

Angels Around the Clock Homecare

901 388-0600 Office / 901 389-3638 Fax

ORIENTATION

I _____ Complete my orientation on _____
with AATC, the forms and courses that were completed is listed below:

- Mission Statement
- Employer and Employee Agreement
- Employee Attendance
- Workers Service Provider notice
- Transportation Policy
- HI TECH (HIPPA) Confidentiality Agreement
- Completing W4 – I9 forms – ~~Payroll forms~~
- When/how to submit timesheets
- How to care for the Elderly and Disabled
- EVV Training / Santrax
- How complete timesheets, Financial transaction records, flow sheets, progress notes, POC, incident reports
- Abuse and Neglect Prevention, and complete the critical Incident report.
- Personal Care Attendant, ~~homemaker job description~~
- The importance of Influenza Vaccination
- The importance of Hepatitis Vaccine

Signature: _____



MISSION, VISION & VALUES STATEMENT

MISSION

We are committed to providing high quality, client-centered and affordable Home Care services to our clients to assist them to lead dignified and independent lives in the comfort and safety of their own homes. Their individual needs are carefully assessed, understood and met through the selective assignment of qualified, trustworthy and compassionate personnel.

VISION

- ◆ To be known and valued for providing the highest standard of in-home care services.
- ◆ To be the provider of choice in the community.
- ◆ To be the employer of choice in the community.
- ◆ To be a financially viable agency.

VALUES

Our mission and vision will be achieved through the application of our core values, which include:

- ◆ keeping our client's health, quality of life and well-being central in the design and delivery of services;
- ◆ treating and interacting with our clients with respect, dignity, compassion, empathy, honesty, and integrity while recognizing and maintaining confidentiality of client information;
- ◆ showing respect for all cultures, religions, ethnicities; sexual orientation, ages, gender and disabilities;
- ◆ recruiting, training and retaining competent staff;
- ◆ valuing, supporting, recognizing and appreciating our staff who are our greatest asset;
- ◆ nurturing a work environment that encourages personal enjoyment and enhances job satisfaction and performance through recognition and reward;
- ◆ developing and maintaining positive relationships with the community, including local Home Care and Health Care personnel/organizations;
- ◆ conducting our business in an accountable and responsible manner;
- ◆ adhering to the professional code of ethics of the Home Care industry; and,
- ◆ applying continuous quality improvement measures throughout our Agency.

EMPLOYER & EMPLOYEE AGREEMENT

Employer:

Business Name: Angels Around the Clock Homecare

Address: 3565 Ridge Meadow Parkway Suite 1, Memphis, TN 38115

Phone Number: (901) 388-0600 Fax Number: (901) 389-3638

Email Address: www.angelsaroundtheclock.com

Employee:

Last Name: _____ First Name: _____

Home Address: _____

Phone Number: _____ Cell Number: _____ Email Address: _____

The Parties agree as follows:

Both parties agree that this contract is conditional upon THE EMPLOYEE obtaining a valid work permit pursuant to the Immigration Regulations.

Job Description

THE EMPLOYEE agrees to carry out the tasks as outlined in their job title/description.

Wages and Deductions

THE EMPLOYER agrees to pay THE EMPLOYEE, for his/her work, wages of \$ _____ per hour. These shall be paid at intervals of _____

THE EMPLOYER is responsible for Income Tax Withholding, Social Security and Medicare taxes and Federal Unemployment Tax Act (FUTA).

THE EMPLOYER is responsible for depositing income tax withheld and both the employer and employee social security and Medicare taxes.

THE EMPLOYER shall not recoup from The Employee, through payroll deductions or any other means, any costs incurred in recruiting or retaining The Employee. These include, but are not limited to, any amounts payable to a third-party recruiter.

If applicable, The Employer agrees to review and adjust (if necessary) The Employee's wages after 12 months of employment, to ensure they meet the prevailing wage rate for the occupation in the region.

Workers' Compensation

THE EMPLOYER agrees to register THE EMPLOYEE under the appropriate state Workers' Compensation insurance plan.

THE EMPLOYER agrees not to deduct money from THE EMPLOYEE'S wages for this purpose.

