification.
5. All patient emergencies shall be documented in the Agency's *Incident Report*.

GUIDELINES

- 1. Home Care Workers should be trained in CPR.
- 2. Agency personnel shall be educated and trained in handling emergency situations.
- 3. All personnel shall be familiar with the following procedures for calling "911":
 - a. Dial "911".
 - b. State: *"This is an emergency!"*
 - c. Give the phone number you are calling from.
 - d. Give the address of the emergency.
 - e. Describe the problem and how it happened, if known; otherwise, give the facts and describe what has been observed.
 - f. Provide your name.
 - g. Remain calm.
 - h. Follow the "911" dispatcher's directions.
 - i. **Advise dispatcher immediately if you are not trained in CPR.**
 - j. Don't hang up before the dispatcher hangs up.
 - k. Reassure the patient/family.

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SECTION 3:

PERSONNEL

POLICIES

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EMPLOYMENT

POLICY:

1. A&Z Home Health strives to employ the most qualified individuals for all positions within the organization and to provide equal employment opportunities to all employees and applicants regardless of race, color, creed, sex, national origin, age, handicap, sexual orientation, marital status, and status with regard to public assistance or Veterans' employment.
2. The Agency will hire and develop employees basing judgment solely on job related qualifications.
3. For all professional positions, the agency will employ only individuals who meet the licensure or certification requirements for the particular professional position and are in good standing there under.

PROCEDURE:

1. Equal Opportunity Employer:
 - a. As an equal opportunity employer, we are proud to provide quality home care services to clients in need regardless of age, race, religion, gender, ancestry, sexual orientation, veteran status, medical or mental condition or national origin.
 - b. It also is the company's policy to consider all employment and promotional decisions on the basis of merit without discrimination.
2. Reasonable Accommodations for Handicapped Employees: In accordance with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, the Agency shall provide reasonable accommodation to the known physical or mental limitations of qualified handicapped employment applicants or employees, unless the accommodation would impose an undue hardship on the operation of the Agency.
3. Staffing: Part-time, and on call and contracted personnel may be utilized in instances when the type of work, working schedule, and duration of employment permit.
4. Interviews: Pre- employment interviews are required for all positions. Interviews may be scheduled according to agency needs. The final decision to hire shall be made by the supervisor and approved by the Administrator. The job offer will be made by the immediate supervisor.

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5. Training and assignment: The agency requires that all staff receive training for care and duties including duties not included in the supplemental skills checklist. Staff will only be assigned to patients after training has been completed and the written instructions for care is provided. A home health aide is assigned to a particular patient by a registered nurse. All field staff including the Director of Services and home health aides must be CPR certified.

6. All staff must pass a criminal background check in accordance with state regulations.

7. Reference Check: Information supplied on the application form or during an interview will be subject to verification. Reference checks shall be made by the agency and may be conducted by phone or mail.

8. Remuneration Policy: This Agency prohibits any illegal remuneration for securing or soliciting clients or patronage. The Agency ensures that decisions regarding the provision of care are not compromised by the provision of incentives to staff be the incentive financial or otherwise. This is monitored closely by our Management Team.

CROSS REFERENCE POLICY OR RELATED FORMS

1. EMPLOYMENT APPLICATION

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HOURS OF WORK/LUNCH BREAKS

POLICY:

Hours of work shall be determined by each area. All full-time salaried employees will work 40 hours each week. Hourly employees will be compensated for those hours reflected on his/her timecard.

PROCEDURE:

- **Regular Hours:**

Normally, office hours are Monday through Friday, from 9:00 a.m. to 5:00 p.m. Starting and quitting time for full-time employees may vary according to each area. Employees shall be entitled to a half-hour lunch.

- **Overtime:**

The U.S. Fair Labor Standards Act requires that all employees be paid overtime for hours worked beyond 40 hours in any one week except those employed as executive, professional, and administrative employees. By common usage, the "exceptions" are referred to as "exempt employees," the others are referred to as "nonexempt." Any nonexempt employee who works over 40 hours in any one week will be paid 1-1/2 times their regular pay for overtime. Authorization of overtime and payment must be approved by the immediate supervisor.

- **Punctuality:**

All employees will be expected to report to work on time. If an employee will be delayed, the employee shall call his/her supervisor and inform him/her of the reason for late arrival and when the employee will be in.

- **Payday:**

Paydays shall be explained at the time of hire.

LUNCH BREAKS

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1. The Agency allows for a one-half hour lunch break to all office staff who work a 40 hour/pay period. It is encouraged that everyone avails themselves of the break to alleviate the daily stress
2. While in a client's home it is expected that a caregiver will bring their meals to the site and take time out of their schedule to eat while staying on the premises. There is no deduction for lunch time.

