VILLAGE AT HOME (VAH)

POLICIES AND PROCEDURES

SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 1

DBA SAN JUAN ISLAND EMS

DBA VILLAGE AT THE HARBOR

DBA VILLAGE AT HOME

SUBJECT TO APPROVAL BY THE SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 1 BOARD OF COMMISSIONERS ON 6/24/2026

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POLICIES AND PROCEDURES – VILLAGE AT HOME

GENERAL INTRODUCTION

These departmental policies continue the Policies and Procedures as outlined in "Administrative Policies and Procedures" and "Personnel Policies and Procedures" for San Juan County Public Hospital District No. 1 ("Hospital District"). They are separate only for ease of use but are considered a single and coherent set of Policies and Procedures ("District Policies").

A group of policies and their procedures is referred to as a sub. For instance, "Environmental Services" is a grouping of policies and procedures on that topic.

DEFINITIONS

This section sets out the definitions of key terms and phrases used throughout the Village at Home Policies and Procedures. These definitions apply to all sections of the Policies and Procedures and to all personnel, contractors, and volunteers operating under these policies.

Terms are organized into the following categories: General & Organizational Terms; Client Care & Clinical Terms; Records, Privacy & Information Terms; Human Resources Terms; Health, Safety & Infection Control Terms; and Financial & Regulatory Terms.

A. General & Organizational Terms

Administrator: The individual designated by the Hospital District Board of Commissioners to oversee and manage the day-to-day operations of Village at Home, ensure compliance with applicable laws and regulations, and report to the Governing Body. Also referred to as the Agency Manager or Manager/Administrator.

Agency: Village at Home, a program of San Juan County Public Hospital District No. 1 (dba San Juan Island EMS, dba Village at the Harbor, dba Village at Home), which provides non-medical home care services to clients in their homes and community settings.

Care Aide: A trained home care worker employed or contracted by the Agency who assists clients with personal care and activities of daily living under the supervision of a Registered Nurse or Qualified Professional. Also referred to as a Home Care Aide (HCA). Care Aides are licensed under Washington State and have completed the required 75-hour training program and competency examination administered through the Department of Health.

Companion: A support worker who provides non-medical social support, friendly reassurance, and companionship to clients, and who does not perform personal care or medical activities of daily living.

Contractor: An individual or entity providing services under a contract with the Agency who is not considered an employee. Independent contractors must meet the same qualification criteria as Agency employees before the Agency will engage their services.

Direct Care Worker: Any Agency employee or contractor who provides hands-on personal care or support services directly to a client in the client's home or community setting, including Care Aides, Support Workers, Homemakers, and Companions.

Employee: An individual hired by the Agency who performs duties in exchange for wages or salary and for whom the Agency is responsible for payroll taxes, insurance, and other employment obligations.

Field Supervisor / Direct Care Supervisor: A qualified supervisory staff member responsible for overseeing the delivery of care and services in clients' homes, including conducting supervisory home visits, evaluating worker performance and competency, and ensuring compliance with the Plan of Care.

Governing Body: The San Juan County Public Hospital District No. 1 Board of Commissioners, which has ultimate authority and accountability for the policies, operations, and financial management of Village at Home.

Home Care Worker: A general term referring to any Agency employee or contractor who delivers home care services to clients, including Care Aides, Support Workers, Homemakers, and Companions.

Homemaker: A Support Worker who provides non-medical assistance with instrumental activities of daily living (IADLs) such as meal preparation, light housekeeping, laundry, and shopping, and who does not perform personal care activities.

Independent Contractor: A person or business entity contracted to provide specific services to the Agency but who is not employed by the Agency, retains control over how their work is performed, and is responsible for their own tax obligations and insurance.

Physician: A licensed medical doctor (M.D. or D.O.) authorized to diagnose, treat, and prescribe care for clients. Also referred to as a Licensed Practitioner or Attending Physician in the context of directing clinical care.

Policy: A formal statement that establishes the expectations, rules, and standards governing organizational operations and the conduct of Agency personnel.

Procedure: Step-by-step instructions that describe how a policy or task is to be carried out in practice.

Qualified Professional: An individual who holds the required licensure, certification, or credentials to perform specific assessments, care, or supervisory functions as authorized by state law and Agency policy. The term includes Registered Nurses, Licensed Practical Nurses, Social Workers, and other credentialed practitioners as defined by applicable Washington State regulations.

Registered Nurse (RN): A graduate of an approved School of Professional Nursing who is licensed as a Registered Nurse by the State of Washington. Registered Nurses are responsible for conducting clinical assessments, supervising Care Aides, providing nurse delegation, and overseeing the clinical components of the Plan of Care.

Staff: All individuals working on behalf of the Agency, including employees, contractors, volunteers, and trainees.

Supervisor: A qualified Agency employee who has supervisory responsibility over field and/or office personnel, including oversight of care delivery, scheduling, documentation, client communications, and compliance with Agency policies and procedures. See also "Field Supervisor" and "Administrative Supervision" below.

Support Worker: A home care worker assigned to clients requiring instrumental activities of daily living (IADL) services only, including homemaking and companionship. Support Workers must not perform personal care (ADL) activities.

Volunteer: An individual who provides services to the Agency without compensation and whose work is coordinated and supervised in accordance with Agency volunteer policies.

B. Client Care & Clinical Terms

Abuse: The intentional or negligent act of causing harm, injury, intimidation, or exploitation of a vulnerable person. Abuse may include physical, emotional, sexual, or financial harm. Agency staff are mandatory reporters of suspected abuse under Washington State WAC 246-335 and RCW 70.127.

Activities of Daily Living (ADLs): Basic personal care tasks required for daily functioning, including bathing, dressing, eating, toileting, transferring, and mobility. Care Aides are assigned to clients whose primary needs involve ADL assistance.

Advance Directive: A written legal document that communicates a person's wishes regarding medical care if they become unable to make or communicate decisions. Types of advance directives include Living Wills, Durable Powers of Attorney for Healthcare, and POLST (Portable Orders for Life-Sustaining Treatment) forms.

Assessment: The systematic process of gathering and analyzing information about a person's health status, functional ability, psychosocial needs, and service requirements. Assessments are conducted at admission, on an ongoing basis, and whenever there is a significant change in the client's condition.

Blister-pack: A retail packaging format in which a clear or opaque plastic or metal-foil seal holds individual medication doses (usually capsules or tablets) against a sheet of card. Used to facilitate medication management and tracking for clients.

Care Plan / Plan of Care: A written set of instructions developed in consultation with the client/representative that describes the client's needs and goals, the services and interventions to be provided, and the schedule and frequency of service delivery. The Plan of Care guides Care Aides and Support Workers in delivering services and is reviewed and updated on an ongoing basis.

CareSmartz360 (CareSmartz): The electronic scheduling and documentation software platform used by Village at Home to manage staff and client records, including care plans, assessments, schedule management, and chart notes. Records are stored on secure servers and can be accessed at any time by authorized personnel.

Caregiver: An individual — whether a family member, friend, volunteer, or paid worker — who provides personal care or supportive services to a client in a home or community setting.

Case Management: A collaborative process used to assess, plan, coordinate, facilitate, and monitor services and resources to meet a client's complex health, functional, and social needs across settings and over time.

Client: A person who receives services, care, or support from Village at Home. In most contexts, the term "client" is used in preference to "patient," reflecting the non-medical nature of home care services.

Client/Representative: The client or, where the client lacks capacity to make decisions, the client's legally authorized representative, including a guardian, Power of Attorney, or surrogate decision maker.

Consent: Permission given voluntarily by an individual or their authorized representative to receive services, share information, or authorize a specific action. Consent must be informed, meaning the individual must understand the nature, risks, and alternatives of the proposed service or action before agreeing.

Consumer Protection: Policies and safeguards designed to protect clients from fraud, abuse, neglect, exploitation, and abandonment, including the right to 14 calendar days' advance written notice before termination of services and protection from staff assuming Power of Attorney or guardianship over clients.

Delegation: The process by which a licensed healthcare professional — typically a Registered Nurse — assigns specific tasks (such as medication assistance) to a trained Home Care Aide while retaining professional responsibility for the outcome. Nurse delegation in Washington State is governed by applicable WAC regulations.

Discharge/Termination: The discontinuation of all services being provided to a client by the Agency. Discharge may be initiated by the Agency or the client/representative and must generally be preceded by the required advance notice period, except in specified emergency circumstances.

Discharge Summary: A document prepared by Village at Home within 72 hours of a client's discharge/termination from the Agency, summarizing the client's condition at admission and discharge, services provided, and reason for discharge.

Do-Not-Resuscitate (DNR) Order: A physician-authorized medical order instructing healthcare providers not to perform cardiopulmonary resuscitation (CPR) if a client's heart stops beating or they stop breathing. A DNR Order must be in writing, signed by the client's physician, and clearly accessible in the client's home and record.

Durable Power of Attorney for Healthcare: A legal document allowing a person to designate another individual (a healthcare proxy or agent) to make healthcare decisions on their behalf if they become unable to make or communicate their own decisions.

Electronic Visit Verification (EVV): An electronic system that workers use to check in at the beginning and check out at the end of each period of service delivery. The EVV system uses GPS to monitor a client's receipt of authorized services and generates records for claims submission and compliance verification. EVV is required for Medicaid-funded personal care services under the 21st Century Cures Act.

Emergency: A sudden situation requiring immediate action to prevent serious injury, illness, or death. Emergency situations include but are not limited to falls, cardiac arrest, stroke, severe allergic reaction, fire, and threats to personal safety.

Emergency Medical Services (EMS): The coordinated system — including San Juan Island EMS, a dba of San Juan County Public Hospital District No. 1 — that provides emergency medical care and transportation for individuals experiencing acute illness or injury.

Evaluation: A review process used to measure the effectiveness, quality, compliance, or outcomes of services, staff performance, or organizational programs. Evaluations include client reassessments, staff competency evaluations, supervisory home visit reviews, and performance improvement audits.

Exploitation: The illegal or improper use of a vulnerable person's funds, property, or resources for another person's benefit without the informed consent of the vulnerable person.

Fall: An unintentional event in which a person comes to rest on the ground, floor, or a lower surface. Falls are a reportable incident and must be documented in an Incident Report.

Grievance: A formal complaint or concern raised by a client, resident, family member, or employee regarding the quality of services, treatment, or the conduct of Agency personnel. All grievances must be investigated and resolved in accordance with the Agency's Client Complaints/Grievances policy (VAH.3.39).

Home Safety Assessment / Home Safety Checklist: An evaluation of a client's home environment conducted during the initial assessment to identify potential safety hazards — including bathroom, mobility, electrical, and fire safety — and recommend corrective measures. The completed checklist is placed in the client's in-home file.

Homemaker Services: Non-medical assistance provided to help a client maintain a safe, clean, and healthy home environment. Services include meal preparation, light housekeeping, laundry, and grocery shopping. Homemaker services are performed by Support Workers and do not include personal care (ADL) assistance.

Incident: An unexpected event affecting the safety, health, or well-being of a client, staff member, or visitor, including falls, medication errors, near-misses, equipment failures, and acts of aggression. All incidents must be documented in an Incident Report and investigated in accordance with the Agency's Incident Reporting policy (VAH.5.39).

Incident Report: A written or electronic report documenting the details of an accident, injury, safety concern, or unusual event, including date, time, location, persons involved, nature of the incident, immediate actions taken, and follow-up steps.

Informed Consent: Permission granted by a client or their authorized representative after receiving and understanding complete, accurate, and understandable information about the nature, purpose, risks, benefits, and alternatives of a proposed service or treatment.

Instrumental Activities of Daily Living (IADLs): Tasks necessary for independent community living that are more complex than basic self-care, including meal preparation, housekeeping, medication management, shopping, transportation, and money management. IADL services are provided by Support Workers and Homemakers.

Interdisciplinary Team: A group of healthcare professionals from diverse fields who work in a coordinated fashion toward a common goal for a client's care, which may include physicians, registered nurses, social workers, case managers, occupational therapists, and other practitioners.

Licensed Independent Practitioner (LIP): A Licensed Healthcare Professional who is authorized by Village at Home to provide client care services independently, within the scope of their professional license and the clinical privileges or responsibilities granted by Village at Home.

Living Will: A written advance directive that states a person's preferences regarding specific medical treatments intended to sustain life (such as mechanical ventilation or artificial nutrition) if they become unable to make or communicate healthcare decisions.

Medication: Pharmaceuticals prescribed for the client by a physician or other authorized health professional, as well as medicines purchased over the counter.

Medication Administration: The process of giving medications to a client in accordance with a physician's order and applicable regulations. Only employees who are Registered Nurses or who have completed Nurse Delegation training and are supervised by an RN may administer medications.

Medication Error: A preventable event that may lead to inappropriate medication use or client harm, including the wrong drug, wrong dose, wrong time, wrong route, or wrong client. All medication errors must be documented on an Incident Report: Medications form and reported to the Supervisor.

Minor: A person who is under the age of legal competence. In Washington State and most jurisdictions, a person is no longer a minor after reaching the age of 18. Consent for minors must be provided by a parent or legal guardian.

Multimedia Messaging Service (MMS): A standard messaging service that enables users to send messages including multimedia content (images, video, audio, or slideshows of up to 40 seconds) to and from a mobile phone over a cellular network. MMS messages are subject to the Agency's Usage of Text and Email Messaging policy (VAH.1.8).

Neglect: Failure to provide necessary care, supervision, or services to a client that results in harm or risk of harm. Neglect includes both active and passive failures to meet a client's basic needs. Agency staff are mandatory reporters of suspected neglect.

Nurse Delegation: A formal process authorized under Washington State law (WAC 246-840-910 et seq.) by which a Registered Nurse delegates specific nursing tasks — such as medication assistance — to a qualified Home Care Aide, subject to the RN's ongoing supervision and responsibility.

Nursing Assessment: A comprehensive evaluation conducted by a Registered Nurse to identify a client's physical, medical, social, and emotional needs, determine the appropriate level of care, develop or update the Plan of Care, and identify necessary referrals or coordination with other healthcare providers.

Patient: An individual who receives medical evaluation, treatment, or care from licensed healthcare professionals. In the context of Village at Home's non-medical home care services, the preferred term is "client." The term "patient" is used in specific legal and clinical contexts, including references to DNR orders and the Patient Self-Determination Act.

Patient Self-Determination Act (PSDA): A federal law requiring healthcare providers receiving Medicare or Medicaid funding to inform patients of their rights to make decisions about their medical care, including the right to accept or refuse treatment and the right to create advance directives. Village at Home follows PSDA guidelines in its Advance Directives policy (VAH.3.13).

Performance Improvement (PI): An ongoing, systematic process used to evaluate the quality and safety of services, identify opportunities for improvement, implement corrective actions, and measure their effectiveness. Village at Home's PI Program is described in Section 7 of these Policies and Procedures.

Permanent Agency Closure: For purposes of Agency Closure and Voluntary Suspension of Services policy (VAH.1.10), the permanent cessation of all Agency services and activities as of a designated date.

Personal Care Services: Non-medical assistance with activities of daily living (ADLs) provided to support individuals in living at home. Personal care services are provided by Care Aides under the supervision of a Registered Nurse or Qualified Professional.

Physician: See entry under General & Organizational Terms above.

POLST (Portable Orders for Life-Sustaining Treatment): A standardized medical form, recognized under Washington State law, that summarizes a person's wishes regarding end-of-life treatment and is intended to travel with the client from one healthcare setting to another. The POLST is signed by a physician and the client or surrogate.

Reduction: The discontinuation of one or more — but not all — services being provided to a client by the Agency due to a modification of the Plan of Care.

Resident: An individual who lives in a facility or residential program operated by the organization. In the context of Village at Home, this term is used primarily in reference to residents of Village at the Harbor.

Respite Care: Temporary care provided by Agency staff to give relief to family members, unpaid caregivers, or other persons who are the primary caregivers responsible for ongoing support of a client.

Restraints: Any physical device, medication, or environmental restriction used to limit a person's freedom of movement or control behavior. Village at Home does not endorse or permit the use of restraints or seclusion in the delivery of home care services (VAH.3.45).

Service Agreement: A written contract between Village at Home and the client/representative, signed and dated before the initiation of services, which sets out the services to be provided, the fees, the rights and responsibilities of both parties, and the terms and conditions of service delivery.

Short Message Service (SMS): A text messaging service allowing users to send and receive text messages of up to 160 characters over a cellular network. SMS messages are subject to the Agency's Usage of Text and Email Messaging policy (VAH.1.8).

Specialized Care: Activities and services unique to a client's care needs that facilitate the individual's health, safety, welfare, and ability to live independently, regardless of age or disability type. Non-skilled specialized care activities may include assistance with bowel and bladder routines, medication management, ostomy care, clean intermittent catheterization, skin care, and wound care.

Supervision: Oversight provided by qualified Agency personnel to ensure that services are delivered safely, competently, and in accordance with the Plan of Care and Agency policies. Supervision includes providing guidance, conducting evaluations, and following up with staff. See also "Administrative Supervision" and "Clinical Supervision" below.