Notice of Resignation

Should he/she wish to terminate the present contract, THE EMPLOYEE agrees to give THE EMPLOYER written notice thereof at least two weeks in advance. If EMPLOYEE fails to provide proper 2 week notice then remaining pay will be reduced to current minimum wage.

Notice of Termination of Employment

THE EMPLOYER must give written notice before terminating the contract of THE EMPLOYEE if this employee has completed 3 months of uninterrupted service with THE EMPLOYER and if the contract is not about to expire. This notice shall be provided at least one week in advance.

Non-Solicitation of Clients

THE EMPLOYEE agrees not to solicit or accept independently any clients of THE EMPLOYER during their employment with THE EMPLOYER and for a period of 7 years after termination of employment with THE EMPLOYER.

CONTRACT SUBJECT TO STATE LABOR AND EMPLOYMENT LEGISLATION

THE EMPLOYER is obliged to abide by the standards set out in the relevant state labor standards act. In particular, THE EMPLOYER must abide by the standards with respect to how wages are paid, how overtime is calculated, meal periods, statutory holidays, annual leave, family leave, benefits and recourse under the terms of the Act. Any terms of this contract of employment less favorable to THE EMPLOYEE than the standards stipulated in the relevant labor standards act is null and void.

IN WITNESS WHERE OF the parties state that they have read, understand and accepted all the terms and conditions stipulated in the present agreement/contract.

Signature of Employee

Date

Signature of Employer

Date

INTEROFFICE MEMO

DATE: 05/11/2017
TO: ALL AATC EMPLOYEES
FROM: ANGELS AROUND THE CLOCK HOMECARE
RE: EMPLOYEE ATTENDANCE

This memo is regarding employee attendance. Employees are responsible for notifying supervision of absences, late arrivals, or early departures each day of the absence, tardiness, or early departure, in accordance with the appropriate call-in procedure, which typically requires employees to notify supervision when they will report to work. **ANY EMPLOYEE THAT CALLS IN SICK MUST HAVE AN EXCUSED ABSENCE BEFORE REPORTING BACK TO WORK. REQUESTING TIME OFF MUST BE GIVEN TWO WEEKS IN ADVANCE IN ORDER TO BE APPROVED.** Unscheduled absences, tardiness, and unscheduled early departures (whether excused or unexcused), failure to provide appropriate notification, may result in disciplinary action up to and including termination of employment. These guidelines apply to all staff employees.

-Terrell Douglas

Angels Around the Clock, Home Care

3565 Ridge Meadow Parkway Suite 1# Memphis TN 38115 (901)388-0600

{Date} _____

Workers Notice

To All Service Provider Staff:

Angels Around the Clock Home Care is your employer of record when you provide in home services to Choices and private contracted participants. It is our responsibility to explain your duties to you, provide supervision, pay your wages, and make sure that all required payroll related taxes (Federal Income taxes, FICA, Medicare, Workers' Compensation, Unemployment Compensation) are paid. We are also responsible for providing annual training so you have the knowledge to perform your duties for choices participants in their home.

It is the policy of the Choices Program that a criminal history background check is done for all people who provide direct care or have direct contact with elderly or disabled people in their home. As an employer of in-home support workers, we are required to conduct a background check on each person we employ who will come in direct contact with a Choice Participant.

As a Choices service provider, we have promised our employees will foster respect, dignity, privacy and confidentiality for people served by the choices. This includes allowing people to decide whether to be part of a program or activity. Choices service provider staffs must cooperate with any non-choices service providers and provide services in an efficient, cost effective manner. Additionally, we must assure our employees will not improperly attempt to gain any money or goods from any enrollee or their family.

If you need clarification on any of these issues or if you are unable to comply with any requirements please let your supervisor know.

Employee Signature

Date

Transportation Policy

I,

do

Fully understand that Angels Around the Clock Policy, states that the employees of AATC, does not transport clients in their personal vehicle or to operate (Clients) in their vehicle. As an employee of Angels Around the Clock Homecare it is my responsibility to keep full coverage auto insurance if I do transport any client. I also understand that I'm not to transport any clients in my private vehicle or operate the client vehicle without the proper insurance coverage. Angels Around the Clock homecare will not be held responsible for any loss or damages.