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PERSONNEL RECORDS

POLICY:

Personnel files will be established and maintained for all personnel. All information will be considered confidential and made available to authorized personnel only. Personnel records may not be removed from Agency unless ordered by subpoena.

PURPOSE:

To provide a mechanism for maintaining accurate, complete, and current personnel information

PROCEDURE:

The personnel record for an employee whether hard copy or electronic, shall include:

1. Qualifications
2. licensure or certification when indicated
3. orientation to home health, the agency and its policies;
4. performance evaluation, and documentation of attendance or participation in staff development,
5. in-service, or continuing education;
6. documentation of a current CPR certificate; and
7. other safety measures mandated by state/federal rules or regulations.

The agency shall maintain complete personnel records are maintained for three years after termination of employment.

Access and Storage and Retention

1. A&Z Home Health employees may work with, and may have access to, information that must be kept confidential. Such information includes without limitation consumer data, personnel records, personnel records, personnel matters, payroll data, and financial data. All personnel files are maintained in locked cabinets. This information is confidential and shall not be disclosed to co-workers who have no need to know or to persons outside the workplace.

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2. Electronic data pertaining to employees is password protected. All A&Z Home Health employees shall protect the security of computer files that contain confidential information.
3. A&Z Home Health complies with the requirements of the Americans with Disabilities Act regarding retention of employee health-related information. Such information is maintained in a file that is separate from personnel files.
4. The agency shall maintain complete personnel records are maintained for three years after termination of employment.

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STAFF ORIENTATION

POLICY

A&Z Home Health employees will receive orientation prior to an assignment to a patient.

PROCEDURE

The Director of Services or his/her designee will begin the orientation. Each employee will learn about our general policies will be oriented to patients and the needs of the patients. The orientation will be comprehensive and at its end the employee/contractor will be asked to sign a statement confirming attendance which is filed in the personnel file. The proof of attendance form follows. Information provided in the orientation encompasses but is not limited to the following:

1. The mission and goals of the Agency
2. Employee duties and responsibilities and their importance in carrying out the Agency's mission and to meet the patient's needs.
3. Confidentiality of client information
4. Safety programs such as home safety, individual safety and fire prevention and security
5. The rules, regulations, policies and procedures of the Agency
6. Client rights and responsibilities
7. Infection control program including universal precautions, surveillance, prevention and control of infections in the home, communicable diseases, identification, handling and disposing of sharps, hazardous or infectious materials in a safe and sanitary manner, according to the law and regulations

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CPR ADMINISTRATION CARDIO-PULMONARY RESUSCITATION

POLICY:

It shall be the policy of this agency that field personnel must be currently certified in cardio-pulmonary resuscitation (CPR).

PURPOSE

1. To afford consistency in training standards by an approved body, i.e., American Heart Association, or the American Red Cross.
2. To provide procedures by individuals trained appropriately in technique.

PROCEDURE

1. If not, CPR certified upon hire, field personnel will attend a CPR certification course as soon as possible before the field personnel is assigned to a patient.
2. Once certification is obtained, re-certification will be offered at intervals required by the certifying body.
3. Staff certified in CPR will provide the procedure in emergency situations and continue until relieved by appropriate licensed emergency personnel. Mouth-to-mouth resuscitation will not be performed without a protective airway apparatus being utilized.

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REFERENCES AND CREDENTIALS VERIFICATION

PURPOSE

To validate the appropriateness of an applicant's education, experience and employment background in a consistent manner.

POLICY

It is the policy of A&Z Home Health to verify and validate background factors of applicants for employment. These factors may include, but are not limited to the following in writing:

- Education pertinent to the job applied for
- Formal or informal training received related to the job applied for
- Past work record, including dates of previous employment in a similar position
- Past work record indicating patterns of attendance and/or reliability from previous employment

The agency shall obtain written permission from all applicants to contact all references as stated in the agency job application form.

It is the policy of A&Z Home Health to release past employment information as requested and only upon written authorization of the employee concerned. Only that information which has been duly verified and documented in the personnel file will be released to outside parties, upon receipt of proper authorization.

Without written authorization, the only information that will be released is the dates of employment and job title or position held during employment.

Employment information will be released by A&Z Home Health only through the Human Resources Department.