Administrative Supervision: The component of supervision that includes assessing worker and client needs, planning, tracking worker and client activity, ensuring compliance with business processes and information systems, and managing workflow and staffing.

Clinical Supervision: A structured process in which a practitioner meets regularly with a qualified professional supervisor to review cases, discuss professional issues, and receive guidance to improve clinical skills, support professional development, and ensure quality care for clients.

Surrogate Decision Maker: An individual authorized to make healthcare decisions for a person who lacks decision-making capacity. The surrogate must make decisions consistent with the person's known wishes, values, and any existing advance directives.

Transfer/Referral: The process of handing over the care of a client who is currently receiving services from the Agency to another healthcare service provider, facility, or community resource, with the client's informed consent.

Unstable Health: For purposes of the Unstable Health Conditions policy (VAH.3.33), a condition wherein, at any time, an individual may experience deteriorating biological or physical changes and/or lose emotional control. The Agency may continue to provide personal care services to a client with unstable health but may not manage or represent itself as able to manage the client's medical or health condition.

Voluntary Suspension: For purposes of the Agency Closure and Voluntary Suspension of Services policy (VAH.1.10), the temporary suspension of normal business operations for 10 or more consecutive days. A voluntary suspension of operations may not last longer than the licensure renewal period.

C. Records, Privacy & Information Terms

Confidential Information: Information about a client, employee, or the organization that must be protected from unauthorized access, use, or disclosure. Confidential information includes Protected Health Information, personnel records, financial data, and proprietary business information.

Documentation: Written or electronic records that accurately describe services provided, care delivered, observations made, or administrative actions taken. All documentation must be legible, factual, timely, and signed and dated by the person making the entry.

Electronic Protected Health Information (ePHI): Any protected health information (PHI) that is produced, saved, transferred, or received in an electronic form and is covered under the HIPAA Security Rule. The Agency applies administrative, physical, and technical safeguards to protect all ePHI.

GLBA Protection: Protection afforded by the Gramm-Leach-Bliley Act (GLBA), which requires financial institutions and certain healthcare organizations to protect private, non-public personal information. Protected information includes name, Social Security Number, date and place of birth, gender, credit card numbers, and driver's license numbers. The Agency applies GLBA standards to the extent applicable to its operations.

Health Information: Any information related to an individual's physical or mental health condition, the provision of healthcare to the individual, or the payment for such healthcare. Health information may be protected as PHI when it identifies or could identify a specific individual.

HIPAA (Health Insurance Portability and Accountability Act): Federal law enacted in 1996 that establishes national standards for the privacy and security of protected health information (PHI). HIPAA's Privacy Rule and Security Rule govern how the Agency collects, uses, stores, transmits, and disposes of client health information.

Other Potentially Infectious Materials (OPIM): A category defined under OSHA's Bloodborne Pathogens Standard that includes specific human body fluids (semen, vaginal secretions, cerebrospinal fluid, and others), any body fluid visibly contaminated with blood, unfixed human tissue or organs, and HIV- or HBV-containing cultures or specimens.

Protected Health Information (PHI): Individually identifiable health information that is protected under the HIPAA Privacy Rule and that is created, received, maintained, or transmitted by a

covered entity. PHI includes any information that can be used to identify an individual and that relates to their health condition, healthcare, or payment for healthcare.

Record: Any written, printed, or electronic documentation created or maintained by the Agency, including client records, personnel records, financial records, incident reports, and training records.

Records Management: The Agency's program for managing information throughout its lifecycle, including identifying, classifying, creating, storing, securing, retrieving, tracking, retaining, and destroying or permanently preserving records in accordance with applicable legal requirements.

D. Human Resources Terms

Competency Evaluation: A formal assessment of an employee's knowledge, skills, and ability to safely and competently perform assigned duties. Competency evaluations are conducted prior to initial client assignment, at least annually, and more frequently when performance concerns are identified.

Home Care Aide (HCA): A trained worker who assists clients with personal care tasks and activities of daily living (ADLs) under the supervision of a Registered Nurse or Qualified Professional. Home Care Aides in Washington State must hold a valid Home Care Aide license issued by the Washington State Department of Health and must have completed the required 75-hour training program and passed the competency examination.

Home Care Services: Non-medical personal care and assistance provided to individuals in their homes to support independent living. Village at Home's home care services include personal care, homemaker services, respite care, friendly reassurance, and specialized care, as described in Section 2 (Scope of Services).

Independent Contractor: See entry under General & Organizational Terms above.

Mandatory Reporter: A person who is legally required under Washington State law (WAC 246-335 and RCW 70.127) to report suspected abandonment, abuse, financial exploitation, or neglect of a client to the Department of Social and Health Services (DSHS) and to the appropriate law enforcement agency. All Village at Home employees are mandatory reporters.

Nurse Aide Registry: The Washington State registry maintained by the Department of Health that lists the status of certified nursing assistants and home care aides, including any findings of abuse, neglect, or misappropriation. The Agency verifies registry status for all prospective employees and contractors.

Orientation: The introduction and training process provided to all new Agency employees prior to providing services to clients, which familiarizes them with the Agency's mission, values, policies and procedures, job responsibilities, health and safety requirements, and compliance obligations.

Training: Instruction provided to Agency staff to develop and maintain the knowledge, skills, and competencies necessary to perform job responsibilities safely and competently. Training records must be maintained for 3 years from the date of training.

E. Health, Safety & Infection Control Terms

Bloodborne Pathogens: Disease-causing microorganisms (bacteria, viruses, and other pathogens) that are present in infected human blood and certain other body fluids and can be transmitted from person to person through contact with infected blood or body fluids. Bloodborne pathogens include the Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

Blood-borne Disease: A disease caused by a pathogen transmitted through contact with infected blood or other potentially infectious materials. Examples include Hepatitis B, Hepatitis C, and HIV/AIDS.

Infection Control: The policies, practices, and procedures implemented by the Agency to prevent and control the spread of infectious diseases among clients, employees, and others, in accordance with OSHA regulations and CDC guidelines. Infection control measures include hand hygiene, use of Personal Protective Equipment, safe disposal of sharps, and application of Universal Precautions.

OSHA (Occupational Safety and Health Administration): The federal agency responsible for enforcing safety and health standards in the workplace. OSHA regulations applicable to home care agencies include the Bloodborne Pathogens Standard and Hazard Communication Standard. Agency employees should be familiar with OSHA requirements relevant to their work.

CDC (Centers for Disease Control and Prevention): The federal public health agency responsible for protecting public health and safety through the control and prevention of disease, injury, and disability. The Agency follows CDC guidelines for infection control, immunizations, and management of communicable diseases.

Personal Protective Equipment (PPE): Specialized clothing or equipment worn by employees to protect against exposure to bloodborne pathogens and other potentially infectious materials. PPE includes gloves, gowns, aprons, masks, face shields, and protective goggles. The Agency provides PPE to employees at no cost and requires its appropriate use.

Universal Precautions: An infection control approach, consistent with OSHA and CDC guidelines, in which all human blood and body fluids are treated as if they are known to be infectious. Universal precautions include hand hygiene, use of PPE, safe handling of sharps, and proper disposal of contaminated materials.

F. Financial & Regulatory Terms

DSHS (Department of Social and Health Services): The Washington State agency responsible for licensing and overseeing home care agencies, administering Medicaid home care programs, and receiving mandatory reports of abuse, neglect, and exploitation of vulnerable clients. Village at Home reports incidents and coordinates Medicaid services through DSHS as required.

Evaluation: See entry under Client Care & Clinical Terms above.

Medicaid: A joint federal and state health insurance program that provides coverage for low-income individuals, including funding for home care services. Village at Home may receive

Medicaid funding for eligible clients through contracts with Washington State DSHS and managed care organizations.

Medicare: A federal health insurance program primarily for individuals age 65 and older and for some people with disabilities. Medicare-funded home health services (skilled nursing, therapy) are distinct from the personal care services provided by Village at Home.

Quality Improvement (QI): Continuous, data-driven efforts to improve services, processes, and outcomes through evaluation, learning, and organizational change. QI activities are a component of Village at Home's Performance Improvement Program (Section 7).

Third-Party Payor: An organization — such as a government program (Medicare, Medicaid), insurance company, or managed care organization — that pays for services provided to a client on behalf of the client. Third-party payors may have specific billing, documentation, and compliance requirements that the Agency must follow.

VAH.1 ORGANIZATION AND ADMINISTRATION

These are the agency-specific organizational and administrative policies and procedures for Village at Home. As mentioned above, more general organizational and administrative policies are set out in the "Administrative Policies and Procedures" and the "Personnel Policies and Procedures" for the San Juan County Public Hospital District No. 1.

VAH.1.1 Hours of Operation

The regular hours of operation for Village at Home are: Monday to Friday from 8:30 a.m. to 4:30 p.m. Personnel are available 24 hours per day, 7 days a week, and 52 weeks per year to provide the services required to clients. All staff and clients are provided with an after-hour contact number in the event that any problems, concerns or emergencies arise.

Procedures for "Hours of Operation"

1. An individual shall be designated to accept phone calls/other inquiries during regular office hours.
2. An individual shall be designated to accept phone calls on a mobile/cell phone whenever a staff member is not available to man the office.
3. Office phones shall be programmed to divert incoming calls to the mobile/cell phone whenever a staff member is not available at the office.
4. In the event that there is no one available at the office during regular office hours, the person in charge shall:
    a. post a notice in a visible location outside the office that will provide information regarding how to contact the person-in-charge; and,
    b. leave a message on the answering machine or similar electronic device that will provide information regarding how to contact the person-in-charge.
5. Regular office staff shall be thoroughly familiar with:
    a. all services offered;
    b. pricing structures; and,

c. administration practices.

6. The staff member who receives phone calls/other inquiries shall:
    a. have access to basic information about the services the client regularly uses; and,
    b. be able to transfer/refer the caller to an appropriate individual for more specific information or services.
7. Requests for service delivery between the hours of 10:00 p.m. and 6:00 a.m. shall only be provided for services that are deemed to be essential.
8. All phone calls/other inquiries received by the office shall be logged.
9. During holidays, evening and weekend hours, the office phones may be routed to a trained answering service that is staffed 24 hours a day. The off-hour staff of that answering service shall be trained to take the relevant information from the caller and to respond accordingly. In the event of a routine service request, the off-hour staff member shall advise the caller that the request has been received and noted, and that a regular staff employee will call to schedule service:
    a. the next day, if the call is received on a weekday;
    b. on Monday, if the call is received during the weekend; or,
    c. on the first day after a statutory holiday(s).

VAH.1.2 Roles and Responsibilities of Administrator

Village at Home utilizes a Manager/Administrator, or designee, to be accountable and responsible for managing all the affairs of the Agency and the services it provides, which shall:

- be delivered in a safe and efficient manner;
- meet the legal requirements and standards of practice; and,
- be consistent with the Agency's policies and procedures.

Procedures for "Roles and Responsibilities of Administrator"

1. Responsibilities and duties of the Manager/Administrator shall include, but not be limited to:
    a. complying with all applicable federal, state and local laws, rules, statutes, regulations, licensure and safety requirements for the delivery of services;
    b. maintaining certification, registration or licensure, as mandated by any state or local government, body or board;
    c. designating, in writing, a qualified individual to act as Manager/Administrator in his/her absence;
    d. designating an individual(s) to assume a Supervisory role(s) and to be accessible and available, at all times, to:
        i. in-home care workers;
        ii. clients; and,
        iii. office employees (if applicable).

e. developing, implementing and ensuring the adherence of company policies and procedures, as well as monitoring, reviewing and updating them. Staff may be consulted in the review and revision process;
f. ensuring there is a signed *Service Agreement* before services are delivered;
g. ensuring the Agency has an adequate number of qualified staff to provide the required services;
h. employing or contracting qualified personnel, in accordance with job descriptions;
i. ensuring the completeness and accuracy of all information provided to the public regarding the Agency and its services;
j. ensuring that the Agency only accepts and retains clients for whom it has the skills and competency required to meet their care needs;
k. recruiting, hiring and firing staff;
l. ensuring that staff have the necessary qualifications, skills, training and/or experience to deliver the services and care advertised;
m. ensuring that pre-employment background checks are conducted before hiring, in accordance with the Agency's policy on *Pre-Employment Background Checks*;
n. ensuring that Home Care Workers, who provide personal/hands on care, have medical clearance;
o. ensuring that confidentiality of information, concerning clients and staff, is maintained;
p. developing written job description(s) for all positions offered and ensuring they are signed by the candidates and Supervisor or designee, in accordance with the Agency's policy on *Job Descriptions & Employment Types*;
q. ensuring that training and development is provided to all staff, in accordance with the Agency's training policies and that a *Staff Record of Training* is maintained;
r. ensuring the efficiency of staff performance are conducted and documented, in accordance with the Agency's policies on *Competency Evaluations* and *Employee Performance Appraisals*;
s. ensuring that any employee, whose duties include transporting clients in private/personal vehicles, have a valid driver's license and carry the appropriate automobile insurance coverage;
t. ensuring there is a written contract in effect, if contracting with individuals or other agencies;
u. maintaining appropriate financial records, personnel records, administrative records, client records, and all Agency policies and procedures, including procedures for the safe keeping, storage and disposal of such documents;
v. regularly monitoring the quality of services delivered to clients;

w. overseeing the coordination of the Performance Improvement program; and,

x. ensuring adequate insurance coverage is obtained, including:

i. Workers Compensation, in accordance with established law;

ii. Comprehensive General Liability, covering employees and clients;

iii. Professional liability for the provision of hands-on-care (if applicable);

iv. Automobile Liability for Agency vehicle(s); and

v. Bonding for all employees.

VAH.1.3 Contracted Services

Village at Home requires that a written agreement be drawn up when arranging for services to be provided by personnel/others, who are not directly employed by the Agency.

Procedures for "Contracted Services"

1. Contracted services shall be defined in a written agreement before individuals/agencies will be permitted to provide services on behalf of this Agency.
2. The written agreement, for contracted services, shall include, but not be limited to, the following criteria:
    a. Contracted individuals and/or agencies shall provide verification of current licensure/certification of personnel, as appropriate. Documentation of this verification shall be maintained in the Agency office.
    b. Contracted individuals and/or agencies shall conform to all applicable Agency policies.
    c. Contracted individuals and/or agencies shall meet the same requirements that Agency employees must meet.
    d. The Agency shall be responsible for all activities conducted by the contractor, including administration, supervision and client care.
    e. The Agency shall be responsible for development, review, and revision of the *Plan of Care*.
    f. The method in which services shall be controlled, coordinated, evaluated and supervised by the Agency shall be specified.
    g. The Agency shall maintain client records.
    h. The procedures for submitting progress notes or other care entries to the client's record shall be specified.
    i. A statement shall be given to confirm which party shall be responsible for liability insurance and bonding.
    j. An outline of the services to be delivered shall be provided.
    k. Procedures for determining charges and reimbursements shall be outlined.
    l. The process for scheduling visits and/or hours shall be specified.
3. Independent contractors are not employees of the client company and thus are not eligible to receive tax-free benefits from the company.

VAH.1.4 Volunteers

Village at Home appreciates the skills and knowledge that unpaid volunteers contribute to the District's activities and programs. Volunteering within the District is encouraged within the guidelines of each of the various agencies. This policy and procedure outlines the approved process for recruiting, screening, training, and managing unpaid volunteers as it relates to Village at Home.

Procedures for "Volunteers"

Recruiting

1. Applications for volunteers are accepted by the District on a rolling basis. Recruiting may occur through various efforts, including but not limited to: community outreach, social media advertising, newspaper advertising, notification through District websites, and word-of-mouth.
2. Individuals interested in volunteering with Village at Home must contact the Executive Director of Home Care Services or Human Resources, as designated by department heads, to apply for a volunteer position. All unpaid volunteer applications must be reviewed and approved by the applicable department head prior to any new volunteer beginning the onboarding process with the District.

Eligibility

3. For an interested party to be eligible for an unpaid volunteer position with the District, they must be able to successfully pass a background check and, as applicable, a drug screening.
4. All interested parties must be willing to comply with all applicable District Policies and Procedures.

Orientation

5. All unpaid volunteers are required to successfully complete any necessary training through the District prior to volunteering without direct supervision. Training may include, but is not limited to:
    a. HIPAA Training;
    b. Public Records Training; and,
    c. Care Training.

Professionalism

6. All volunteers are expected to uphold the mission and values of San Juan County Public Hospital District No. 1 and comply with all District policies and procedures.
7. Volunteers are expected to treat clients, residents, staff, and other volunteers with respect, empathy, and compassion.
8. Volunteers are expected to maintain strict confidentiality regarding resident and client information and District operations.

Reporting and Supervision

9. Each volunteer will be assigned a supervisor who will provide guidance, answer questions, and oversee activities.

10. Volunteers are encouraged to speak with their supervisor or the department head regarding any concerns, incidents, or suggestions they wish to share.

Termination

11. Volunteers may be terminated for any reason.
12. Termination may occur due to failure to comply with this policy and procedure, or any other District policies and procedures, failure to meet responsibilities, or due to changes in staffing or availability within the Department.