Employee Signature: X

AATC, Signature: X

AATC, Print Name and Position:

HI TECH (HIPAA) CONFIDENTIALITY AGREEMENT

I certify that I received basic HIPAA/HITECH training by attending a mandatory training session for the entire work force at Angels Around the Clock Home Care, Inc.

I understand that:

- There are state and federal laws governing the disclosure of protected health information, including the Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH).
- Every patient has a legal right to privacy and confidentiality.
- Patient has a legal right to privacy and confidentiality.
- Protected health information should not be left where it is accessible to unauthorized individuals.
- Electronic protected health information should not be left where it is accessible to unauthorized individuals.
- Patient information is not to be sought through the computer system, census reports, etc., or discussion of patient information not related to the performance of assigned job duties is considered a breach of confidentiality.
- There are both civil and criminal penalties for HIPAA or HITECH violations including \$100 to \$1.5 million in fines.
- I must report to my supervisor, any unauthorized use or disclosure of confidential information.
- I understand that I have a sound ethical and professional responsibility to maintain and protect patient confidentiality.

Policy:

1. AATC, personal support services workers shall comply with applicable confidentiality laws and regulations.
2. The service recipient shall not be required to make public statements which acknowledge gratitude to the licensee or the licensee's service.
3. Identifiable photographs of services recipients shall not be used without the written and signed consent of the individual or the individual's guardian.

I also understand that if I am assigned a computer security code, I will safeguard and will not share it with any other person (including other employees, supervisors, or subordinates). If I suspect that another person has accessed my code, I will notify my supervisor at once. I further understand that a breach of confidentiality constitutes a Class A offense and is considered just cause for immediate termination of employment at Angels Around the Clock Home Care, Inc.