PROCEDURE:

Reference Checking - External:

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- A minimum of two, but not limited to two reference will be obtained from the application on the agency application form. Once an applicant has been deemed acceptable for employment by the interviewer, the reference request will be initiated.
- During the interview, the interviewer will have the applicant sign the Reference Request to authorize release of the desired information from the proper source.
- The interviewer will indicate the Reference Request on the Application and return the request to the Human Resources Department.
- The "Reference Request" form will be completed by the Human Resources staff and forwarded to the proper parties by fax or mail or email to the parties which must be faxed, mailed or emailed back to the Human Resources Dept. This action is documented on the application or in the personnel file if that person is employed. The Human Resources Dept can also verify references verbally from a verified source.
- Reference documentation at a minimum will contain the following:
 - Type of reference(employment, educational, personal, including relationship to applicant, name of the person giving the reference, content of the reference, for written reference, the signature of the reference and date, verbal reference shall include the signature of the provider's staff member who obtained the reference
- When the information is received, the interviewer may review the completed form upon request. The form will be filed with the application, or in the personnel file if that person is employed.
- For nurse employees only professional employment or educational references shall be used. At least one reference shall be from an immediate past employer.
- For Certified homemaker and home health aides. Only one personal reference is allowed, the second reference shall be an employment or educational reference.

Reference Checking - Internal:

- Upon receipt of the authorization signed by the employee involved, the Director of Service or Administrator will provide the requested information.
- Without proper authorization, only the dates of employment and position held will be provided.

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- When an employment inquiry is made by telephone, this is considered to be a request without proper authorization.
- If any employee, supervisor or department manager receives a request for employment information from an outside party, all such inquiries are to be referred to the Director of Service or Administrator and no information is to be divulged.

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CURRENT PROFESSIONAL LICENSURE OR CERTIFICATION VERIFICATION

PURPOSE

To ensure that all employees meet the licensure, certification and/or registration requirements of their job descriptions.

POLICY

The agency shall document that each employee has met the licensing, and certification requirements, as established by the appropriate regulatory agency, for the position in which he or she will be working and that all necessary licenses, certificates and/or registrations are kept current.

DEFINITIONS:

1. Certification/Licensure

Certification/licensure is the successful completion of recognized training and/or examination by an accredited, certifying body, which enables an employee to demonstrate excellence in a particular area.

2. Registration

Registration is the recognized, successful completion of mandated requirements for the practice of a particular profession.

PROCEDURE

The agency administrator or person(s) as designated in this policy shall ensure each person employed has met the licensing, certification, training, or continuing education requirements, as established by the appropriate regulatory agency before providing care/services to clients.

Furthermore, licensure, certification or registration shall be maintained current by those staff.

Upon hire, the staff member shall furnish the original of license, certification or registration documentation before employment begins and shall provide a photocopy of the document(s) to the agency which shall be placed on permanent record in the personnel file and an electronic copy maintained on renewmanager.com.

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At each time the status requires updating and/or renewal, the staff member shall provide original documentation and further photocopies to the Human Resources Department as proof of update and/or renewal recorded on the www.renewmanager.com system.

The Human Resources Department staff verify the staff member's licensure, certification or registration either on-line verification through consulting the appropriate department web sites, or specific written requests or oral communications with the issuing authority. Human Resources Department staff shall document on renewmanager.com when and how this confirmation was obtained. If obtained from the internet, a printout of the page with the licensure or certification information will be retained in the staff person's record. If confirmation was obtained through letter or direct contact, the file shall identify the individual with the issuing authority who provided the confirmation and shall identify who made the inquiry on behalf of the agency and shall be documented on www.renewmanager.com.

The Human Resources Department staff shall complete the renewal items on renewmanager.com to include the expiration date of the license/certification/registration for the agency to be prompted by the renewmanager.com system when the license/ certification/registration is approaching expiration.

The verification process shall be completed at the time of hire and at the time of renewal for the license, certification or registration and the staff person's information updated on renewmanager.com

Failure on the part of the staff member to provide such documentation or proof of current status shall result in one (1) or more of the following actions on the part of the agency:

- Demotion to an available position closest to that normally held which does not require licensure, certification or registration.
- Suspension without pay until such documentation is received.
- Disciplinary action as deemed appropriate by the Administrator.

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TRAINING, ASSIGNMENT, AND INSTRUCTION OF A HOME HEALTH AIDE

PURPOSE:

To assure the personnel providing home health services to clients are trained, competent and able to respond to needs of clients in safe and effective manner.

POLICY:

A&Z Home Health will designate a competent individual to train, assign and provide instructions to the home health aides.

PROCEDURE:

- a. Prior to hire, a home health aide must have completed the supplemental skills checklist approved by the Maryland State Board of Nursing and must be included on the Maryland State Board of Nursing's Home Health Aide Registry.
- b. The Director of Services will ensure all home health aides receive training for all care duties not included in the supplemental skills checklist. The training shall be documented in the employee's record by the Director of Services.
- c. The Director of Services who is a registered nurse shall be responsible the assignment of a home health aide to a particular patient.
- d. The Director of Services shall provide written instructions for home care, including specific exercises as appropriate.

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SUPERVISION OF STAFF

PURPOSE:

To ensure the supervision of agency staff by a qualified individual.

POLICY:

All staff providing home services will be supervised as outlined by federal and state regulations and accepted standards of practice.