VAH.1.5 Certificates of Insurance

Village at Home carries at least the minimum levels of all required liability insurance protection. Must have current commercial general liability insurance indicating minimums of coverage, including bodily injury, property damage, and contractual liability, in the amount of one million dollars per occurrence or combined single limit coverage of two million dollars ($2,000,000).

Procedures for "Certificates of Insurance"

1. The types and amounts of insurance obtained shall be consistent with industry standards and/or regulations.
2. Copies of insurance certificates/policies shall be kept in the Agency office.
3. Insurance certificates/policies shall be reviewed annually.
4. The Agency shall obtain insurance coverage as follows:
    a. Comprehensive General Liability Insurance shall be carried for all employees, as a protection to them and to Agency clients from losses due to negligence and/or carelessness.
    b. Workers Compensation Insurance shall be carried for all employees, while on duty, whether they work in the Agency office or in clients' homes.
    c. Automobile liability shall be carried on all Agency vehicles and shall provide coverage against under-insured/uninsured motorists.
    d. Property Insurance shall be carried on all Agency buildings and contents, if applicable.
    e. Professional Liability/Malpractice Insurance shall be carried for all licensed and non-licensed Personal Care (hands-on) Workers, as required.
5. All contract personnel, who provide hands-on care, shall carry their own Professional Liability Insurance.

VAH.1.6 Records Management

These policies and procedures supplement the Hospital District Record Management policies and ensure that all Agency records, including legal documents, client information, staff information, and financial information, are confidentially maintained, stored, and secured.

Records Management is a function that manages information in an organization, including identifying, classifying, storing, securing, retrieving, tracking, and destroying or permanently preserving records. Village at Home utilizes CareSmartz360 for all records. All records are stored on servers and can be accessed at any time. This includes staff and resident records, including care plans, assessments, and chart notes.

Village at Home's CareSmartz360 software account:

- protects Agency, client and employee information;
- assists quality monitoring activities; and,
- conforms to relevant local, state and federal legislation/regulations.

Any documents deemed critical will be printed and stored on-site for a minimum of 5 years.

Procedures for "Records Management"

1. All records, including legal documents, client information, employee information, contracted services and financial information shall be maintained in locked cabinets and/or in a locked room in the Agency office.
2. All records shall be kept for the mandated period of time.
3. Electronic documents shall be protected through the application of passwords.
4. Access to records shall be restricted to authorized personnel only.
5. Records that shall be maintained include, but are not limited to:
    a. Client Service Records, including:
        i. client assessments and/or client Plans of Care;
        ii. client service agreements;
        iii. case management files (if applicable);
        iv. ongoing client information and notes written by staff providing direct services, which may be kept in the home and/or in the Agency office;
        v. records of complaints and compliments and action(s) taken; and,
        vi. record of incidents of abuse or suspected abuse and actions taken.
    b. Financial Records, including:
        i. income and expense records;
        ii. data pertaining to annual reporting; and,
        iii. all business transactions.
    c. Human Resource Records, including:
        i. payroll records;
        ii. records of grievance and disciplinary procedures; and,
        iii. employee files, including active, inactive and terminated.
    d. Quality Management Records, including:
        i. client satisfaction surveys/data;
        ii. occurrence/incidents, accidents, reporting and tracking records, including Workers' Compensation claims; and,
        iii. other legal documents including contracts, business license(s), home care license(s), insurance policies, minutes of meetings, etc.
    e. Audit Records for:
        i. all internal audits conducted;
        ii. investigations conducted on offenses detected;

iii. corrective actions taken; and,
iv. follow-up reports on effectiveness of corrective actions.

f. Investigation records for compliance with Agency Policies & Procedures, Standards of Conduct, and federal, state and local regulations including Federal Deficit Reduction and False Claims Acts.

6. All Internal Agency Audit and Compliance Reports and related records shall be maintained in the Agency Office and shall be made available for mandatory audits by outside authorities.
7. Personnel shall be educated in the responsibilities of their positions, as they pertain to record management.
8. Personnel shall be educated in the:
    a. procedures regarding the release of information and usage of the Agency's Release of Information form;
    b. storage of files;
    c. destruction of files; and,
    d. use of quality monitoring data.
9. Legislative requirements for records management shall be monitored to determine the need for changes in policy and/or direction.
10. Inappropriate use/release/destruction/loss of records shall be documented for quality monitoring purposes.

VAH.1.7 Compliance with Agency Policies and Procedures

Policies are rules, principles, and guidelines utilized or developed by an organization to reach its goals, achieve its mission, and comply with regulations. Procedures are the specific methods used to implement policies in the organization's operations.

Village at Home shall provide its new employees, contract workers, agents, and volunteers with a working knowledge of Agency policies and procedures. Individuals shall sign an agreement to abide by them, as a condition of employment or their contract, to ensure that:

- Agency values, mission and vision are reflected;
- standards are established, documented and implemented, which are appropriate to the home care profession;
- quality improvement and risk management are promoted;
- decisions can be made that are consistent, uniform and predictable;
- local, state and/or federal regulations are complied with;
- workers are treated equally, visibly, and consistently;
- procedures are clear and implemented as defined;
- direction and guidance are provided to ensure duties are performed with efficiency and consistency;
- employment claims are offset, wherever possible;
- legal, licensing, certification and/or accreditation requirements are met;

- written communication and teaching tools are in place;
- potential conflict and misunderstanding possibilities are mitigated; and,
- new employees, contract workers and volunteers can be oriented about their purpose, job standards and expectations.

Procedures for "Compliance with Agency Policies and Procedures"

1. Agency Policies and Procedures shall be reviewed with all new employees, contract workers, agents and volunteers.
2. Policies and Procedures shall be reviewed during the initial Orientation.
3. Policies and Procedures shall be revised, as required, to adapt to changes resulting from, but not limited to, local, state or federal regulations, Agency operations, client services and staff needs.
4. Employees, contractors and volunteers shall be required to sign the *Employee Compliance Agreement* as a condition of employment and/or continuation of employment.
5. All staff shall be given verbal updates and written copies of any revised policies.
6. Updated, printed copies of revised policies shall be placed in all copies of the Agency Policies and Procedures Manual.
7. All staff, contract workers and volunteers shall be responsible for abiding by all policies and procedures.
8. All staff, contract workers, agents and volunteers shall be responsible for adhering to all revisions when implemented.
9. Any employee, contract worker, agent or volunteer who is confused with any policy or procedure is responsible for obtaining clarification from a member of the Agency Management Team.
10. All staff, contract workers, agents and volunteers shall sign the *Policies & Procedures Agreement* acknowledging they:
    a. understand the policies and agree to abide by them; and,
    b. will adhere to all policy revisions, as they become effective.
11. A copy of the signed Policies & Procedures Agreement shall be kept in the individual's personnel file.
12. Policies shall be reviewed annually or on an as-needed basis.

VAH.1.8 Usage of Text and Email Messaging

In accordance with HIPAA regulations, Village at Home will ensure client information, including Protected Health Information (PHI), electronic Protected Health Information (ePHI), personal, private, and confidential information, is secured before sending or receiving it via email or text. Unsecured messages containing such sensitive information must not be transmitted or received.

Procedures for "Usage of Text and Email Messaging"

Management of Text/Email Messaging

1. Administrator/Security Officer/Privacy/Compliance Officer shall determine which personnel, Independent Contractors, Volunteers, and relevant others will receive

authorization to utilize texting/emailing services during the conduction of their assigned duties. Establishing what type of information staff members may access is based on their roles within the Agency.

2. Agency-issued Mobile Devices should be used to transmit and receive messages.
3. If personal devices are to be used for texting/emailing and other work-related purposes:
    a. Pre-authorization must be obtained from the Administrator/Security Officer/Privacy Officer/Compliance Officer.
    b. Only vendor-provided Text/Email message services or SMS or MMS may be used.
4. All terms of this policy shall apply to personal devices as well as Agency-issued devices.
5. Any ensuing policies implemented, such as a Bring Your Own Device (BYOD) Policy which governs the use of Personal Devices for work-related purposes, must also be followed.
6. Mobile Devices, used to transmit, receive or store confidential information, must ensure:
    a. acceptable passwords are in place and data is stored in encrypted format;
    b. data transmitted via wireless connections over public networks is in encrypted format; and,
    c. access to confidential information from portable computing devices uses a secure network or secure transmission method installed on the electronic device.
7. Devices should remain secured at all times to prevent unwarranted access to information. Users must:
    a. assign strong passwords and update them regularly, as a way of authentication; and,
    b. ensure auto-lock safeguards click in after periods of device inactivity to minimize the risk of unauthorized persons gaining access to the device if lost, stolen, or left unattended.
8. Should a device containing ePHI, PHI, private, personal & confidential information be lost, stolen, or otherwise compromised, the Administrator/Security Officer/Privacy Officer/Compliance Officer must be notified immediately.
9. Abbreviations must not be used when texting/emailing to avoid interpretation errors. Whole words must be used.
10. Avoid texting/emailing about complex issues that require lengthy explanations.
11. Watch auto-correct for changing words. Be sure to read the Text/Email carefully and make needed corrections before sending. If warranted, disable the auto-correct feature.
12. Use contact list for sending new messages to avoid entering recipients' information each time, which makes data-entry more susceptible to errors.

13. If multi-party groups have previously been set up, before each new Text/Email is created consider whether all recipients in a group need to know the information. If some don't need to know, create a new, more limited group.
14. Recipients must reply to incoming Texts/Emails, acknowledge their receipt, and address any actions requested.
15. If a Text/Email is inadvertently sent to the wrong person, notify that person of the error, and request they delete the message.
16. If misdirected messages are received on Agency devices or work-related personal devices:
    a. Identify yourself by name and inform the sender that you believe their message was misdirected.
    b. When confirmed, delete the message.
17. Text/Email content must not:
    a. contain inappropriate language;
    b. be in a tone that could later be criticized for lacking professionalism;
    c. include discriminatory remarks, harassment, threats of violence or similar disrespectful or unlawful comments; or,
    d. respond to sensitive subjects (e.g., mental health, sexuality) even if proper security protocols are followed. Instead, advise the sender it might be better to discuss the matter verbally, by phone or in-person.
18. All actual or potential Privacy Breaches or breaches of this policy as a result of Text/Email messaging must be reported to the Administrator/Security Officer/Privacy Officer/Compliance Officer as soon as possible.

Permitted Text/Email Communications

19. Providing reminders for appointments, tests, etc.
20. Replying to location or hours of operation requests.
21. Scheduling, confirming or cancelling appointments.
22. Sharing useful resources, e.g., general program information, websites, contact information.
23. Checking on Client's welfare.
24. Responding to Client/Family/Representative's requests for services.
25. Conveying a Client's location to Staff.
26. Requesting a consultation or assessment by another Care Provider.
27. Providing medical escort and/or patient travel instructions.
28. Providing invitations to health promotion events.

Prohibited Text/Email Communications

29. Informing Client/Family/Representative of the Client's diagnosis.
30. Dispersing financial identifying information, e.g., credit card numbers.
31. Engaging Client in lengthy clinical discussions or counseling.
32. Sending certain medication or treatment orders.

33. Sending prescription refills.

Information Storage

34. Client contact information may be stored on Devices, e.g., Client name and/or ID number may be filed in contact folder of smart phone.
35. Client information must NOT be stored on cloud-based services, e.g., iCloud, Google Drive, OneDrive, Dropbox, etc.
36. Automatic backup to the cloud must be turned off for:
    a. Text/Email messages;
    b. multimedia messages; and,
    c. contact lists containing Client information.

Validation of Recipient

37. Appropriate measures must be taken to validate the identity of the intended Text/Email recipient. Authentication methods may include, but are not limited to:
    a. Sending an initial Text/Email to confirm the recipient contacted is the intended recipient.
    b. Asking the intended recipient to provide his/her Date-of-Birth, Medical Number, or other piece of information that only the intended Recipient/Family/Representative would know.
38. Recipients who have not previously been authenticated must be verified prior to texting/emailing.
39. Subsequent Text/Email messages to authenticated recipients do not require validation again unless there is reason to do so.
40. Until an intended recipient's identity has been verified, personal or confidential information must not be texted/emailed.

Common Risks with Text/Email Usage

41. If a secure text messaging platform is not in place, a written Notice of Common Text/Email Risks associated with the transmission of unsecured personal, private, and confidential information must be provided to:
    a. relevant Care Providers/other Personnel, at the time of hire; and,
    b. Clients/Family/Representative at time of admission to Agency for care/services.
42. Some common texting and email risks include:
    a. Should a mobile device be compromised, Text/Email messages including those containing personal, private and confidential information could be at risk.
    b. There is no guarantee that Village at Home will receive or be able to respond to text/email messages in a timely manner.
    c. Texting/Emailing messages must not be relied on for sending emergency or urgent communications due to the potential of transmission delays.
    d. Certain types of sensitive, confidential, personal and/or private information will not be transmitted in detail through texting/emailing messages.

e. If the sender does not receive a response from the intended recipient in a timely manner, it is the sender's responsibility to follow-up.

f. Clients/Families/Representatives may choose the mode of communication used for interactions with the Agency.

Mitigating Risks of Texting/Emailing

43. HIPAA's Security Rule and its Administrative, Physical & Technical Security Procedures shall be followed for securing electronic Protected Health Information (ePHI).
44. Security must be provided by utilizing encryption and decryption tools in the network during transmission and while at rest.
45. Portable electronic devices used to transmit, receive, or store confidential information must:
    a. use a secure network;
    b. have data protection active on the electronic device;
    c. utilize acceptable passwords;
    d. encrypt data that will be transmitted via wireless connections over public networks;
    e. decrypt messages when they are received; and,
    f. store data in encrypted format.
46. Apply security measures to electronic devices that are used in public, unsecure areas, including:
    a. an inactivity time-out or automatic log-off to be set for periods of inactivity;
    b. a theft deterrent mechanism installed for times when the electronic device is left unattended; and,
    c. safeguards when viewing confidential information to prevent unauthorized viewing, e.g., concealing a password being entered.
47. Administrator/Security Officer/Privacy Officer/Compliance Officer must authorize security software installed on personal electronic devices before they can be used for the conduction of Agency business.
48. If electronic devices containing ePHI are to be re-issued or re-purposed:
    a. Hardware containing ePHI and electronic media must be deemed unusable and/or made inaccessible prior to reissue.
    b. Storage devices and/or ePHI records must be sanitized before being used outside the HIPAA compliant area or by an unauthorized individual.
    c. Contents must be made unreadable by overwriting, in accordance with National Institute of Standards & Technology, or by physically destroying the device.

Mobile Device Data Management

49. Texts/Emails, including multimedia messages that contain photographs, audio or video, should be treated as temporary communications similar to phone calls.

50. Multimedia message communications of significance must be documented in the Client's record in accordance with usual record-keeping requirements.
51. Once documented in the Client's record, Text/Email and Multimedia Messaging history and any private, personal and/or confidential information must be deleted from the Mobile Device.

Responsibilities

52. Management shall:
    a. Ensure that all Staff/Independent Contractors/Volunteers/relevant others are aware of and abide by this policy.
    b. Review this texting/emailing usage policy with new Staff during orientation and at least annually thereafter.
    c. Cooperate with the Security Officer/Privacy Officer/Compliance Officer in responding to any Privacy breaches associated with Text/Email Messaging.
53. The Compliance Officer shall:
    a. Have primary responsibility for the administration and maintenance of this texting/emailing usage policy.
    b. Implement policies to prevent, detect, contain, and correct texting/emailing security violations.
    c. Keep current with healthcare compliance regulations to ensure the Agency's texting/emailing procedures adhere to the necessary rules.
    d. Investigate Text/Email-compliance violations; respond in a timely manner; and recommend corrective actions.
    e. Follow best practices to help minimize the risk of ePHI, PHI and personal/confidential information data breaches when texting/emailing.
    f. Respond to Staff questions about compliance with this texting/emailing policy.
54. The Security Officer/Privacy Officer shall:
    a. Establish, manage and enforce HIPAA-compliant policies and procedures to protect texted/emailed ePHI, PHI, and private, personal & confidential information.
    b. Implement policies to prevent, detect, contain, and correct texting/emailing security violations.
    c. Oversee data security and HIPAA compliance during texting/emailing actions.
    d. Identify which members of the workforce, visitor, contractor, or service provider may have access to client data for sending and receiving texts/emails.
    e. Supervise workforce members who work with ePHI, PHI, private, confidential and/or personal information and/or in locations where it might be accessed.
55. Staff shall:

a. Comply with this texting/emailing policy and its related policies. Failure to comply may result in disciplinary action up to and including termination of employment.
b. Notify Clients/Family/Representatives/Care Providers and other staff not to use Text/Email Messaging for urgent or emergent situations and of the risks to Personal Information should their device be compromised.
c. Ensure that any devices used for texting/emailing with Client/Family/Representatives/Care Providers/other Staff contain security safeguards such as passwords.
d. Contact the Administrator/Security Officer/Privacy Officer/Compliance Officer to report all actual or potential Privacy Breaches and cooperate with them.
e. Consult the Administrator/Security Officer/Privacy Officer/Compliance Officer if considering creating further guidelines relating to this policy.