Signature: _____ Print Name: _____

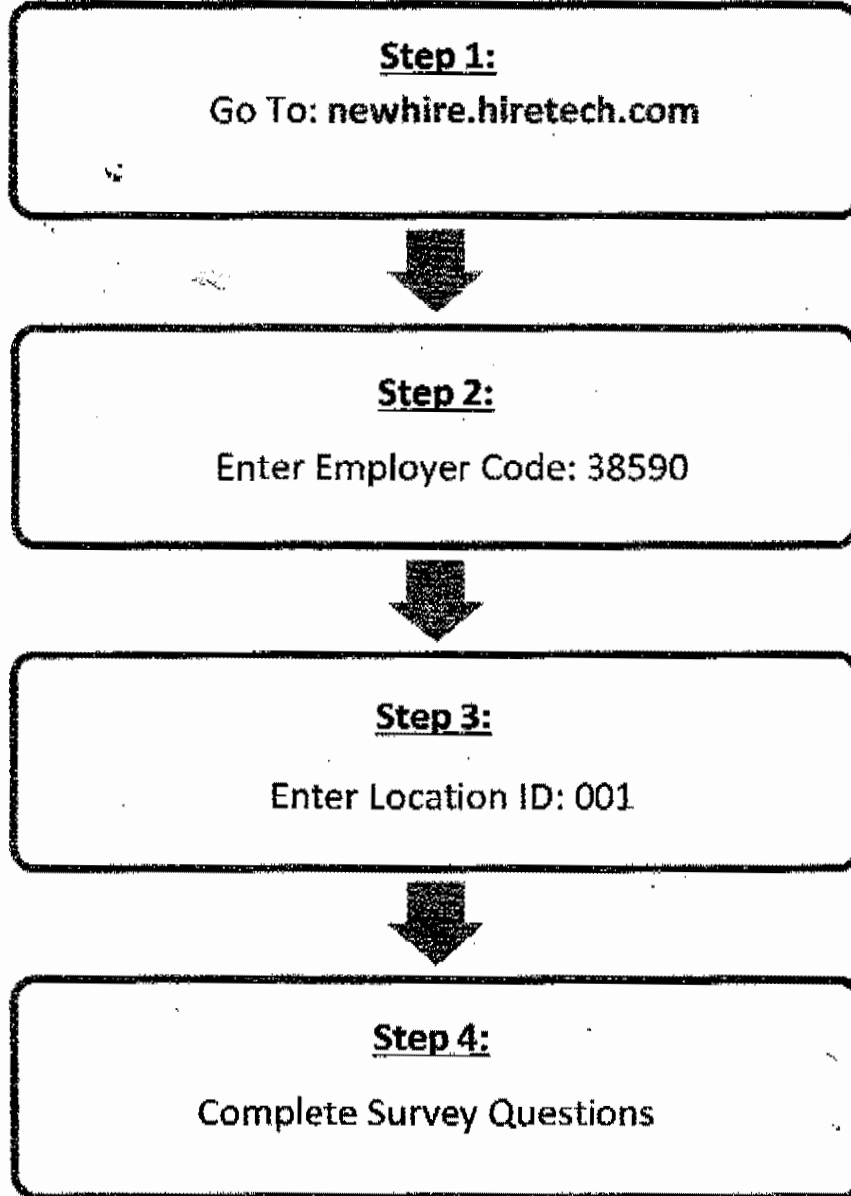
Witness: _____ Date: _____

877-763-9447

HIREtech™

EMPLOYEE SCREENING PROCESS

Thank you for participating in this questionnaire for the Work Opportunity Tax Credit program. Please follow the steps below to complete the survey.



When you have completed the survey, you will receive a reference number. Write your reference number in the space below, and return this sheet to your hiring manager.

Reference Number: _____

For more information, contact your Client Relations Manager:
Client Services | Support@hiretech.com | (855) 844-3350
200 Westlake Park Blvd., Ste. 501 | Houston, Texas 77079 | www.hiretech.com

PERSONAL CARE ATTENDANT JOB DESCRIPTION

Description:

- Personal Care Attendants provide service to individuals in their own home and communities, who need assistant caring for themselves as a result of old age, sickness, disability and/or other inflections. Personal Care may include assistance with the activities of daily living, housecleaning, laundry, meal preparation, transportation, companionship and respite.
- Personal Care Attendants are responsible for ensuring that service is delivered in a caring and respectful manner, in accordance with relevant Agency policies and industry standards.

Reporting Relationship:

- Reports to Supervisor

Responsibilities/Activities:

- Assist with the activities of daily living and personal care including
 - bathing
 - mouth care
 - hair care
 - nail care
 - skin care
 - shaving
 - dressing
 - feeding
 - positioning
 - transferring
 - ambulation
 - exercise
 - toileting
 - medication reminding
 - vital signs and blood pressure
- Ensure client's safety and security by supervising the home environment.
- Teach/perform meal planning and preparation, routine housekeeping activities such as making/changing beds, dusting, vacuuming, washing floors, cleaning kitchen and bathroom, and laundry.
- Provide companionship including social interactions, conversations, emotional reassurance and encouragement of activities that stimulate the mind.
- Provides respite care for families in accordance with care plans.
- Perform/assist with essential shopping/errands, which may include handling the client's money in accordance with the care plan and under the observation of the Supervisor.
- Assist clients with following a written, special diet plan and reinforcement of diet maintenance, which is provided under the direction of a Physician and as identified on the plan.

- Escort clients to medical facilities, errands, shopping and outings as specified in the care plan.
- Assist clients with communication by writing or typing correspondence for them or researching information for them.
- Participate on the Care Team by providing input and making suggestions.
- Ensure service is delivered in accordance with all relevant policies, procedures and practices.
- Monitor supplies and resources.
- Evaluate the program and make recommendations to it, as indicated.
- Follow the written care plan.
- Carry out duties as assigned by the Supervisor.
- Observe clients and their environment and reports unsafe conditions to Supervisor.
- Observe clients and their environments and reports behavior, physical and/or cognitive changes and/or changes in living arrangements to Supervisor.
- Complete and maintain records of daily activities, observations, and direct hours of service.