PROCEDURE:

1. All agency staff shall be supervised by the Director of Services.
2. The Director of Services performing his or duties as registered shall or designate a registered nurse or therapist to make supervisory visit to the patient's residence at least every two (2) weeks, either when the aide is present to observe and assist, or when the aide is absent, to assess relationships and determine whether goals are met.
2. For patients who are receiving only home health aide services, a supervisory visit must be made at least every sixty (60) days.

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PERFORMANCE EVALUATIONS

PURPOSE:

1. To review job performance, based upon the job description, and to clarify job duties, goals, objectives, and performance standards expected for each staff member.
2. To recognize good performance and accomplishment of goals.
3. To document performance, career development progress and job-related activities.
4. To encourage personal development of job skills and knowledge through consistent, thorough coaching and counseling.
5. To review job descriptions to determine appropriateness.
6. To determine need for further training.
7. To provide a basis upon which to make salary decisions.
8. To facilitate open, developmental communications between the employee and the supervisor.

POLICY

Performance evaluation will be conducted for all employees after the probation period (90 days) at one (1) year of employment and at least annually thereafter. In addition, there shall be an ongoing informal performance review process to ensure continued employee growth and development. Performance. All employees will meet with their immediate supervisors to clarify duties, responsibilities, and goals and to discuss the employee's current performance related to the performance expectations of the position.

PROCEDURE:

1. The Agency Manager or designated supervisor will make an on-site supervisory visit with each direct care employee.
2. A criteria-based performance evaluation will be conducted at least annually by the appropriate supervisor.
3. The completed performance evaluation form will be reviewed and signed by the person performing the evaluation and the employee.
4. The original completed performance evaluation will be retained in the employee's personnel record, and a photocopy will be provided to the employee.

CROSS REFERENCE POLICY OR FORMS

1. *PERFORMANCE EVALUATION*

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IN - SERVICE EDUCATION/STAFF DEVELOPMENT

PURPOSE:

To assure employees delivering client care or service are provided with opportunities to develop and expand their knowledge appropriate to their responsibilities and to the maintenance of skills necessary to care for clients.

POLICY:

In-service training or continuing education programs will be provided and documented for employees. Programs will be appropriate to their responsibilities and to the maintenance of skills necessary to care for Agency clients.

PROCEDURE:

1. All staff members providing direct client care will attend in-service education programs annually. These programs will be based on identified staff needs.
2. The Agency Manager or designee will assure that programs are offered as required. Ongoing programs will be offered as new equipment is introduced, new procedures are performed in the home setting, and/or new client populations are served.
3. Staff input will be sought regarding topics presented and others needed.
4. Records on in-service education programs will be maintained and attendance will be documented.
5. Educational programs may be held in conjunction with vendors or other health care organizations. Employees who attend staff development programs outside the agency and submit documentation of attendance to be included in the employee's personnel record.
6. The agency will maintain the following documentation of in-service/staff development programs:
 - a. Résumé or curriculum vitae of presenter

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- b. Program subject, date, and content or summary
- c. Copy of handouts
- d. Program attendee names and titles

7. All employees must attend in-service programs determined by the agency to be mandatory for all staff.

8. At the discretion of the agency, employees may attend in-service programs during the course of their workday and will be given time off with pay to attend such programs.

9. In-service not sponsored or authorized by the agency may not be attended during the workday without the express approval of the agency.

10. Payment of registration fees and related expenses will be at the discretion of the agency with prior approval from the appropriate supervisor.

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PROJECTED IN-SERVICE EDUCATION PLAN

Our in-services are selected from the following topics:

1. Abuse, Neglect and Exploitation
2. Alzheimer's Disease
3. Behavior Management
4. **Bloodborne Pathogens***
5. Depression
6. Diabetes
7. End of Life
8. Heart Disease
9. Incontinence and Constipation
10. **Infection Control***
11. Lifting and Transferring
12. Malnutrition and Dehydration
14. Mental Illness
15. Nutrition
16. Oxygen Training
17. Pain Management
18. Personal Care/Skin Care
19. Psychosocial
20. Range of Motion and Positioning
22. Seizures and Strokes

*** Mandatory**

Employee In-Service Curriculum is compiled in a documented plan entitled as such.

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ATTENDANCE/ RESPONSIBILITIES

POLICY

Our ability to provide security for all our jobs depends largely upon employee punctuality and regular attendance. If an employee finds it necessary to be absent or late for any reason, it must be reported in a timely manner to the Administrator or the Director of Services.

Due to the nature of our service, personal appearance and cleanliness are of extreme importance. Employees are expected to be neat, clean and conservative in dress accessories.