Privacy and Confidentiality

56. Reasonable precautions must be taken to protect the confidentiality and security of transmitted information.
57. Any Text/Email messages must include a cover sheet that identifies the names and numbers of both sender and intended recipient.
58. Text/Email messages that contain confidential health information must be sent using a secure message process.
59. All communications transmitted electronically must include a Privacy Notice stating: "This Message May Contain Private or Confidential Information. Information contained in this message is intended for the use of the addressee. This information may be protected by state & federal privacy regulations. If you are not the intended client/person responsible for delivering this information to the intended client, you are hereby notified that any disclosure, copying or distribution of this information is strictly prohibited. If you have received this communication in error, please notify the sender immediately."

VAH.1.9 Electronic Visit Verification for Village at Home

Village at Home is committed to promoting its integrity by utilizing an Electronic Visit Verification System (EVV) as part of Village at Home and the Hospital District's ongoing effort to curb fraud, waste and abuse in the home care industry.

Procedures for "Electronic Visit Verification for Village at Home"

1. The Agency shall use an EVV system for documenting the:
    a. identity of the client receiving services;
    b. identity of the worker assigned to deliver services;
    c. date and time the worker begins and ends the delivery of services; and,
    d. location where services are delivered.

2. At least one full-time staff member shall be dedicated to monitor the EVV system and two additional staff members shall be thoroughly trained and knowledgeable about the EVV system and its functionality including, at a minimum:
    a. late/missed visit reporting;
    b. exception handling;
    c. scheduling; and,
    d. billing.
3. Sufficient and competent staff shall be assigned to:
    a. deliver services, in accordance with the member's care plan; and,
    b. substitute as adequate back-ups for the assigned worker if the assigned worker cannot deliver the required services.
4. An "on-call" process to monitor EVVs during non-office hours shall be established, utilized and enforced. Notifications from the EVV monitor will be forwarded to a cell phone carried by the individual on call.
5. All EVV appointments shall be scheduled in the system before a service delivery visit is made.
6. All EVV exceptions to the scheduled service shall be worked within 24 hours from the time the change in service delivery occurred.
7. In addition to the EVV system tracking client's service delivery, the Agency shall:
    a. obtain client certification of service delivery using the *Client Service Certification Record* or other appropriate form;
    b. file client certification documents in the Agency office; and,
    c. make client certification documents available for Departmental inspection.
8. Training shall be delivered to all staff on the EVV system using Village at Home's training program. All staff assigned to deliver services in a client's home shall be checked to ensure they know:
    a. how to clock in and out of the system;
    b. how to enter the tasks performed; and,
    c. what to expect if the system is not utilized correctly.
9. To ensure that clients are receiving proper services, in-home workers shall be required to pre-record a voiceprint on the software program prior to commencing service delivery in a client's home. This pre-recorded voiceprint will be compared to the voice phoning in.
10. In-home workers shall use the client's home telephone, cell phone or government-issued phone for the EVV process.
11. A mechanism shall be established for updating staff contact information in the EVV system and with Village at Home.
12. Prior to the delivery of service, a member's eligibility for services shall be verified.
13. Any and all information regarding a client's visit status shall be submitted in a timely manner, in compliance with Village at Home regulations. This information shall include missed and late visits.

14. Claims shall be submitted to Village at Home within 120 days from the actual date of service delivery.
15. Whenever there is a deviation in a client's care plan, a report shall be made to Village at Home as soon as possible. Reports may be made by email or phone.
16. A process shall be designed for notifying Village at Home of any changes to a client's status, including hospitalizations, nursing facility stays or vacations.

VAH.1.10 Agency Closure & Voluntary Suspension of Services

In accordance with state regulations, Village at Home shall:

- notify the state licensing authority Department of Social and Health Services in writing within 5 days before the permanent closure of the Agency;
- include in the written notification: the reason for closing; the location of the client records (active and inactive); and the name and address of the client record custodian;
- in the case of change in ownership, include a bill of sale or comparable document that specifies: the corporation/owner(s) name(s); buyer/seller signature(s); and effective date of the transaction;
- if the Agency has an active client roster when it closes, transfer a copy of the active client record with the client to the receiving Agency to ensure continuity of care and services to the client;
- mail or return the initial license or renewal license to the state licensing department Department of Social and Health Services at the end of the day that services cease;
- not operate after the closure date specified in the written notice;
- upon voluntarily suspending its business operations and services: discharge or arrange for backup services for active clients; provide written notification to the designated survey office at least 5 days before the voluntary suspension (or within two working days if an emergency beyond the Agency's control occurs); and post a notice of voluntary suspension on the entry door and leave a voice message informing callers;
- notify the licensing unit Department of Social and Health Services in writing no later than 7 days after resuming operations;
- be liable for preserving the confidentiality and security of the records until ownership is assumed by another resource or the required retention period has expired; and,
- retain client records for the period of time stipulated by state law.

Procedures for "Agency Closure & Voluntary Suspension of Services"

1. The Agency will plan and manage the change process for clients when closing the Agency or voluntarily suspending services as follows:
    a. Ensure the quality and safety of the client's care is the priority throughout the process.
    b. Provide the client with information on other resources in the area that are appropriate to the client's needs and provide options for choosing other resources outside the area.
    c. Ensure the client will not be required to move more than once unless additional moves are requested by the client.

d. Offer each client an opportunity to meet with the replacement resource staff through a case conference to identify key concerns and develop a relocation plan.

VAH.2 SCOPE OF SERVICES

VAH.2.1 Services Provided

Village at Home offers Non-Medical Home Care Services to assist older people to live independently in their own home by helping them with the tasks of everyday living. These services are non-medical in nature and are delivered by qualified personnel and are sensitive to the unique needs of the client and community. These services do not require the supervision of a registered nurse and do not require a physician's order. The tasks to be performed by home care workers are non-medical in nature and do not require clinical judgment and may be performed by unlicensed individuals, except in instances where personal or specialized care is provided and, therefore, require Home Care Aide Certification. Home care services include, but are not limited to:

- Homemaking, which includes assistance with housecleaning, laundry, meal preparation, respite and transportation for appointments, errands, shopping and outings.
- Companionship/Sitting, which includes non-medical, basic supervision to ensure a client's safety and well-being.
- Respite, which provides assistance and support to primary caregivers.
- Friendly Reassurance, which includes contacting homebound clients.
- Chores, which include minor home maintenance and yard work.
- Personal care, which includes assistance with activities of daily living (ADLs), such as bathing, dressing, toileting, grooming, mobility assistance, incontinence care, feeding and medication reminding.
- Specialized Care, which may include bowel and bladder routines, assistance with medication, ostomy care, clean intermittent catheterization, assistance with skin care, and wound care.

Procedures for "Services Provided"

1. The Agency offers the following non-medical home care services:
    a. Personal Care;
    b. Homemaker;
    c. Companion/Sitter;
    d. Respite;
    e. Friendly Reassurance;
    f. Specialized Care; and,
    g. Chores.
2. The Agency does not provide medical home care services but will, if possible and with the client/client representative's consent, refer the case to a Health Professional or other agency which does deliver medical home care services.

3. Employees and clients shall be informed of, and understand, the extent and limitations of services provided by the Agency.
4. Services shall be delivered in a caring and respectful manner, in accordance with relevant Agency policies and industry standards.
5. Services shall only be assigned to those employees who have the necessary experience, skills, qualifications, certification, or equivalent to meet the needs of the client. Where this is not possible, employees may be trained to perform the necessary tasks required for client care.
6. Services shall be delivered by employees who are able to communicate effectively with clients, using the clients' preferred methods of communication.
7. Services provided shall be in accordance with Worker's Compensation regulations.

VAH.2.2 Personal Care Services

Village at Home provides Personal Care services to individuals in their own homes and communities who need assistance with their activities of daily living due to old age, illness, disability, and/or other infirmities.

Personal Care services include, but are not limited to, the following:

- assisting with eating, including: preparing food for clients with eating difficulties by cutting or pureeing; monitoring food and liquid intake; following special diets including low sodium and no-concentrated sweets; observing eating behaviors; and monitoring eating safety risks such as swallowing and choking;
- assisting with bathing including: bed bathing; sponge bathing; tub bathing; showering; and perineal care;
- using bath equipment, including: tub seat; hydraulic tub seat; and hand-held shower wand;
- assisting with tooth care including: brushing permanent teeth; flossing; using rubber pick; or removing, cleaning, and inserting dentures;
- assisting/providing grooming, including: shaving with an electric or safety razor; beard trimming; and applying make-up;
- assisting/providing hair care, including: brushing; shampooing; and styling;
- assisting with bowel regularity, including: monitoring bowel movements and appearance; following prescribed diets for bowel maintenance; giving suppositories; and giving enemas;
- assisting with transfers including: one-person pivot transfer; using transfer belts; and using wheelchair, walker and/or cane;
- assisting with self-administered medication, including: reminding client to take medications; placing medication within reach of the client; providing water for oral medication; opening pill bottles or dispensing medications from blister packs prepared by a Pharmacist; storing medications; and reassuring the client that medication has been taken;
- assisting/providing basic skin care, including: washing and drying; applying non-prescription body lotions or creams; and observing skin changes;
- assisting with dressing including putting on support stockings which do not require a physician's prescription;

- assisting with nail maintenance including: soaking; trimming; pushing back cuticles; and filing;
- emptying or changing external urinary collecting devices, including catheter bags and supra-pubic bags;
- encouraging clients to perform normal body movements, as tolerated;
- encouraging clients to follow prescribed exercise programs;
- assisting with prosthetics such as applying/removing/cleaning hearing aids and limbs;
- assisting with menstrual care;
- assistance with urinals, bedpans and/or commodes;
- providing bowel and bladder incontinence care;
- assisting with positioning in bed, wheelchair and other chairs;
- assisting with positioning cradles, rolls and pillows;
- assisting with transferring back and forth from bed, wheelchair, toilet and chair;
- providing colostomy care and emptying ostomy bag;
- emptying, cleaning, and changing urinary drainage bags; and,
- assisting as escorts to appointments, shopping, errands, social activities.

Personal care services shall not include:

- giving nail care to clients with circulatory problems or specific medical conditions such as diabetes and calluses;
- dispensing medications unless the medications have been prepared by a Pharmacist and are placed in a blister pack;
- inserting or removing tubes or objects into/out of body openings, including catheters;
- assisting with the application of anti-embolic or other pressure stockings which require a Physician's prescription;
- administering syringe feedings, tube feedings and/or intravenous feedings;
- performing passive range-of-motion exercises on clients;
- taking verbal telephone orders from Physicians;
- advising clients/families about diagnoses and/or treatment plans;
- supervising other Personal Care Attendants; and,
- doing anything that is beyond the duties of a Personal Care Attendant.

The Agency shall follow Workers' Compensation regulations when providing Personal Care services. Personal Care services shall be delivered in accordance with State regulations.

Procedures for "Personal Care Services"

1. Supervisor shall follow the Agency's policy on Service Delivery Process:
    a. Once a request for Personal Care services is received, Supervisor shall make a home visit to determine the client's needs/wants.
    b. If the Personal Care services required are outside the scope of the Agency, Supervisor may make a referral to a more appropriate service provider, if the individual making the request gives consent.

c. If the Agency is able to provide the Personal Care services requested, Supervisor shall develop an individualized *Plan of Care* jointly with the client/client's representative. A copy of the *Plan of Care* shall be given to the client/client's representative.

d. Supervisor shall draw up a *Service Agreement* and ensure that he/she and the client/client's representative sign it. A copy of the signed *Service Agreement* shall be given to the client/client's representative.

e. Supervisor shall arrange for Personal Care services to be implemented, in accordance with the *Plan of Care*.

f. Supervisor shall monitor Personal Care services by conducting evaluative follow-ups at regular intervals to assess the success of service delivery.

g. Supervisor shall ensure that adjustments are made to Personal Care services, where indicated.

2. Supervisor shall provide employees with the appropriate forms for documenting clients' activities, progress and employee observations.
3. Employees shall follow the Plan of Care and document the required information on the forms provided.
4. At the end of each shift, employees shall document on the *Employee Time Sheet*: that Personal Care services were delivered; and the date and time of service delivery.
5. Employees shall ensure that they and the client/client's representative sign the *Employee Time Sheet*.
6. Employees shall observe, report, and record any changes in the client's condition and/or the home environment to the Supervisor.

VAH.2.3 Homemaker Services

Village at Home provides Homemaker services to individuals in their own homes and communities who need assistance caring for themselves.

Homemaker services include, but are not limited to, the following:

- conducting routine housekeeping activities such as: making/changing beds; dusting; washing dishes, pots, pans and utensils; cleaning kitchen counters, cupboards and appliances, including oven and stove top burners; cleaning inside refrigerator; gathering up trash from inside the home and putting it out for pick up; cleaning bathroom fixtures; sweeping/vacuuming and scrubbing floors; vacuuming carpets and upholstery; washing inside windows and cleaning blinds that are within reach without climbing;
- doing laundry and ironing;
- mending clothes;
- teaching/performing meal planning and preparation;
- cleaning up after meals;
- shopping for essential items on client's behalf such as groceries and cleaning supplies;
- performing errands such as picking up medication and posting mail;
- providing companionship, friendship and emotional support;

- reading essential material to clients with literacy challenges;
- assisting clients with communication by writing or typing correspondence; and,
- performing optional homemaker services, which are short-term, intermittent tasks necessary to maintain a clean, safe, healthy, and habitable home environment including: doing heavy cleaning (washing walls, windows, stoves and woodwork); cleaning closets, basements and attics to remove fire and health hazards; cleaning/shampooing and securing rugs/carpets; spraying for insects within the home with over-the-counter supplies; and replacing light bulbs.

Homemaker services shall not include any hands-on or Personal Care activities.

Procedures for "Homemaker Services"

1. Supervisor shall follow the Agency's policy on Service Delivery Process:
    a. Once an inquiry about Homemaker services is received, Supervisor shall make a home visit to determine the client's needs/wants.
    b. If the Homemaker services required are outside the scope of the Agency, Supervisor may make a referral to a more appropriate service provider, if the individual making the request gives consent.
    c. If the Agency is able to provide the Homemaker services requested, Supervisor shall develop an individualized *Plan of Care* jointly with the client/client's representative. A copy of the *Plan of Care* shall be given to the client/client's representative.
    d. Supervisor shall draw up a *Service Agreement* and ensure that he/she and the client/client's representative sign it. A copy of the signed *Service Agreement* shall be given to the client/client's representative.
    e. Supervisor shall arrange for Homemaker services to be implemented, in accordance with the *Plan of Care*.
    f. Supervisor shall monitor Homemaker services by conducting evaluative follow-ups at regular intervals to assess the success of service delivery.
    g. Supervisor shall ensure that adjustments are made to Homemaker services, where indicated.
2. Supervisor shall provide employees with the appropriate forms for documenting clients' activities, progress and employee observations.
3. Employees shall follow the Plan of Care and document the required information on the forms provided.
4. At the end of each shift, employees shall document on the *Employee Time Sheet*: that Homemaker services were delivered; and the date and time of service delivery.
5. Employees shall observe, report, and record any changes in the client's condition and/or the home environment to the Supervisor.

VAH.2.4 Respite Services

Respite care services are furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care. Village at Home provides respite services, which

includes those services identified in the policies on personal, companionship/sitter, homemaking and friendly reassurance services.

Procedures for "Respite Services"

1. Supervisor shall follow the Agency's policy on Service Delivery Process:
    a. Once a request for Respite services is received, Supervisor shall consult with the client/client's representative to determine the client's needs/wants.
    b. If the Respite services required are outside the scope of the Agency, Supervisor may make a referral to a more appropriate service provider, if the individual making the request gives consent.
    c. If the Agency is able to provide the Respite services requested, Supervisor shall develop an individualized *Plan of Care* jointly with the client/client's representative. A copy of the *Plan of Care* shall be given to the client/client's representative.
    d. Supervisor shall draw up a *Service Agreement* and ensure that he/she and the client/client's representative sign it. A copy of the signed *Service Agreement* shall be given to the client/client's representative.
    e. Supervisor shall arrange for Respite services to be implemented, in accordance with the *Plan of Care*.
    f. Supervisor shall monitor Respite services by conducting evaluative follow-ups at regular intervals to assess the success of service delivery.
    g. Supervisor shall ensure that adjustments are made to Respite services, where indicated.
2. Supervisor shall provide employees with the appropriate forms for documenting clients' activities, progress and employee observations.
3. Employees shall follow the Plan of Care and document the required information on the forms provided.
4. At the end of each shift, employees shall document on the *Employee Time Sheet*: that Respite services were delivered; and the date and time of service delivery. Employees shall ensure that they and the client/client's representative sign the *Employee Time Sheet*.
5. Employees shall observe, report, and record any changes in the client's condition and/or the home environment to the Supervisor.

VAH.2.5 Friendly Reassurance Services

Friendly Reassurance Services refer to making regular contact, through either telephone or in-home visits, with homebound individuals to assure their well-being and safety. Village at Home provides regular Friendly Reassurance Services, which include contacting clients via telephone or by making in-home visits.