Angels Around The Clock Homecare, Inc

- Attend orientation, in-service training sessions and staff meetings.
- Develop and maintain constructive and cooperative working relationships with others.
- Make decisions and solve problems.
- Communicate with Supervisor and co-workers.
- Observe, receive and obtain information from relevant sources.
- Performs other duties as required.

Required Knowledge:

- Knowledge of personal care and home management skills.
- Knowledge of principles and processes for providing client and personal care services, including needs determinants, meeting quality standards and evaluation of client satisfaction.
- Knowledge of the English language.
- Knowledge of the information and techniques needed to diagnose and treat injuries including emergency first aid and CPR.
- Knowledge of clerical procedures such as maintain records and completing forms.

Required Skills/Abilities:

- The ability to competently assist clients with their activities of daily living.

- The ability to be aware of other people's reactions and understanding why they react as they do.
- The ability to establish and maintain relationships.
- The ability to teach others.
- The ability to listen actively.
- The ability to identify problems and determine effective solutions.
- The ability to apply reason and logic to identify strengths and weaknesses of possible solutions.
- The ability to monitor and assess themselves, clients and effectiveness of service.
- The ability to understand written and oral instructions.
- The ability to communicate information orally so others understand.
- The ability to communicate in writing so others understand.
- The ability to work independently and cooperation with others.
- The ability to determine or recognize when something is likely to go wrong.
- The ability to suggest a number of ideas on a subject.
- The ability to perform activities that use the whole body.
- The ability to handle and move objects for and people.
- The ability to provide advice and consultation to others.
- The ability to observe and recognize changes in clients.
- The ability to establish and maintain harmonious relations with clients/families/co-workers.

Physical and Mental Demands:

- Good Physical and mental health.
- Physical ability to stand, walk, use hands and fingers, reach, stoop, kneel, crouch, talk, hear, and see.
- Mental fortitude and stability to handle stress.
- Physical and mental ability to drive a vehicle.

Qualifications/Education

- Current driver's license

Training/Experience:

- May require related experience
- On the job training for new activities

I have read and understand the job description and agree to fulfill the position's responsibilities

Employee Signature

Date

Supervisor Signature

Date

INFLUENZA VACCINATION

My employer or home care agency, _____, has recommended that I received influenza vaccination in order to protect myself and the clients I serve.

I acknowledge that I am aware of the following facts:

- Influenza is a serious respiratory disease that kills an average of 36,000 persons and hospitalizes more than 200,000 persons in the United States each year.
- Influenza vaccination is recommended for me and all other healthcare workers to prevent influenza disease and its complications, including death.
- If I contract influenza, I will shed the virus for 24-48 hours before influenza symptoms appear. My shedding the virus can spread influenza infections to clients.
- If I become infected with influenza, even when my symptoms are mild, I can spread severe illness to others.
- I understand that that the strains of virus that cause influenza infection change almost every year, which is why a different influenza vaccine is recommended each year.
- I cannot get the influenza disease from the influenza vaccine.
- The consequences of my refusing to be vaccinated could endanger my health and the health of those with whom I have contact, including:
 - clients
 - my co-workers
 - my family
 - my community

Despite these facts, I am choosing to decline influenza vaccination right now.

I understand that I may change my mind at any time and accept influenza vaccination, if vaccine is available.

I have read and fully understand the information on this declination form.

Signature: _____ Date: _____

Name (print) _____

Immunization Action Coalition · 1573 Selby Ave. St. Paul, MN 55104 · (651) 647-9009 · www.immuniz.org · www.vaccineinformation.org

REQUEST or DECLINE A HEPATITIS B VACCINE

<p>I hereby request the series of Hepatitis B vaccine injections. _____</p>
<p>I hereby decline the series of Hepatitis B vaccine injections because:</p> <ol style="list-style-type: none">1. I have previously received the series of Hepatitis vaccine injections. _____2. I have been determined to have antibodies against Hepatitis B. _____3. I should not have the Hepatitis B vaccine because of medical reasons. _____
<p>I hereby decline the Hepatitis B vaccine injections. _____</p> <p>I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. If, in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I will receive the vaccination series.</p>

Employee Signature: _____ Date: _____

Print Name