PROCEDURE

1. Regular attendance during scheduled hours of work, reporting to work on time and continuing to work until the end of the work period are expected.
2. Unplanned absences must be reported as early as possible to the Administrator. An after-hour's answering service is available. Failure to follow through with a phone call is inexcusable and may result in nonpayment. Notification is required each day an employee is absent unless the management is notified when the employee will return to work. If an employee cannot return when expected, it is his/her obligation to again notify the Agency prior to the expected return date.
3. The following is a list of minimum guidelines which the Agency expects to be followed while on duty:
 - a. The employee will receive an ID badge when beginning his/her first assignment. The employee is expected to **wear it at all times** while on duty.
 - b. All paraprofessional employees are expected to dress professionally. No clogs or open toe shoes are to be worn. No scrubs under any circumstances. A Cobblers Apron will be provided to all Companions. Dress Code for all Home Care Attendants includes Khaki Bottoms and Black or White Polo Shirt. Clean attire is to be worn whenever on duty.

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STAFF RIGHTS

POLICY:

All employees have rights and are entitled to fair, consistent and professional treatment including but not limited to the following:

- a. Staff may request a change in assignment because of a personality conflict.
- b. Staff may complain without fear of repercussion.
- c. Staff has the right to special consideration to accommodate personal requests arising from cultural or religious practices provided the Agency can cover the needs of the clients.
- d. Staff has a right to be treated in accordance with the Agency mission and vision.
- e. Staff is to receive information in a timely manner.
- f. Staff is entitled to a workplace free from solicitation and distribution of unsolicited material.

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WAGE ASSIGNMENTS/BENEFITS/GARNISHES

SUMMARY OF BENEFITS

Full-time and part-time employees are entitled to the following benefits:

1. AT 90 DAYS

a. Performance Evaluation.

2. AT ONE YEAR

a. Performance review and benefits.

b. Eligible to use paid time off.

SALARY PLAN

The Administrator shall, from time to time, recommend to the Board of Directors changes in the overall pay plan due to changes in the local salary structure, economic conditions, Agency operations, experience and other factors. Such changes to the general plan shall become effective only after Board of Directors approval.

Wages for all positions for salaried and hourly employees shall be determined in accordance with factors such as needs of the Agency and local competition. The Agency shall maintain a salary scale by position classification which shall be used as the basis for supervisors and/or the Administrator to set wages for individuals.

SALARY INCREASES

Employees may, upon approval from their supervisor and/or the Administrator, receive a salary increase.

Schedules of pay for categories of employees may be increased without an overall increase for all employees if approved by the supervisor and the Administrator.

Merit increases may be granted to individual employees at the discretion of the supervisor and the Administrator.

SALARY REDUCTIONS

An hourly or salaried employee may, for just cause, be reduced in salary.

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Notice of an intention to affect a pay reduction and the reasons for such action shall be given to the employee by the supervisor and/or Administrator in a timely manner prior to the effective date of the reduction and in accordance with state regulations.

PAY FOR CONTRACTUAL EMPLOYEES

When employees are retained on a contractual arrangement, the Agency shall pay for the services rendered in the manner specified in the contract.

Checks will be mailed unless otherwise requested by the contractual employee.

HOLIDAYS

The Agency recognizes these holidays:

1. Christmas Day
2. Thanksgiving
3. New Year
4. July 4th
5. Memorial Day

Holiday pay is payable only if you are scheduled to work that holiday for hourly employees. All requests for holiday time off work should be submitted to the Administrator or Supervisor. Conflicting requests will be resolved by seniority. Salaried/Administrative employees are paid for holidays with time off.

If you are a full-time, modified full-time or regular part-time employee and are required to work on holidays, you will be paid time and a half. If you are asked to resign, you will not receive any paid benefits, paid time off or holiday time.

LEAVES OF ABSENCE

If you are a full-time or part-time employee and have completed your probationary period, you are eligible to apply for a leave of absence. You must make your request at least two weeks before the time off desired and your request must be approved by the Administrator.

Some types of leaves of absence are paid and some are unpaid.

Paid leaves of absence and the maximum amount of time allowed:

Military (training periods)...up to 2 weeks

Unpaid leaves of absence:

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1. Education
2. Maternal/paternal/adoption
3. Medical Military (Active duty)
4. Personal

NOTE: No leave of absence extending beyond 30 days will be granted except for active military duty. If you need to extend the time that is allowed for your leave of absence, you must request the extension in writing and have it approved otherwise, your leave will be considered an automatic resignation. We cannot guarantee that your job will be available after 30 days leave of absence.

During your leave of absence, you will not be eligible for any wage increase that might have accrued and your annual merit review will be delayed by the amount of time of your leave.

BEREAVEMENT LEAVE WITHOUT PAY

This will be granted to you if a member of your immediate family dies. Your immediate family is defined as your husband or wife, your children, your mother or father, your brother or sister. You are permitted three days of leave with pay. If you travel outside the state two additional days are given.