Procedures for "Friendly Reassurance Services"

1. Supervisor shall follow the Agency's policy on Service Delivery Process:

a. Once an inquiry regarding Friendly Reassurance services is received, Supervisor shall consult with the client/client's representative to determine the client's needs/wants.
b. If the Friendly Reassurance services required are outside the scope of the Agency, Supervisor may make a referral to a more appropriate service provider, if the prospective client/client's representative gives consent.
c. If the Agency is able to provide the Friendly Reassurance services requested, Supervisor shall develop an individualized *Plan of Care* jointly with the client/client's representative. A copy of the *Plan of Care* shall be given to the client/client's representative.
d. Supervisor shall draw up a *Service Agreement* and ensure that he/she and the client/client's representative sign it. A copy of the signed *Service Agreement* shall be given to the client/client's representative.
e. Supervisor shall arrange for Friendly Reassurance services to be implemented, in accordance with the *Plan of Care*.
f. Supervisor shall monitor Friendly Reassurance services by conducting evaluative follow-ups at regular intervals to assess the success of service delivery.
g. Supervisor shall ensure that adjustments are made to Friendly Reassurance services, where indicated.

2. Supervisor shall provide employees with the appropriate forms for documenting clients' activities, progress and employee observations.
3. Employees shall follow the Plan of Care and document the required information on the forms provided.
4. When Friendly Reassurance service is provided, employees shall record the dates and times when contact has been made. If contact is made via a home visit, employees shall ensure that they and the client/client's representative sign the *Employee Time Sheet*.
5. Employees shall observe, report, and record any changes in the client's condition and/or the home environment to the Supervisor.
6. Employees who provide Reassurance Services shall receive orientation training, which covers at least:
    a. the needs of isolated, homebound individuals;
    b. emergency procedures;
    c. communication and interpersonal skills; and,
    d. the functions and limitations of employees providing Reassurance Services.
7. Supervisor shall be available for contact in emergency or problem situations.
8. Supervisor shall provide employees providing Reassurance Services with a copy of procedures to be followed in emergencies and for those occasions wherein clients do not phone in, answer their phone or are not home when they should be. Procedures to follow in these situations shall include, at least, the following:

a. arranging for an immediate visit to the client's home either by company/agency staff or by emergency service personnel such as police, ambulance, fire department, etc.;
b. contacting the individual identified to be notified in cases of an emergency for each client; and,
c. confirming that either follow-up contact has been made with the client or that the client has been located and their location has been identified.

VAH.2.6 Specialized Care

Specialized Care refers to activities/services unique to a Client's care needs that facilitate that individual's health, safety, welfare, and ability to live independently regardless of their age or type of disability. These non-skilled activities/services include assistance with bowel and bladder routines, assistance with medication, ostomy care, clean intermittent catheterization, assistance with skin care, and wound care.

In adherence to state regulations, Village at Home shall:

- cooperate with, and accommodate, all state initiatives to monitor the Agency's compliance;
- provide non-medical homecare services to Clients who may require assistance in their own homes and communities to assist in the maintenance and retention of their independence and well-being, ensuring these services are responsive to the distinct needs of the Client and community and are delivered by qualified HCAs;
- limit the Specialized Care it provides in the Client's place of residence/other independent living environment to home care services which are unique to the Client's care needs;
- ensure the Specialized Care falls within the licensure exemption for unlicensed persons;
- supply, arrange or schedule employees to provide home care services, as directed by the Client/Client's representative, in the Client's place of residence or other independent living environment; and,
- provide activities/services which are in accordance with state regulations, including: Personal Care; Home Management Activities; Companionship Services; Respite Care; and Specialized Care.

Client Requisites

- Clients, regardless of age or nature of disability, shall be provided with specialized activities/services that are unique to the Individual with Disabilities' care needs to facilitate their health, safety and welfare.
- Clients admitted by the Agency for specialized, non-skilled, activities/services from HCAs must meet/agree to the following: the Acceptance of Self-Directed Care, meaning the client is capable of directing their own care, or has a health care representative capable of making choices on their behalf; the specific non-skilled activity/service provided is the type the client would be able to perform independently without a disability; and the Client's Plan of Care documents the need for assistance to facilitate independent living.
- The Client has documentation which authorizes the Agency to provide non-skilled service/activity including: a Health Care Practitioner Order; Service Authorization Form; or

Plan of Care/Agreement. Orders, service authorization forms, or Plans of Care/agreements shall be renewed yearly or when a significant change in condition occurs.

Home Care Aide Responsibilities

- As permitted by the state, HCAs may perform non-skilled activities/services, including assistance with bowel and bladder routines, assistance with medication, ostomy care, clean intermittent catheterization, assistance with skin care, and wound care.
- HCAs shall not represent themselves or insinuate they are licensed nurses or use any name and/or designation tending to imply they are licensed to practice nursing or practical nursing.
- All HCAs employed or rostered by the Agency shall comply with the terms of this policy.

Agency Responsibilities

- Prior to assigning a HCA to provide any non-skilled activities/services included in this policy, the Agency shall: evaluate the HCA; document that the HCA has received training; and document that the HCA has demonstrated competency in all Specialized Care activities/services that the HCA will provide to the Client.
- The Agency shall ensure that the HCA has demonstrated competency by successfully completing Village at Home's competency examination or training program, which at a minimum includes: Confidentiality; Client Control and The Independent Living Philosophy; Instrumental Activities of Daily Living; Recognizing Changes in the Client; Basic Infection Control; Universal Precautions; Handling of Emergencies; Documentation; Recognizing and Reporting Abuse or Neglect; and Dealing with Difficult Behaviors.
- For Personal Care competency, the training program shall additionally include: Bathing, Shaving, Grooming, and Dressing; Hair, Skin and Mouth Care; Assistance with Ambulation & Transferring; Meal Preparation & Feeding; Toileting; and Assistance with Self-Administered Medications.
- Should a HCA employee fail to satisfactorily meet the competency requirements for Specialized Care, the Agency shall have the discretion to: request further Special Care training followed by subsequent Agency re-evaluation; reassign to less specialized duties; or terminate employment.
- The Agency shall conduct Competency reviews: at least annually, starting one year after the initial competency is established; and on a more frequent, as-needed basis whenever there are infractions in quality of care, performance concerns, disciplinary action, or sanctions.

Documentation

- Documentation shall be maintained in the HCA employee's personnel files showing that HCAs have successfully met competency requirements, including copies of any applicable licenses, certifications, or completed competency assessment documents.
- Documentation of satisfactory completion of competency requirements may be transferred from one home care agency to another if the break in the HCA's employment or roster status does not exceed 12 months.

Procedures for "Specialized Care"

1. The Agency Representative shall:

a. Conduct an in-home needs assessment in conjunction with the Client/Client's Family/Client's Representative.
b. Determine if the needs of the Client fall within the Agency's scope of services, can be met by the Agency in a safe and efficient manner, or are outside the scope of the Agency. If outside scope, the Agency Representative may refer the unmet activities/services, with the Client's consent, to a Health Professional or other resource.
c. If the Agency is able to provide the services needed, Agency Representative shall develop a customized *Plan of Care* jointly with the Client/Client's Family/Client's Representative. A copy of the *Plan of Care* shall be given to the Client/Client's Family/Client's Representative.
d. Agency Representative shall draw up a *Service Agreement* and ensure that he/she and the Client/Client's Family/Client's Representative each sign. A copy of the signed *Service Agreement* shall be given to the Client/Client's Family/Client's Representative.

2. The Agency shall supply, arrange or schedule employees to provide home care services, as directed by the Client or the Client's representative, in the Client's place of residence or other independent living environment.
3. Employees and Clients shall be informed of, and understand, the extent and limitations of services provided by the Agency.
4. Services shall be delivered in a caring and respectful manner, in accordance with this Agency's relevant policies and industry standards.
5. Services shall only be assigned to those employees who have the necessary experience, skills, qualifications, certification, or equivalent to meet the needs of the Client. Where this is not possible, employees may be trained to meet competency requirements for Specialized Care.
6. Competency Evaluations shall incorporate the Agency's Policy: Competency Evaluation of Home Care Aides.
7. Specialized Care shall be delivered by HCAs who are able to communicate effectively with Clients, using the Clients' preferred methods of communication.

VAH.2.7 24-Hour & On-Call Services

Village at Home shall have appropriate staff available 24 hours a day, 7 days a week, 365 days a year during periods the Agency office is closed, including weekends and statutory holidays. This addresses the scheduled and emerging needs of existing clients and the needs of new referrals who require immediate assistance.

Personnel will be assigned to 24-hour and on-call duty shifts on a rotational basis. To meet clients' service and care needs during office closures, on-call staffing schedules shall be developed. Support shall include:

- Administrative support from a member of the Management Team;
- Clinical Support by a Registered Nurse; and,
- Personal Care Support by a Home Care Aide.

Procedures for "24-Hour & On-Call Services"

1. The Supervisor shall be responsible for preparing the monthly on-call schedule and ensuring it is distributed to on-call staff and/or the answering service.
2. Arrangements will be made with a professional answering service as a routine and/or contingency plan.
3. During office hours, on-call staff can be reached by phoning the Agency office. After hours, incoming calls will be forwarded to:
    a. the person on-call. It is the person on-call's responsibility to ensure the forwarding programming has taken place; or,
    b. the Agency's answering service.
4. On-call personnel shall be issued a cell phone, laptop, list of phone numbers for caregivers, clients and community resources, and Medicaid/Medicare information.
5. On-call personnel shall ensure they are directly contactable by telephone and email and remain in an area of mobile phone and internet connectivity at all times.
6. The responsibilities of the person on-call include:
    a. ensuring he/she is capable of handling the necessary on-call duties;
    b. answering all calls unless he/she is on the phone or is in a client's home when the incoming call is received, in which case, the call may be directed to voice mail;
    c. responding to other agreed-upon means of communication, e.g., text, email, etc.;
    d. responding to recorded messages within 15 minutes or sooner, if the situation is urgent;
    e. ensuring that service needs are directed to the appropriate individual and are addressed by that individual within one hour, unless travel distance is a factor;
    f. operating within Agency policies and procedures;
    g. referring key issue decisions to Supervisor/Administrator;
    h. recognizing and responding to emergency calls by: calling 9-1-1 on behalf of the client; and immediately going to the client's home, as appropriate;
    i. providing substitute workers, when required;
    j. keeping notes on directions provided to workers;
    k. taking referrals and contacting referred individuals; and,
    l. documenting transactions and interactions with all contacts.
7. If the on-call person is not able to adequately provide advice and support over the phone and/or resolve the problem, then arrangements shall be made for a home visit.
8. Members of the Management Team shall be available for urgent situations on a rotational basis.

9. When a member of the Management Team is needed to attend to a situation, and the designated person is not able to do so, it is his/her responsibility to arrange for another Management Team member to take over.
10. On-call staff shall have access to the Agency office to obtain supplies, review records and handle issues that cannot be dealt with remotely.
11. In the event of an emergency, the person on-call shall call 9-1-1 on behalf of the client and respond immediately.
12. If requests for routine service are made during non-working hours, on-call staff shall advise the caller that the request has been received, noted, and an Agency Representative will get back to them:
    a. the next day, if the call is received on a weekday;
    b. on Monday, if the call is received during the weekend; or,
    c. on the first day following a statutory holiday(s).
13. A log of inquiries received during on-call periods shall be maintained, which includes:
    a. identity of response person;
    b. contents of the inquiry;
    c. action(s) taken to address the inquiry; and,
    d. time and date of each inquiry.
14. The evening or weekend person on-call shall report any actions that require follow-up to the Supervisor or Designee and document the details on the client's record.
15. Upon admission, clients shall be advised about the Agency's availability 24/7 and be issued written procedures and telephone number(s) for on-call service.

VAH.3 SERVICE DELIVERY AND CLIENT CARE

VAH.3.1 Service Delivery Process

Village at Home has a well-defined process in place to ensure all Agency personnel and prospective clients and/or existing clients understand the services provided and the appropriate procedures for the delivery of services.

Procedures for "Service Delivery Process"

1. Agency receives inquiries via phone, email, regular mail, fax or in-person. Contact can be made by anyone but usually originates from clients, potential clients, families, friends, neighbors, community agencies, organizations or co-professionals.
2. Information is exchanged between the caller and the Agency to determine how the Agency can help and the most appropriate action to follow.
3. Most contacts involve a request for information or a request for services:
    a. All necessary information about the Agency and its services will be provided so that potential clients and/or interested individuals can make informed decisions.

b. Information may be provided in person, via telephone, email, social media, fax or postal mail.
c. A follow-up call will be made within one week of information being sent to determine if the information was received.

4. Once a request for service is received, an in-home assessment will be conducted in accordance with the Agency's *Initial Assessment Policy* (VAH.3.2) to determine if:
    a. the client's requests/needs can be met by the Agency in a safe and efficient manner;
    b. the client has any additional, unmet needs; and,
    c. the help required falls within the Agency's scope of services.
5. If the services required are outside the scope of the Agency, the Home Care Coordinator may make a referral to a more appropriate outside resource, providing the Client/Representative gives consent.
6. If the Agency is able to provide the services required, the Home Care Coordinator will develop a care plan in accordance with the Agency's *Plan of Care Policy* in consultation with the Client/Representative. Copies of the Plan of Care will be: placed in the client's file; and made accessible in the client's home.
7. Appropriate staff will draw up a *Service Agreement*, which must be signed and dated by the Client/Representative and the Supervisor/Registered Nurse. Copies will be given to the Client/Representative and placed in the client's file.
8. The client will be admitted in accordance with the Agency's Admission of Client to Agency Policy (VAH.3.3).
9. Appropriate staff will arrange for services to be implemented in accordance with the *Plan of Care*.
10. Care Aides/Support Workers will be selected in accordance with the interventions outlined in the *Plan of Care* and will be oriented on the Plan of Care by appropriate staff with clear instructions on the scope of their responsibilities.
11. Home Care Coordinator will monitor services and conduct ongoing assessments in accordance with the Agency's *Ongoing Assessments Policy* (VAH.3.4).
12. Supervisor will ensure that adjustments are made to services, where indicated.
13. If the Agency is not able to continue meeting a client's needs, the client will be discharged from Agency care and/or transferred to an outside resource, with the client's permission, in accordance with the Agency's discharge and transfer policies (VAH.3.13 through VAH.3.16).
14. Procedures for previous Agency clients who are being re-admitted will be in accordance with the Agency's Re-Admission of Former Clients Policy (VAH.3.6).

VAH.3.2 Provision of Information

Village at Home ensures that current and potential clients/clients' representatives have access to comprehensive information, which will enable them to make informed decisions on whether or not the Agency can meet their service and care needs.

Procedures for "Provision of Information"

1. An up-to-date information package shall be provided to Clients/Client's Representative prior to the initiation of services. The information shall be presented in a clear and easily understood manner and include:
    a. types and goals of services/care the Agency will be providing;
    b. types and scope of services/care provided;
    c. process for developing the Service Plan/Care Plan;
    d. terms and conditions, as set out in the Service Agreement;
    e. Agency address and contact details;
    f. hours of operation and statutory holidays observed by the Agency;
    g. access to care after hours;
    h. details of Agency's license and insurance coverage;
    i. name of the Home Care Worker(s) who will deliver the services;
    j. details about other resource(s) that may also be involved with their care;
    k. days and times that services will be delivered;
    l. hourly and/or weekly fees and total costs for services to be provided;
    m. process of notifying Clients/Representatives about any changes in care and subsequent financial obligations that may incur as a result of changes;
    n. hiring and competency requirements for Home Care Workers acceptable for employment or referral by this Agency;
    o. disclosure specifying whether the Home Care Workers who provide services/care are Agency employees or Independent/Third-Party Contractors, and which taxes, insurances and other obligations the Agency and/or clients are responsible for handling;
    p. rights and responsibilities of Clients and Agency;
    q. confidentiality and privacy;
    r. complaints and compliments;
    s. gifts and gratuities;
    t. transportation;
    u. management of client's money/property;
    v. safety information for in-home and external threats;
    w. infection control practices;
    x. emergency preparedness;
    y. accessible community resources;
    z. advance directives;
    aa. name and contact information for the applicable Department to contact about licensing criteria for home care agencies and the Agency's responsibilities and adherence to established rules and regulations; and,

bb. telephone number of the Ombudsman Program located with the local Area Agency on Aging (AAA).

VAH.3.3 Initial Assessment

Village at Home requires that initial in-home assessments for Care Aide and Support Worker care/services be conducted and documented in the client's record, whether care/services continue or not. In-home assessments will be conducted and care/services implemented within 7 days of the referral, discharge, practitioner-ordered start-date, or family's request. Priority referrals shall be addressed no later than 2 days from the date of referral.

Requests for homemaking, companionship and other IADL services may be assessed by an Appropriate Supervisor. If the Appropriate Supervisor determines that ADL and/or more comprehensive support is indicated, the client shall be referred to a Registered Nurse or Qualified Professional for assessment. Assessments must be documented whether services continue or not.

Assessments for ADL services must be conducted by a Registered Nurse or Qualified Professional in accordance with state licensure rules or regulations. If the Registered Nurse/Qualified Professional determines that the client's needs are comprehensive, they must consider the Agency's ability to meet those needs, and refer the client to an external Health Practitioner or higher-level Health Care Provider if needed, with the Client/Representative's written consent for referral and release of personal information.

The *Initial Assessment* must be conducted prior to the development of the *Plan of Care* and shall be signed and dated by the Registered Nurse/Qualified Professional who completed the assessment. The *Plan of Care* shall be developed based on information gathered during the assessment in consultation with the Client/Representative.

Procedures for "Initial Assessment"

1. The person requesting the service shall be contacted to arrange a suitable date and time for an in-home visit.
2. At the beginning of the in-home discussions, the following should be explained:
    a. the purpose of the visit;
    b. that written notations will be made during the visit;
    c. that the Client/Representative is encouraged to ask questions at any time;
    d. that any information collected will be handled as private and confidential;
    e. that he/she has the right to refuse any questions; and,
    f. that the *Plan of Care* will be jointly developed and agreed upon.
3. The Qualified Person/Registered Nurse/Qualified Professional may assist the Client/Representative in assessing the home's safety status by referring to the Agency's *Home Safety Checklist*. Any areas of concern shall be left with the Client/Representative for follow-up.
4. Clients may have a family member or friend present during the visit to provide support and assistance.
5. A good rapport should be developed early in the process to express a sense of caring, trust, support, professionalism, respect and understanding.

6. Language that is easily understood should be used, avoiding medical jargon where possible.
7. In-home assessments provide the basis for a positive and mutually beneficial relationship between the Client/Representative and the Agency and are a critical component of the Service Delivery Process.

VAH.3.4 Ongoing Assessments

Village at Home requires that all clients who receive home care support from the Agency receive ongoing monitoring and undergo reassessments to determine if the *Plan of Care* is meeting the client's needs, goals and desired outcomes. The scope and frequency of reassessments will be determined by the effectiveness of the Plan of Care; the suitability of the care location; and the client's diagnosis, physical/mental/emotional condition, willingness to continue with care, and agreement to accept recommended revisions.

Procedures for "Ongoing Assessments"

1. Appropriate Supervisor/Registered Nurse/Qualified Professional will be responsible for monitoring the client's progress and conducting follow-up reassessments.
2. Appropriate Supervisor/Registered Nurse/Qualified Professional will:
    a. contact the client 2 weeks after implementation of services for a general update; and,
    b. conduct reassessments at least every 6 months or more frequently if indicated when personal care is in place.
3. Reassessments should concentrate on the issues and interventions identified during the Initial Assessment and include assessing:
    a. effectiveness of interventions in place;
    b. client's status including: functional abilities; weight; skin condition; urinary and bowel elimination; breathing; pain; mental issues; appetite and nutrition; and vital signs;
    c. compliance with the *Plan of Care*, prescribed treatments and medication;
    d. adequacy of family and Care Aide support;
    e. appropriateness and safety of the environment; and,
    f. additional issues and needs.
4. Appropriate Supervisor/Registered Nurse/Qualified Professional will make revisions to the *Plan of Care* if the interventions in place are not progressing satisfactorily towards the desired outcome; the client has developed additional or worsening problems; the client refuses additional or ongoing care; and/or the client no longer needs the intervention(s).
5. Major changes to the *Plan of Care* shall only be made after careful evaluation, obtaining agreement from the Client/Representative, notifying and obtaining input from health care professionals and/or other organizations involved in the case, and obtaining Physician verification for recommended new or changed treatments and medications.

6. Appropriate Supervisor/Registered Nurse/Qualified Professional must be aware of the Agency's scope of service and shall not attempt to do anything which the Agency is not qualified or licensed to do.
7. When the reassessment indicates that changes should be made to the *Plan of Care*, the Appropriate Supervisor/Registered Nurse/Qualified Professional shall amend the *Service Agreement* accordingly and obtain the Client/Representative's initials and/or signature to confirm consent.
8. Appropriate Supervisor/Registered Nurse/Qualified Professional will document reassessment activities and actions taken in the client's file.
9. A copy of the revised *Plan of Care* shall be placed in the client's file and the client shall have access to a copy in the home.
10. Comprehensive assessments will be updated and revised by a Qualified Professional every 6 months from the start of care and/or when the client's condition changes, measuring client's progress towards meeting established goals and outcomes.

VAH.3.5 Admission of Clients to Agency

Village at Home applies the following standards and criteria for Agency admissions:

- The Agency accepts individuals for services/care regardless of their race, nationality, color, age, gender, sexual orientation, disability and/or communicable diseases.
- Individuals diagnosed with active pulmonary tuberculosis shall be evaluated for admittance if they have been on an anti-tuberculin regime for at least 2 weeks, show clinical improvement, and have undergone three consecutive samples that are AFB negative.
- The Agency shall be qualified and/or licensed to provide needed services/care competently and safely, with a sufficient number of qualified, competent personnel and resources.
- The services/care needed shall fall within the Agency's scope of services, and individuals shall reside within the geographical area served by the Agency.
- The individual's home environment shall be adequate for safe and effective care, and the individual shall be willing and able to function at home with required services in place.
- The individual's family/caregiver(s) shall be accepting of in-home services and be willing, capable and available to participate in the care.
- Individuals with medical problems shall be under the care of a Physician or shall be willing to seek care from a Physician for medical supervision purposes.
- The individual shall have the financial means to pay for services/care through governmental assistance programs, private insurance or personal assets.
- The Agency shall reserve the right to refuse service to anyone who does not meet the admittance criteria. Individuals not meeting criteria may be referred to other resources if they do not meet criteria, refuse recommended services, request a referral, and/or agree to a referral.
- Once individuals are accepted as Clients, the Agency shall be bound to provide services/care within its areas of expertise and capabilities, applicable laws and regulations, and financial limitations.

- Care services will begin within 7 days of referral.

Procedures for "Admission of Clients to Agency"

1. The Agency shall consider referrals from outside resources including, but not limited to: Physicians, hospitals, care facilities, visiting nurses, families, community organizations, home health agencies, third-party payors, Veterans Organizations, Social Services, and concerned persons.
2. Referring sources shall provide the following information when making a referral: individual's name, address and telephone number; Physician's name and address; medical diagnosis/condition; type of services/care needed; referral source's name, title and phone number; and name and telephone number of primary caregiver and/or emergency contact, if applicable.
3. Supervisor shall evaluate the request for services prior to admitting individuals to the Agency.
4. An initial assessment shall be conducted by Supervisor/Registered Nurse to determine eligibility for admission based on: individual's geographical location; urgency of need; type and amount of care/service required; Agency's ability to meet individual's needs; and competency of staff to meet individual's needs.
5. Assessments shall be conducted in a timely manner and must be carried out within 48 hours of the referral being made when: care is requested by a Licensed Practitioner; individual is discharged from hospital; and/or other referral source advises of the need for a quick assessment.
6. If the Agency is unable to conduct an assessment within the timeframe requested, the Physician (if individual was referred by Physician), the referral source, and the individual who has been referred shall be contacted immediately. Confirmation that the referral source was notified shall be documented. If the referral source cannot extend the timeframe, the Individual shall be referred to another resource.
7. An assessment shall be conducted by the Supervisor/Registered Nurse in conjunction with the Individual/Individual's Representative/family to identify problems, services/care required, and the ability of the Agency to meet the individual's needs.
8. After discussion and/or review, the Individual/Individual's Representative shall be given the opportunity to either accept or refuse the *Plan of Care*. Refer to VAH.3.7 – Informed Consent to Plan of Care.
9. If recommended services/care are refused by the Individual/Individual's Representative, the referral source shall be notified. Refusal shall be confirmed in writing on the Plan of Care form.
10. A log shall be maintained of everyone who is not admitted to the Agency, documenting: name of individual; date of referral; date of assessment; reason for not admitting; referrals to other resources; and other pertinent facts.
11. If the Agency can deliver the services/care needed, the Individual/Individual's Representative shall be provided with the necessary information/material to make an informed decision. Once they accept the *Plan of Care* and are admitted as a Client, a written *Service Agreement* shall be drawn up and signed by the Individual/Individual's Representative and the Agency Representative.

12. A copy of the *Plan of Care* and the *Service Agreement* shall be given to the Client/Client's Representative and the originals shall be placed in the Client's record.
13. Upon admittance to the Agency, new clients shall be provided with information including Agency operations, Plan of Care and educational material. Refer to VAH.3.2 – Provision of Information.
14. The Agency Representative who admits a client shall document: that information has been provided and/or discussed with the Client/Client's Representative; and any lingering confusion or misunderstanding the Client/Client's Representative has regarding the information provided.
15. A client record shall be created for each client admitted to the Agency. The Agency may contract services out to qualified persons and/or other agencies.

VAH.3.6 Readmission of Former Clients

Village at Home determines if individuals may be re-admitted as Agency clients and if service to them may be reinstated by conducting one or more of the following: completion of another General Needs, Nursing Assessment and/or other Comprehensive Assessment; review of the Progress Summary Notes; update of the Plan of Care with new or revised goals and interventions and a timeline for follow-up and evaluation; and consultation with a relevant resource(s), as indicated.

Procedures for "Readmission of Former Clients"

1. The Agency Supervisor/Agency Representative shall review the reason(s) the client was terminated/discharged or transferred previously and determine what changes have occurred which may justify re-admittance.
2. Determine the individual's current, unmet needs and the Agency's ability to meet these needs.
3. Develop *Plan of Care* with input from the Individual/Individual's Representative/Family.
4. Provide the Individual/Individual's Representative with the information/material necessary to make an informed decision.
5. Obtain Individual/Individual's Representative's signature on the *Service Plan/Care Plan* to indicate informed consent to, or informed refusal of, the Plan of Care.
6. Apply the standards, criteria and procedures outlined in VAH.3.5 – Admission of Clients.

VAH.3.7 Informed Consent to Plan of Care

Village at Home acknowledges that clients have a right to be informed about the benefits and risks of services offered to them and to make voluntary decisions whether to accept or refuse recommended services/care. To facilitate this policy, Client/Representatives/families shall be provided with: accurate and understandable information to assist them to make informed decisions about their care; encouragement to participate in the care planning process; an opportunity to give informed consent to recommended care; an opportunity to refuse part or all of the recommended care, as permitted by law; an explanation of potential consequences should services be refused; and an option to be referred to an outside resource.

Procedures for "Informed Consent to Plan of Care"

1. Client/Representative's consent shall be obtained at the time of the initial assessment.
2. Verbal consent may be obtained via telephone or other technological device but must also be obtained in writing at the time of the initial assessment.
3. Adult Clients who are competent to make care decisions on their own behalf, or their legal Representatives, may consent to changes to the recommended Plan of Care.
4. Minors shall have consent determined by a parent or legal guardian.
5. Consent shall not be obtained from Client/Client's Representative until the risks and benefits of the recommended services/care have been discussed with them.
6. Client/Client's Representative shall confirm their agreement or refusal to consent to recommended services/care by signing the appropriate section on the Agency's *Plan of Care*.
7. Once the Client/Client's Representative has provided consent to receive recommended services, the Agency's *Service Agreement* shall be completed, signed and dated in accordance with VAH.3.8 – Service Agreement.
8. If services/care are refused, the referral source shall be notified, if applicable. The reason(s) for the refusal shall be provided.
9. If services/care are declined and a request is made for a referral to another resource, obtain the Client/Client's Representative's signature on the Agency's *Client's Consent for Referral & Release of Information* form.
10. The *Client Consent for Referral & Release of Information* form shall be forwarded to the appropriate resource and copies shall be given to the Client/Client's Representative, filed in the Client's records, and stored in a secure location.

VAH.3.8 Client's Consent for Referral and Release of Information

Village at Home obtains Client/Representatives' written, informed consent to acquire, keep, use, disclose and release information that is relevant to their care. Clients have the right to give full, partial or no consent, with the understanding that partial or no consent may result in the Agency's inability to provide effective service.

Procedures for "Client's Consent for Referral and Release of Information"

1. When conducting an assessment, the Supervisor shall review with the client/client's representative the types of information required and explain how this information may be used.
2. The client/client's representative shall be asked to sign a *Consent for Referral & Release of Information* form, which gives the Agency authorization to obtain, keep, use, disclose and release information to health care providers involved in the client's care, third-party payers, and other organizations, companies or community resources which shall/may assist the client to meet home care needs.
3. The *Consent for Referral & Release of Information* shall: be understandable; be written in clear and concise language; and delineate the specific persons,

organizations, companies and/or community resources with which information may be released.

4. The signed *Consent for Referral & Release of Information* shall be placed in the client's file.

VAH.3.9 Service Agreement

Village at Home enters into a service agreement with the client/client's representative before the initiation of any home care services to the client.

Procedures for "Service Agreement"

1. When an individual is accepted for service, a written *Service Agreement* shall be signed and dated by the client/client's representative and the Agency. A copy of the signed agreement shall be given to the client and the original shall be maintained in the client's file at the Agency office.
2. The written *Service Agreement* may include, but not be limited to, the following items:
    a. name, telephone number, street address and mailing address of the Agency;
    b. client/client's representative's consent to receive services, authorized by signing the Service Agreement;
    c. date of the request/referral for service;
    d. a description of, the frequency and the duration (if known) of the services to be provided;
    e. date services shall commence;
    f. rights and responsibilities of the client;
    g. procedure and contact numbers for contacting the Agency Manager, Supervisor or designee during all hours wherein services are provided;
    h. a clear statement indicating that it is not within the scope of the Agency's license to manage the medical and health conditions of clients, should they become unstable or unpredictable;
    i. name(s) of person(s) to contact in case of an emergency or significant adverse change in the client's condition/circumstances;
    j. acknowledgement of receipt of the Client-Consumer Bill of Rights and Client-Consumer and Agency Responsibilities forms;
    k. Agency's license status and currency of license, if required;
    l. telephone numbers of the State licensing authority (if applicable) and Elder Abuse hotline;
    m. Agency's responsibility to manage all payroll and other benefits; adhere to state and federal guidelines in employment practices; and manage staffing responsibilities including pre-employment background checks, recruiting, disciplining and firing, training, supervision, performance appraisals, scheduling, standards, and follow-up on complaints;
    n. cost of services provided;

o. billing and payment procedures, including payment due dates;
p. Agency's refund guidelines;
q. notification of increases in service costs;
r. client's right to cancel the Service Agreement at any time and only be charged for services actually performed prior to the cancellation date;
s. criteria, circumstances, or conditions which may result in termination of services by the Agency and procedures for notifying the client;
t. process for filing complaints; and,
u. contingency plan if scheduled services cannot be provided by regular workers.

3. Amendments to the Service Agreement shall be handled as follows:
    a. Either an Agency Representative or the Client may initiate a meeting to determine the scope of the amendment and which sections need to be modified, added or deleted.
    b. When both parties consent to the amendments, the changes shall be recorded in writing.
    c. If the Agreement requires extensive changes, an entirely new agreement shall be drawn up; otherwise, small changes can be handled via a letter or notation.
    d. All parties who signed the original agreement shall sign the Amendment, which shall be dated, with a copy given to the Client and a copy filed in the Client's records.
    e. Relevant staff and other persons shall be advised about any change in the Agreement terms immediately.

VAH.3.10 Care Aides & Support Workers: Orientation to Client

Village at Home requires that prior to the provision of care, Care Aides and Support Workers assigned to the case will receive orientation and information about their clients, including environmental, physical, and psychosocial aspects and details about Plans of Care. When formulating client care/services, consideration will be given to the needs of the client, the competencies of the Care Aides and Support Workers, and the specific care/service to be provided.

Procedures for "Care Aides & Support Workers: Orientation to Client"

1. Appropriate Supervisor/Registered Nurse/Qualified Professional will assign Care Aides and Support Workers based on:
    a. client's needs and specific care/service requirements; complexity of care; predictability of outcomes; and risks of negative outcomes in response to care;
    b. Care Aide/Support Worker's competencies, training/education, experience, and expertise.
2. Assignment may also take into consideration: wishes/preferences of the client; preferences of the Care Aide/Support Worker; similarity of

gender/ethnicity/language; similarity of personalities; common interests; and geographical proximity. Attempts will be made wherever possible to suitably match clients and Care Aides/Support Workers.