JURY DUTY LEAVE WITH PAY

This will be given to you during the period you are called by the courts to serve as a juror. Some employees may be exempt from jury duty.

MILITARY LEAVE WITHOUT PAY

This is granted if you are inducted or recalled into military service. Your re-employment rights are protected by federal law.

MEDICAL LEAVE WITHOUT PAY

This may be granted upon the advice of your physician.

PERSONAL LEAVES WITHOUT PAY

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This may be available for personal emergencies if you are considered above average in your work performance and overall evaluations.

EDUCATIONAL LEAVE WITHOUT PAY

An employee may be granted educational leave when the leave is for the purpose of enabling the employee to obtain educational training necessary for the betterment of the service rendered to his position and the Agency.

WORKER'S COMPENSATION

This Agency provides Workers Compensation for their employees.
No overtime will be worked or paid unless prior authorization is received from the Administrator. Examples of unauthorized overtime would be: working past your time then asking for approval, clocking-in late and making up that time without approval, etc. This also includes clocking-in early.

GARNISH POLICY:

In accordance with state and local regulation, we comply with garnishments and wage assignments directed against an employee's earnings.

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AUTHORIZATION TO WORK IN THE UNITED STATES (I-9)

PURPOSE:

Employees must be a citizen of the United States or submit authorization from the United States Government permitting gainful employment in this country.

POLICY:

A&Z Home Health in conformance with the Federal Immigration Reform and Control Act of 1986 as amended, is committed to employing only United States citizens and legal aliens who are authorized to work in the United States. A&Z Home Health does not unlawfully discriminate on the basis of citizenship or national origin. In compliance with the Act each new employee (including former employees who are re-hired) must, as a condition of employment, complete the Employment Eligibility Verification Form I-9 and present documentation within 3 days of employment establishing identity and employment eligibility.

PROCEDURE:

All employees must complete Section 1 of the I-9 form on day one of their employment. All employees must complete the I-9 form within three (3) business days of the date employment begins by providing appropriate documentation.

Any employee who fails to complete the I-9 within the three (3) daytime period cannot continue to work at A&Z Home Health .

The Hiring department staff completes the I-9 form, obtains supporting documents, and prepares the E-Verify report. The I-9 form, photocopies of the supporting documents, and E-Verify report should be submitted no later than three days after the new employee's date of hire

A&Z Home Health must retain a valid I-9 for all its active employees. Once an employee has terminated, I-9s are retained for three years from the original start date or 1 year beyond the employee's termination date, whichever date is later.

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PROMOTIONS/DEMOTIONS/DISCIPLINARY ACTIONS

POLICY:

When there is an opportunity for a promotion, it is our policy to give first consideration to employees who have a proven record of ability, efficiency, professional conduct and seniority. Any change in job assignment will require an orientation to the specific job requirements and responsibilities.

From time to time, an employee is unable to perform the duties of the job he or she was hired to do although a sincere effort has been made. Rather than terminate such an employee, we will make every effort to relocate him or her to a job that is more appropriate.

Our Agency clearly recognizes the right of every employee to end his or her employment at any time for any reason. Likewise, we reserve the right to make the final decisions regarding the initial hiring and continued employment or termination of any employee in accordance with company policies and procedures.

If we find we must terminate your employment for reasons other than a gross violation of company rules, we will make every effort to give you two weeks' notice or pay in lieu of notice. If you are terminated for a gross violation of company rules, you will be dropped from our payroll immediately. In either case, you will not receive accrued benefits. Employees who are terminated during the 90-day probation period will receive no notice or pay in lieu of notice.

If you leave the Agency's employment, you will be required to pick-up your last check on your next regular payday. Before the check is released to you, you must turn-in all property belonging to the Agency, i.e., office key, employee badge etc.

Disciplinary actions may include one or more of the following:

1. Oral Reprimand (informal counseling).
2. Written Reprimand (formal counseling).
3. Probation.
4. Suspension without pay not to exceed 90 days.
5. Termination.

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Disciplinary actions listed herein may be caused by one or more of the following but not limited to:

1. Excessive absenteeism, habitual tardiness.
2. Insubordination
3. False statement on employment application.
4. Incompetency or inefficiency.
5. Falsification of client records and/or work records.
6. Negligence or willful conduct which causes potential harm to client.
7. Violation of organization or client confidentiality.
8. Abusive behavior.
9. Intoxication on duty.
10. Unprofessional action.
11. Stealing.
12. Unlawful acts.
13. Refusal to perform responsibilities of position.
14. Inappropriate language: threatening, abusive, profane, or sexual in nature.
15. Not adhering to Agency policies and procedures.
16. Drug or Alcohol use on the job.