3. Frequency of care/service delivered in the client's home will be determined by the client's ability to function, psychological status, and available support system.
4. Care Aides will be assigned to clients whose primary needs are ADL assistance, although some IADL assistance may be provided as scheduled. Support Workers, including Homemakers and Companions, will be assigned to clients requiring IADL services only and must not perform personal care activities.
5. Client Team communications regarding client care/services may include verbal and/or written instruction and demonstration and may take place in-person at the Agency office or other suitable location, by telephone, by secure text/email, or on-site in the client's home.
6. Personal care and support services provided will be based on initial and ongoing assessments conducted by Appropriate Supervisor/Registered Nurse/Qualified Professional in accordance with Agency Policies: *Initial Assessment*, VAH.3.3, and *Ongoing Assessments*, VAH.3.4.
7. Care Aides will initially be assigned and orientated by the Registered Nurse/Qualified Professional who conducted the assessment. Support Workers will be assigned and oriented by the Appropriate Supervisor or the Registered Nurse/Qualified Professional who conducted the assessment.
8. Registered Nurse/Qualified Professional and Appropriate Supervisor will review with the assigned Care Aide/Support Worker the duties to be performed and arrangements for provision of service as specified in the *Plan of Care*.
9. When indicated, the Appropriate Supervisor/Registered Nurse/Qualified Professional may provide orientation to the Care Aide/Support Worker in the client's home.
10. Assignment Sheets shall be prepared for Care Aides/Support Workers for each client they are assigned, using the *Care Aide Assignment Sheet* or *Support Worker Assignment Sheet* as applicable. Confirmation that orientation was provided will be documented on the assignment sheets, including: date of the assignment review; name of the assigned Care Aide/Support Worker; and signature of the Appropriate Supervisor/Registered Nurse/Qualified Professional giving the review.
11. If electronic documentation is utilized, notes will be sent daily.
12. Should a health problem be identified, and/or a significant change be noted in the client's physical condition, the Care Aide/Support Worker will report this information to the Appropriate Supervisor/Registered Nurse/Qualified Professional as soon as possible.

VAH.3.11 Monitoring & Follow-Up

The Village at Home requires that all clients who have undergone an *Initial Assessment* and are in receipt of care/services from the Agency receive ongoing monitoring and regular follow-ups to determine if the interventions implemented are meeting the *Plan of Care's* established goals and outcomes.

Procedures for "Monitoring & Follow-Up"

1. Appropriate Supervisor/Qualified Professional shall conduct regular monitoring and follow-up on the *Plan of Care* to ensure that the interventions in place are working as desired or expected and to anticipate or respond to any new problems which may develop.
2. Appropriate Supervisor/Qualified Professional shall:
    a. contact the client 2 weeks after implementation of services for a general update;
    b. make phone calls or home visits more frequently, if required; and,
    c. conduct reassessments at least every 6 months or more frequently if indicated when personal care is in place, in accordance with VAH.3.4 – Ongoing Assessments.
3. Appropriate Supervisor/Qualified Professional shall ensure that revisions to the *Plan of Care* are made if monitoring and follow-up evaluations indicate that the interventions in place are not getting the job done; the client has developed additional problems; and/or the client no longer needs the intervention(s).
4. Major changes to the *Plan of Care* shall only be made after careful evaluation and obtaining input from health care professionals and/or other organizations, companies or community resources involved in the case.
5. When changes are made to the *Plan of Care* as a result of monitoring and follow-up, Appropriate Supervisor/Qualified Professional shall amend the *Service Agreement* accordingly and have the client/client's representative initial and/or sign the changes.
6. Appropriate Supervisor/Qualified Professional shall document all monitoring and follow-up activities in the client's file.
7. Appropriate Supervisor/Qualified Professional shall be aware of the Agency's limits of expertise and shall not attempt to do anything which the Agency is not qualified to do.
8. Once the *Plan of Care* has been revised to reflect changes, Appropriate Supervisor/Qualified Professional shall continue with the monitoring and follow-up as an ongoing process.

VAH.3.12 Confirmation of Service Delivery

Village at Home requires that all care/services provided to clients be recorded and confirmed electronically by the Care Aide/Support Worker and, with Medicaid clients, by their signature at the completion of each visit.

Procedures for "Confirmation of Service Delivery"

1. All assigned care/services identified in the Client's *Plan of Care* shall be completed as outlined. If a service is not completed, an explanation will be documented on the relevant form: *Client Service Certification Record*; *Care Aide Assignment Sheet*; or CareSmartz 360 charting.
2. Confirmation that the *Plan of Care* interventions have been delivered will be verified by Care Aide/Support Worker and Client/Representative signing the relevant form:

Client Service Certification Record; *Care Aide Assignment Sheet*; or CareSmartz 360 charting.

3. The signatures of Care Aide/Support Worker/Client/Representative on the *Client Service Certification Record, Care Aide Assignment Sheet and Support Worker Assignment Sheet* may also be used for billing and/or payroll purposes.
4. Documentation on the *Client Service Certification Record, Care Aide Assignment Sheet and Support Worker Assignment Sheet* will include: care/service provided; date of service; and time spent delivering the service.
5. Care Aide/Support Worker(s) and Client/Representative will provide samples of their signatures and initials at the bottom of the form at the time of the Care Aide/Support Worker's first visit and when a new form is started.
6. All Care Aide/Support Workers who provide service to the client must sign and initial the form.
7. If more than one Care Aide/Support Worker delivers services to a client on the same day, each must document the service provided and sign and initial the form. The Client/Representative shall also initial for each visit.
8. At the end of each visit, Care Aide/Support Worker and Client/Representative shall sign their initials under the relevant date to confirm services were delivered and the amount of time required to deliver them.
9. The completed form shall be returned to the Agency and given to the Home Care Coordinator every Friday.
10. The Care Aide/Support Worker last delivering service to the client is responsible for: ensuring the completed form is returned to the Agency office; leaving a new blank form at the client's home if available; or advising the Supervisor that a new blank form is needed.
11. All forms used to confirm service delivery shall be placed in the Client's file at the Agency Office after they have been reviewed by the Supervisor and their data recorded for billing and/or payroll purposes.
12. Service Delivery confirmation records shall adhere to the Agency's and HIPAA policies on Safeguarding Client Records, Retention and Destruction of Client Records, and HIPAA Compliance.

VAH.3.13 Advance Directives

Village at Home follows federal guidelines as outlined in the Patient Self Determination Act (PSDA) to inform clients of their rights to formulate Advance Directives and complies with state laws regarding Advance Directives.

- The Agency shall provide its clients who are in receipt of benefits from either Medicare or Medicaid information about advance directives, in accordance with federal law.
- As prohibited by federal and state law, the Agency shall not require clients to complete any Advance Directive forms as a prerequisite for service. This does not mean that the Agency is required to provide care that conflicts with an existing Advance Directive.
- The Agency recognizes that when the client is not legally responsible, the surrogate decision maker has the right to refuse care, treatment and services on the client's behalf.

- The Agency recognizes the importance of clients participating in planning their care and their right to accept or refuse services, care or treatment.
- The Agency shall provide care according to the Plan of Care established by the physician and in consultation with client/client's representative when an Advance Directive does not exist.
- The Agency recognizes that the client has the right to revoke or change an Advance Directive at any time and shall advise/remind clients of this right.
- The Agency shall document any changes in Advance Directives in the client's record and communicate such changes to relevant home care staff.
- Agency staff shall not act as a witness for any Advance Directive(s).
- The Agency shall advise its staff to initiate CPR should a Cardiopulmonary Arrest occur, providing the client's Advance Directive does not state the client wishes to withhold resuscitation and there is no Physician's order to withhold it.
- The Agency shall notify the client/client's representative if it cannot carry out the client's advance directive for any reason and shall offer assistance in finding an alternate service provider.

Procedures for "Advance Directives"

1. The Supervisor/Alternate will inquire about the client's decisions regarding advance directives at the initial service assessment and document the given response in the client's record.
2. If an Advance Directive(s) exists, the Supervisor/Alternate shall request a copy from the client/client's representative and ensure it is placed in the client's records. The original Advance Directive(s) shall be kept with the client.
3. The Supervisor/Alternate shall ask the client/client's representative for a copy of any revisions or revocations made to the Advance Directive(s) during the course of home care/service.
4. The Supervisor/Alternate shall issue a copy of the Agency's Advance Directives Policy and, if required by state regulations, a copy of the Advance Directives Information Sheet to the client/client's representative during the initial assessment, and document the action(s) in the client's records.
5. The Supervisor/Alternate shall familiarize all staff providing service to the client about the Advance Directive(s).
6. The Supervisor/Alternate shall be responsible for ensuring revisions and revocations to Advance Directive(s) are documented in the client's records and are communicated to relevant staff.
7. The Supervisor/Alternate shall advise its staff where to find instructions for the client's Advance Directive(s).
8. When individuals are incapacitated and unable to receive information due to a mental disorder or incapacitating condition, information may be given to the family or surrogate instead. The information must be given to the individual directly once he/she is no longer incapacitated.
9. Whenever family wishes vary from those expressed by the client in a valid Advance Directive, the wishes of the client will be followed.

10. During the orientation period, staff shall receive education regarding Advance Directives for home care, related policies and procedures, and their responsibilities for documentation and communication of a client's advance directive.
11. Training records shall include: dates when training was given; summary on what training was given; names and credentials of person(s) providing the training; and names and positions of people attending the training sessions.

Note: The 1992 amendments to the Washington State Natural Death Act direct the Department of Health to adopt guidelines and protocols for how emergency medical personnel shall respond when summoned to the site of an injury or illness for the treatment of a person who has signed a written directive or durable power of attorney requesting that he or she not receive futile emergency medical treatment (see RCW 43.70.480). The Washington State Medical Association (WSMA) has implemented a Portable Orders for Life Sustaining Treatment (POLST) form, which summarizes an individual's wishes regarding end-of-life treatment and is intended to travel with the patient from one healthcare setting to another.

VAH.3.14 Death at Home

Village at Home shall adhere to applicable federal, state, and municipal regulations for in-home deaths.

Procedures for "Death at Home"

1. The Agency shall become knowledgeable about, and comply with, state and community regulations related to deaths occurring in the home. Agency staff shall apply the procedures specified in this Policy for deaths occurring in the home unless state/community regulations differ, in which case the latter shall take precedence.
2. Supervisor shall ensure that Home Care Aides know the wishes of all their clients regarding advance directives as well as the existence and location of any Do Not Resuscitate Orders and/or Living Wills.
3. Supervisor shall ensure that Home Care Aides are instructed on what procedures to follow, dependent on the presenting scenario, as outlined in this Policy.

Scenario 1: There Is No DNR Order and Agency Staff Are in the Home

4. Call 911 and start CPR.
5. Unlock the door to the house.
6. Assist the Emergency Medical Service (EMS) responders, as directed.
7. Contact the client's Physician.
8. Contact the Agency's Supervisor to advise him/her and to notify other Home Care Aides.
9. Assist family, as required or requested, with follow-up measures such as notifying other family members/friends, contacting the funeral home, and contacting religious personnel.
10. Document the following in the client's record: the events surrounding the death; the date and time of death; the identity of those present; and actions taken by others and Agency staff.

Scenario 2: There is a DNR Order and Agency Staff Are in the Home

11. Call 911.
12. Unlock the door to the house.
13. Obtain or direct another individual to obtain the DNR Order so it is in-hand when the EMS arrive.
14. Assist the EMS as directed.
15. Contact the Agency's Supervisor to advise him/her and to notify other Home Care Aides. If the Supervisor/other member of the Agency Management Team is not available, leave a message and try to alert the Home Care Aide scheduled to take the next shift.
16. Assist family, as required or requested, with follow-up measures.
17. Document the following in the client's record: the events surrounding the death; the date and time of death; the identity of those present; and actions taken by others and Agency staff.

Scenario 3: Death is Unexpected and Agency Staff are in the Home

18. Call 911.
19. Unlock the door.
20. If the deceased's wishes regarding DNR are not known, begin CPR immediately and continue until instructed to stop by EMS.
21. If the deceased has a DNR Order and the documents are on the premises, direct a family member/other person to retrieve the documents to have in-hand for EMS, or if no other person is present and the location is known, retrieve them.
22. Be prepared for possible questioning by the police.
23. If the unexpected death has been sudden, uncertain or because of injury, avoid disrupting the environment around the deceased as the Police may call in the Coroner.
24. Document the following in the client's record: the events surrounding the death; the date and time of death; the identity of those present; and actions taken by others and Agency staff.

Scenario 4: Hospice is Involved and Agency Staff are in the Home

25. If a Hospice Worker is not in the home at the time of death, contact Hospice. A Hospice Nurse will come to the home to pronounce death, may arrange for pickup of the body by a funeral home, and may assist the family with other post-death activities. EMS is not usually contacted when Hospice is involved.
26. Home Care Aide shall: assist Hospice Nurse/family as requested with follow-up measures; contact the Agency's Supervisor to advise him/her and notify other Home Care Aides scheduled to work in the home; and document the following in the client's record: the events surrounding the death; the date and time of death; the identity of those present; and actions taken by others and Agency staff.

After-Death Body Care

27. Supervisor shall be responsible for: being familiar with the existence and content of any regulations about after-death body care; determining the family's wishes;

determining if any legal, religious, or other considerations exist; ensuring that Home Care Aides who provide after-death body care are properly trained, competent, and emotionally capable to perform such care; and, when indicated, either assisting the Home Care Aide or assigning another competent staff member.

28. If the death is expected, Supervisor and Home Care Aides shall discuss, in advance, the Home Care Aide's role in providing after-death body care in the event the Home Care Aide is working in the home at the time of death.
29. If the death is unexpected and/or if the Supervisor and Home Care Aide have not previously discussed the Home Care Aide's role, the Home Care Aide shall contact the Supervisor prior to providing any after-death body care.
30. Supervisor shall review this Policy with all new employees during orientation. Supervisor shall ensure that all staff receive training on caring for terminally ill clients as part of their first year's training curriculum.

VAH.3.15 Medication Management

Village at Home is committed to achieving, maintaining and improving effective and safe medication management for its clients.

- Only employees who are Registered Nurses or have completed Nurse Delegation training and are being supervised under the care of an RN shall be involved in the administration of medications unless State/other authorities have authorized additional job classifications and those classifications meet mandated training requirements.
- The Home Care Aide's role in medication management shall be supportive only and is limited to those activities listed under "Role of Home Care Aides in Medication Support" in the procedures section of this policy. Any Home Care Aide that is delegated must meet established standards including performance evaluation per regulations by the Agency RN.
- The Agency's form *"Incident Report: Medication"* shall be completed for all errors/incidents which involve medication management.

Procedures for "Medication Management"

Role of the Registered Nurse in Medication Administration

1. Registered Nurses and/or other job classifications authorized to administer medications shall:
    a. adhere to the "6 Rights" of medication administration: Right individual; Right drug; Right dose; Right time; Right route; and Right documentation;
    b. be aware of the correct storage requirements for medications;
    c. follow medication administration procedures in accordance with the Client's Care Plan;
    d. have adequate knowledge of the medication, its therapeutic purpose, usual dose, frequency and route of administration, specific precautions, contra-indications, side effects and adverse reactions;
    e. determine whether an individual has any known allergies to the medication being administered;
    f. check with the Physician if there is any doubt about the accuracy of any aspect of the prescription before administering the medication;

g. ensure the individual/family, wherever possible, knows why the medication has been prescribed;

h. document the administration of the medication on the *"Medication Administration Record"*;

i. report to the Physician any side effects or adverse reactions experienced by the person and document the episode in the client's record;

j. report and manage any medication incidents and variations; and,

k. adhere to the following when dispensing medications: check the Care Plan for any changes in clients' medications; check the *"Medication Administration Record"* to ensure the medication has not been administered already; select the medication(s) to be administered; check the label for the name of the client, name of medication, dosage and frequency; administer by the route ordered; measure liquid medication using a graduated medicine measure; record the administration by initialing the dates and time slots on the *"Medication Administration Record"*; document any occasion wherein the medication was refused by the client/client's representative and the reason(s) why; and do not make any changes to medication labels.

Role of the Home Care Aide in Supervising Self-Administered Medications

2. When clients administer their own medications, Home Care Aides shall: check with the clients to ensure they have taken their medication and then initialize the correct slot on the *"Medication Administration Record"*; make notations on the record when clients refuse to take their medication, take the wrong medication, take insufficient or too many tablets, are out of their medication, or there are other reasons why medication was not taken; and advise the Supervisor whenever clients have not taken their medication as prescribed.

Role of the Supervisor in Medication Support

3. The Supervisor shall: when required, communicate with the client's Physician, Pharmacist, and/or other health professionals to clarify and/or discuss the client's medication support and/or medication administration needs; ensure that an up-to-date record of the client's medications is kept on the client's record; and ensure that Home Care Aides are educated and competent to assist the consumer with medication management.

Role of Home Care Aides in Medication Support

4. Home Care Aides shall:

    a. check the Care Plan and become familiar with how medications are currently being managed in the home;

    b. encourage clients to obtain information about their prescription and non-prescription medications from their Physicians and/or Pharmacists;

    c. remind or prompt clients to take their medications;

    d. read the label to the client;

    e. bring the medication and any required supplies/equipment to the client;

    f. open medication containers;

g. position the client for administration of medications;
h. provide appropriate liquids to enable clients to swallow medication;
i. store, clean and dispose of used supplies/equipment properly;
j. confirm that the medication has been taken and initial the *"Medication Administration Record"*;
k. document in the Client Records whenever clients fail to take their medications and the reason(s) why; and,
l. advise clients to consult with their Physician, Pharmacist or Registered Nurse about questions or advice about their medications.