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CONFIDENTIALITY OF CLIENT INFORMATION

POLICY

Agency personnel must read and sign their acknowledgment of the following statement: By accepting employment with Agency, I agree to carefully refrain from discussing any client's condition or personal affairs with anyone outside the agency, unless expressly authorized to do so. I will not share any medical information with other clients or visitors without clear instruction provided to the agency. I acknowledge that all information seen or heard regarding clients, directly or indirectly, is completely confidential and is not to be discussed, even with my family or coworkers. My job as an employee requires that I govern myself by high ethical standards. Failure to recognize the importance of confidentiality is not only a breach of professional ethics but can also involve an employee in legal proceedings. I will not share any Information about clients or the agency with the media. This is essential for protection of both the client and Agency.

I have read and understood the above statement and agree to abide by these policies. I understand that a breach of policy may result in disciplinary action and possible dismissal from employment.

Employee Signature: _____ Date: _____

Witness Signature: _____ Date: _____

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EMPLOYEE CONFIDENTIALITY AGREEMENT (PER HIPAA REGULATIONS)

For good consideration and as an inducement for _____
(employer) to employ _____
(employee), the undersigned Employee hereby agrees not to directly or indirectly use, manipulate or copy compete any client health information (PHI), to include personal health information or personal contact information (address, phone, email address, etc.) with the business of the Agency and its successors and assigns during the period of employment. Misuse of PHI or personal contact information will result in termination and report with action to HIPAA federal agencies. Fines related to civil and criminal offences for gross misconduct with the above information are the direct responsibility of said employee.

The Employee acknowledges that the Agency shall or may in reliance of this agreement provide Employee access to trade secrets, customers and other confidential data and good will. Employee agrees to retain said information as confidential and not to use said information on his or her own behalf or disclose same to any third party or for their own personal or monetary gain.

The Employee agrees to not copy and to return all such Agency supplied Information immediately upon termination of employment. Further employee agrees not to solicit any of the customers or employees of employer for any purpose for a period of two years after termination.

This agreement shall be binding upon and inure to the benefit of the parties, their successors, assigns, and personal representatives.

Signed this _____ day of _____ 20____.

Agency

Employee

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SEXUAL HARASSMENT

POLICY:

It is the policy of this Agency not to condone or permit any sexual harassment of our personnel. This would be in violation of Title VII of the Civil Rights Act of 1964 and it is against our policy for any employee, male or female, to sexually harass other employees.

PROCEDURE:

1. Sexual misconduct includes but is not limited to:
 - a. Making sexual advances.
 - b. Requests for sexual favors or other verbal physical conduct of a sexual nature as a condition of an employee's employment.
 - c. Making submission or rejection of such conduct the basis for employment decisions affecting the employee.
 - d. Creating an intimidating, hostile or offensive working environment by such conduct.
2. Sexual harassment may take different forms. Examples of several types of forms are:
 - a. Verbal sexual innuendo, suggestive comments, jokes of a sexual nature, sexual propositions or sexual threats.
 - b. Non-verbal sexually suggestive objects or pictures, graphic commentaries, suggestive or insulting sounds, leering, whistling or making obscene or suggestive gestures.
 - c. Unwanted physical contact, including touching, pinching, brushing against the body, coerced intercourse or assault.
3. If an investigation into a sexual harassment complaint concludes that an employee violated this policy by sexually harassing another employee, a management representative will be made available to receive the complaint and will immediately investigate the charge and make appropriate recommendations for disciplinary action. The management representative investigating the complaint will be of the same gender as the employee making the complaint.

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DRUG/ TOBACCO AND ALCOHOL POLICY

POLICY

A&Z Home Health recognizes that substance abuse in our nation and community exacts staggering cost in both human and economic terms. Substance abuse can be reasonably expected to produce impaired job performance, lost productivity, absenteeism, accidents, wasted materials, lowered morale, rising health care costs and diminished interpersonal relationship skills. We are committed to solve this problem and to create and maintain an ALCOHOL and DRUG-FREE workplace. Violation of this policy will be cause for immediate dismissal.

Our Agency seeks to foster the health and safety of all its employees and visitors. Tobacco products pose a significant risk to the health of the user. Additionally, in sufficient concentrations, side-stream smoke can be hazardous to non-smokers in the work environment. We are committed to ensure that each employee has a safe and healthy working environment and to create and maintain tobacco-free workplaces. All applicants and employees are hereby notified of the tobacco-free workplaces. The use of tobacco related products is prohibited in client homes. Anyone wishing to smoke must smoke outside. All employees shall abide by the terms of the tobacco-free workplaces policy as a condition of employment.

PROCEDURE

1. A&Z Home Health does not presently perform routine drug testing on its employees
2. but may do so at its discretion.
3. If the Agency determines that drug testing is in the best interests of the Agency, all employees will be notified in writing of our intention to require drug testing on specific or all categories of personnel having contact with clients.

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TERMINATION

POLICY:

A&Z Home Health shall reserve the right to terminate the employment relationship with an employee at any time. The termination may be with or without cause. If it is found that an employee has failed to truthfully disclose information about his/her past history, including felony convictions, termination may be immediate. Termination of an employee must have the prior authorization of the Administrator.

PROCEDURE:

1. Upon the resignation or termination of an employee, the immediate supervisor must:
 - a. Document the reason(s) for termination and document the exit interview, if applicable.
 - b. Secure the return of all agency property, records, and keys.
 - c. Notify appropriate agency personnel of the termination, including the payroll department.
2. All terminated agency employees participating in group insurance benefits will be given an opportunity to continue the coverage at their own expense for a period of eighteen (18) months from the date of termination. All premiums must be received by the first of each month or the coverage will be terminated.
3. All earned, unpaid benefits will be paid to the terminated employee within 30 days of termination.

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EMPLOYEE GRIEVANCE POLICY

PURPOSE:

The grievance system is provided to allow a means for employees to present problems or complaints about their work to management in an orderly way so as to expedite decisions and promote good employee relations.

POLICY:

Employees who feel they have not received fair treatment may file a grievance. The grievance may be in regard to the interpretation or application of, or compliance with, their working agreement, or with respect to any disciplinary action taken against them, including the reasonableness of any agency rule or regulation under which the disciplinary action may have been taken.

PROCEDURE:

1. The complainant should report the grievance in writing to the Agency Manager/Immediate Supervisor.
2. The Agency Manager/Supervisor shall review the grievance and confer with the complainant within three (3) working days after receipt to indicate what action will be taken. The Agency Manager/Supervisor shall have fifteen (15) days after receipt of the complaint to resolve it.
3. If the grievance has not been resolved at that point, the Agency Manager shall notify the complainant that the grievance is being forwarded to the Administrator of the agency, who shall have an additional ten (10) days in which to resolve the grievance.
4. If the grievance has not been resolved at that point, the grievance shall be submitted to the Board of directors. The Board of directors shall have fifteen (15) days in which to resolve the grievance.

If the grievance has not been resolved at the above levels, the complainant may contact the Office for Civil Rights.

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HOURLY OR PER VISIT CONTRACTS

POLICY

In the event that the agency utilizes personnel under hourly or per visit contracts for the provision of services, the agency shall establish a written contract with each contractor.

PROCEDURE

The administrator shall ensure that if personnel under hourly or per visit contracts are used by the A&Z Home Health a written contract is established between the personnel and the agency that specifies the following:

- A patient is accepted for care only by the primary home health agency;
- The services that are to be furnished;
- The necessity to conform to all applicable HHA patient care policies including personnel qualifications;
- The responsibility for participating in developing plans of care;
- The manner in which services will be controlled, coordinated, and evaluated by the primary agency;
- The procedures for submitting clinical and progress notes, scheduling of visits, and periodic patient evaluation;
- The procedures for payment for services furnished under the contract; and
- A statement to the effect that the contractor does not engage in patient discrimination because of race, creed, color, sex, national origin, sexual orientation, and diagnosis.

The contract shall be signed and dated by the administrator and the personnel.

The administrator shall maintain a copy of the contract in the personnel's file.

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EXIT INTERVIEWS

POLICY:

At the time of resignation/termination from this Agency, all employees are offered an exit interview. This is an opportunity for the employee to express views about the Agency and to discuss their reasons for leaving. An exit interview form will be complete with specific discussion points. Employee comments will assist us in improving our staff relations and our organizational performance. Employees should be assured that this interview is confidential.

EXIT INTERVIEW

YOUR COMMENTS ARE IMPORTANT TO US. PLEASE COMPLETE THE QUESTIONS ON THIS FORM. YOUR ANSWERS WILL HELP US DEVELOP RECOMMENDATIONS FOR IMPROVEMENT. PLEASE BE CANDID.	
NAME:	TITLE:
DATE OF HIRE:	DATE OF RESIGNATION:
1. MOST IMPORTANT REASON FOR LEAVING:	
2. WAS THE INFORMATION GIVEN TO YOU ABOUT HOURS, SALARY, AND JOB DUTIES AN ACCURATE REFLECTION OF WHAT YOU FOUND ON THE JOB?	
3. WERE YOU ADEQUATELY PREPARED TO PERFORM YOUR JOB? IF NOT, WHAT COULD HAVE BEEN DONE TO HELP YOU PERFORM MORE EFFECTIVELY?	

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4. WHAT DID YOU LIKE BEST ABOUT WORKING FOR THE AGENCY?
5. WHAT DID YOU LIKE LEAST ABOUT WORKING FOR THE AGENCY?
6. DID YOU RECEIVE SUFFICIENT INFORMATION ABOUT YOUR PERFORMANCE?