Medication Monitoring

5. Home Care Aides shall ensure that all Blister-packs and medication containers are labeled with: name and telephone number of pharmacy; date of preparation; name of consumer; name and dosage of medication; instructions for taking medication; important side effects; identification number; and appropriate warnings.
6. Home Care Aides shall check labels on Blister-packs or other medication administration aids to ensure they are for the correct client.
7. Home Care Aides shall remind clients that it is important to store medication properly: in accordance with any instructions on the label; in their original containers; in a cool, dry and secure place; at the correct temperature; and refrigerated, when required.

Medication Storage

8. Medications shall be stored:
    a. in their original containers unless they are distributed in Blister-packs prepared by the Pharmacist;
    b. in a sanitary and orderly manner;
    c. away from heat, light and sources of moisture (not in the kitchen or bathroom);
    d. at temperature specified on the label;
    e. in a safe and secure place;
    f. separately from other poisonous drugs and chemicals;
    g. separately from staff or household medication;
    h. in a manner that will protect them from contamination; and,
    i. in a refrigerator but not adjacent to the freezer compartment, uncooked meats or other food.
9. Controlled medications shall be stored in a locked container and stored in a secure location in the clients' homes.

Medication Disposal

10. After usage, needles, syringes, or other sharp objects used to administer medication shall be placed in sharp object disposal containers that are: made of puncture resistant material; leak proof; have a lid that will seal the container when full; designed to allow sharps to be placed in easily; make removal of sharp objects

difficult; labeled “Hazardous Materials”; large enough to hold the number of sharp objects used; and not overfilled.

11. Disposal containers for sharp objects shall be disposed of according to local waste disposal laws and regulations.
12. Medications which are no longer being used or have passed their expiry date shall be disposed of by returning them to the local Pharmacy and/or following other disposal methods applicable in the local area.
13. When Home Care Aides are left with the responsibility of disposing of expired and/or unwanted medication(s), they shall: obtain client’s consent where appropriate; obtain permission from the Supervisor to return them to the Pharmacy; and obtain a receipt from the Pharmacy. Details of the returned medications shall be documented on the Medication Administration Record.

Medication Errors/Incidents

14. Should a medication error/incident occur, Home Care Aides shall:
    a. remain calm and acknowledge that an incident has occurred;
    b. identify the nature of the incident;
    c. contact the Supervisor and obtain instruction;
    d. call “911” if the client is in distress or appears unwell;
    e. observe the client for changes in behavior or well-being and report such signs/symptoms to the Supervisor;
    f. document the incident in the client’s record;
    g. complete an *“Incident Report: Medications”* form and give it to the Supervisor;
    h. provide reassurance to the client; and,
    i. remain with the client until the Emergency Response Personnel arrive, unless advised differently by the Supervisor.
15. Should a medication error/incident occur, the Supervisor shall:
    a. discuss the error/incident with the Home Care Aide and review details of the *“Incident Report: Medications”* form;
    b. contact the Physician, Pharmacist and/or Poison Control Center for oral instructions and request they also submit these instructions in writing to the Agency;
    c. pass on instructions received to the Home Care Aide;
    d. direct the Home Care Aide to observe the client for any changes in behavior or well-being;
    e. instruct the Home Care Aide to call “911” if the client is in distress or shows signs of being unwell;
    f. advise the Home Care Aide when it is okay to leave the client;
    g. assist the Home Care Aide to complete the Incident Report form to ensure all details and actions are recorded;
    h. advise the client’s family about the medication error/incident;

i. phone the client later in the day or the next day, if appropriate, to inquire about his/her well-being;

j. focus the investigation of the error/incident around its process instead of around the people involved; and,

k. determine how similar errors/incidents can be prevented and develop an action plan, educating employees, clients and families on preventative measures.

Medication Documentation

16. When an assessment or other evaluation reveals that a client needs help with Medication Administration or Medication Support, that fact shall be documented in the Care Plan.
17. Employees shall initial the relevant time slot on the *"Medication Administration Record"* form after they have administered medication to clients and/or confirmed the clients have taken their medication as ordered.
18. Employees shall sign their names and provide a sample of their initials at the bottom of each page of the *"Medication Administration Record"*, the first time they record anything on it.
19. The current *"Medication Administration Record"* shall be kept in the clients' records, which are maintained in the clients' homes.
20. Completed *"Medication Administration Records"* shall be filed in Client's files kept at the Agency Office.
21. Training on medication management shall be given at orientation with refreshers being conducted on an as-needed basis, but at a minimum, once a year. Training records are to be maintained for 3 years from the date of training.

VAH.3.16 Change in Scheduled Care: Client Notification

Village at Home requires that clients be given 24-hour notice of any significant changes in their existing *Plan of Care*.

Procedures for "Change in Scheduled Care: Client Notification"

Changes to Service Plan

1. When changes are to be made to existing services/care, including scheduling, frequency and treatments, clients shall be notified about the changes at the time of the visit. When changes are made, details shall be documented and shall include: specific changes in the *Plan of Care*; client's response and/or acceptance to the changes; and date and time notification was given.

Changes to Service Schedule

2. Clients shall be contacted the night before service/care is to be delivered to verify the approximate time staff will arrive.
3. If an assigned worker is delayed and will be one hour or more later than initially scheduled to arrive, he/she shall notify the clients of the change and confirm their acceptance.

4. If there are to be any significant changes to the schedule, such as moving a morning visit to the afternoon, the assigned worker shall notify the Supervisor of the change.
5. If an assigned worker is not able to provide services as a result of unforeseen problems, he/she shall notify the Supervisor immediately.

VAH.3.17 Discharge/Termination or Reduction of Client Services

Village at Home shall discharge/terminate or reduce its services to clients without discrimination under the following conditions:

- Clients shall be discharged/terminated from the Agency, with prior notice, if: their condition deteriorates to a level that requires care beyond what the Agency can safely and competently provide; they pass away; their family assumes responsibility for their care; they lose supportive care at home; there is a lack of cooperation in the home to achieve mutually established goals; their care goals have been met; the Agency is reducing its scope and/or level of services; they relocate to an area beyond the Agency's geographical service area; their home conditions become unsafe for Client or support workers; or their Physician or Independent Practitioner ordered the cessation of services, does not provide orders, fails to renew orders, and/or is replaced by another who does not support the plan of care.
- Clients may be discharged/terminated from the Agency, without prior notice, under certain conditions including: Client/Client's Representative/Family request discharge/termination or reduction of services; the Client's medical needs require urgent assistance immediately; a disaster occurs and the Client's health and safety become at risk; the attending Physician's or Independent Practitioner's orders; the Client fails to pay for services except as prohibited by federal law; the Agency voluntarily surrenders its business operations or receives an order of denial, revocation or suspension by the licensing authority; and the protection of staff and/or Client when safety becomes a concern.
- Medicaid: any client served under the Medicaid contract can be discharged from services only when a minimum of two weeks' notice has been provided to the Case Manager prior to the client being removed from services. This requirement is only waived when the client presents significant safety concerns that are not able to be remedied immediately following consultation with the Case Manager.

Procedures for "Discharge/Termination or Reduction of Client Services"

1. When prior notice of discharge/termination or reduction of services is required:
    a. Verbal notification shall be provided via telephone or in-person at least five days before cessation or reduction of service.
    b. Written notification shall be provided to: Client/Client's Representative/Family and/or legal representative; and attending Physician and/or Independent Practitioner(s) involved in the Client's care.
    c. Individuals shall be given the opportunity to participate in the Discharge Planning.
    d. Written notification shall be delivered by hand or by mail.
    e. Notice of the discharge/termination or reduction of service(s) shall be given using the relevant Agency's form: *Discharge/Termination: Client Notification* (which includes the date of discharge/termination; reason(s) for the

discharge/termination; their right to request an informal meeting with the Agency Management Team; and their right to seek legal counsel); or *Reduction of Services: Client Notification* (which includes effective date of service reduction; reason(s) for reduction; service(s) affected; right to request an informal meeting; and right to seek legal counsel).

f. Hand-delivery of the written notification shall be made at least five days before the date of discharge/termination or reduction of services.

g. Mail delivery of written notifications must be posted at least eight working days before the date of discharge/termination or reduction of services.

2. When prior notice is not required:

   a. The Client/Client's Representative shall be given a verbal and written explanation as to why the service(s) are being discharged/terminated or reduced; and an opportunity to participate in the plan of care.

   b. Physician and/or Independent Practitioner(s) involved in the Client's care shall be notified in writing and involved in the planning process.

   c. The Client/Client's Representative shall be kept updated on the status of the discharge/termination or reduction of service(s) plan.

3. The Agency's form *Discharge Summary* shall be completed. A copy shall be given to the Client.

4. The Agency Supervisor shall be responsible for ensuring that discharge/termination or reduction of service documentation is filed in the Client's record, including: all copies of any Agency's forms used; all notations made during the process; and documentation that the Client's attending Physician and/or Independent Practitioner were notified of the date of discharge/termination or reduction of services.

VAH.3.18 Discharge Planning

Village at Home requires that discharge planning starts upon a client's admission to the Agency; evaluations be conducted regularly and on an as-needed basis; information be provided to Client/Client's Representative/Family to enable informed decisions about the client's discharge, referral and/or transfer; and Client/Representative/Family be adequately prepared and informed prior to discharge.

Procedures for "Discharge Planning"

1. The Initial Assessment shall provide the basis for identifying needs and determining services/care required.
2. During the initial assessment, the Agency Supervisor/Representative shall:

   a. identify needs with activities of daily living and/or instrumental activities of daily living;

   b. determine financial and human resources available for assistance;

   c. assess possibility for changes in living circumstances;

   d. predict and document length of time help may be required before discharge occurs; and,

e. advise Team Members of discharge potential.

3. As part of the discharge planning process, Agency Supervisor/Representative shall:
    a. discuss the need for discharge with Client/Client's Representative/Family;
    b. be the referral source for obtaining required support services;
    c. communicate with members of the Interdisciplinary Team, as required, to coordinate services to assist with identified needs;
    d. discuss discharge plans with Client/Client's Representative/Family;
    e. provide discharge information to Client/Client's Representative/Family;
    f. give written notification of the discharge to any Physicians and/or Independent Practitioner(s) involved in the client's care; and,
    g. contact the relevant person/resource for assistance if problems develop in the discharge planning.
4. Communications, notations, consultations, and other actions taken during discharge planning shall be documented in the client's records.

VAH.3.19 Discharge Summary

A written Discharge Summary shall be completed within 72 hours for every client who is discharged/terminated from Village at Home.

Procedures for "Discharge Summary"

1. A Physician's order for discharge shall be obtained when required by State law.
2. Supervisor/Agency Representative shall complete the Agency's form *Discharge Summary* when clients are discharged/terminated from the Agency.
3. The following details shall be documented:
    a. Identifying information including: name and date of birth; and address and telephone number;
    b. Notification dates: date Client/Client's Representative/Family were notified of plan to discharge; date of discharge; date Physician was notified of discharge if Physician is involved in care; and date Independent Practitioner(s) was notified of discharge if involved in care;
    c. Reason(s) for discharge;
    d. If client is transferred to another care provider, specify its name and location;
    e. Client status notations: problems existing at time of admission; problems experienced while in receipt of care; and medical, health and general condition at time of discharge; and,
    f. Summary of care/services provided.
4. The Discharge Summary and related clinical documents shall be completed within 72 hours of discharge.
5. Within 72 hours of the transfer date, the Discharge Summary shall be: provided to the receiving Service Provider; copied and sent to the client's Physician, if he/she is involved in the care; and copied and placed in the client's record.

VAH.3.20 Transfer & Referral of Agency Clients

Village at Home requires that Clients be transferred/referred to another Service Provider if: there is a change in their medical or treatment plan; the Agency can no longer provide the required care; and/or continuation of services with this Agency is no longer appropriate. Should a Physician and/or Independent Practitioner(s) be involved in the Client's care, they shall be notified immediately.

Procedures for "Transfer & Referral of Agency Clients"

1. When an Agency Client needs to be transferred/referred to another Service Provider and a Physician is involved in their care, he/she shall be contacted immediately to: verbally confirm the intended transfer; obtain an order for the transfer/referral if required by the state; participate in the transfer/referral planning; and relay the appropriate information to the receiving Care Provider.
2. Independent Practitioner(s) involved in the care shall be advised of the pending transfer/referral so they can be involved in the planning process.
3. Client/Client's Representative/Family shall be immediately contacted to: advise them of the need for transfer/referral; offer assistance to locate a suitable Service Provider; and give them an opportunity to participate in planning the transfer/referral.
4. Client/Client's Representative shall sign the Agency's form *Client's Consent for Referral & Release of Information* before the transfer/referral is made.
5. The Supervisor shall coordinate interactions amongst the Agency, relevant Physician(s), Independent Practitioner(s), receiving Service Provider and other outside resources involved with the Client's care to ensure a successful transition. Refer to VAH.3.21 Coordination of Client Transfer.
6. The Agency's form *Coordination of Client Transfer Checklist* shall be followed throughout the transfer coordination process.
7. The Supervisor shall provide relevant information to the receiving Service Provider: name and telephone number of the Agency; identity and title of Agency Representative making the referral; name, address and telephone number of individual being referred; name and address of Client's Physician; medical diagnosis; type and/or level of service needed; and name and telephone number of primary caregiver and emergency contact.
8. The Agency's form *Transfer Summary* shall be completed, and a copy given to the Client/Client's Representative.
9. The Agency Supervisor shall be responsible for ensuring that all transfer/referral documentation is filed in the Client's record.

VAH.3.21 Coordination of Client Transfers & Referrals

Village at Home may transfer clients and share information with Outside Resources, in accordance with federal and state regulations, when: clients are no longer able to have their needs met by the Agency; clients no longer require the Agency's services; clients are no longer safe or healthy in their home environments; clients/representatives request termination of services in accordance with

the Service Agreement; employees are threatened or abused by clients or others in the households; and/or the Agency surrenders its license.

Procedures for "Coordination of Client Transfers & Referrals"

1. The Agency shall take an active role in the coordination of client care with Outside Resources.
2. An assessment shall be conducted to determine if the needs of the client/family can continue to be met by the Agency.
3. The Case Manager shall discuss the client's significant health and safety factors with client/representative and document them in the client's record.
4. If the Needs Assessment reveals that the Agency can no longer adequately meet a client's needs, determine which Outside Resource may be able to meet them.
5. The Agency shall give clients/representatives 14 days advance notice of intended transfer unless an emergency situation arises. The notice of intended transfer shall be given orally and in writing.
6. Client/Representative/Family shall be provided with: the reason(s) for the transfer; their right to request an informal meeting with the Agency Management Team; and their right to seek legal counsel.
7. The Agency's *Discharge/Transfer Summary* shall be completed for all transferred clients, with a copy being issued to the client/representative.
8. If the client/client's representative authorizes a referral, have him/her sign the Agency's form Consent for Referral & Release of Information; initiate tracking on the Agency's Coordination of Client Transfer Checklist; initiate contact with the Outside Resource that will receive the transferred client; and discuss client's significant health and safety factors with the Outside Resource.
9. Case Manager responsibilities shall be assigned to the Agency Nurse and/or the Agency Field/Direct Care Supervisor. The Agency Nurse shall oversee coordination activities for clients receiving personal care and/or medical services. The Field Supervisor/Direct Care Supervisor shall oversee coordination services for clients receiving all other non-medical services. They will serve as alternates for each other.
10. HIPAA Privacy Standards shall be followed, with information shared with Outside Resources kept to a minimum and given on a need-to-know basis.
11. If client is covered by Medicare/Medicaid Health Plan, ensure the Plan is notified of the transfer of care and is contacted for assistance if required. Ensure all Third-Party Payers which cover the client are advised of the transfer.
12. Ensure all transition services and care (medications, equipment, hospice) are coordinated and documented. Ensure client and caregiver understand all information and have a copy of the Service Plan/Care Plan.
13. When the Agency accepts a transferred client, it shall: ask the Client/Client's Representative to sign the Consent for Referral & Release of Information form; document required information in the Client's record; and discharge the client or transfer back to the original Service Provider or to another Service Provider when Agency services are no longer needed or adequate.

VAH.3.22 Coordination of Care

Village at Home may share information with Outside Resources, in accordance with federal and state regulations, when: clients have outside providers that may coordinate care with the Agency; clients no longer require the Agency's services to meet their needs; or clients are no longer safe or healthy in their home environments.

Procedures for "Coordination of Care"

1. The Agency shall take an active role in the coordination of client care with Outside Resources.
2. The Case Manager shall discuss the client's significant health and safety factors with client/representative and document them in the client's record.
3. The Agency shall not share information if the client indicates that they would prefer to have privacy.
4. The Agency's *Discharge/Transfer Summary* shall be completed for all transferred clients with a copy being issued to the client/representative.
5. Case Manager responsibilities shall be assigned to the Agency Nurse and/or the Agency Field/Direct Care Supervisor. The Agency Case Manager shall play a fundamental role on the Client Care Team, particularly in regard to assisting with communications with the client/client's representative and transferring information.
6. HIPAA Privacy Standards shall be followed, with information shared with Outside Resources kept to a minimum and given on a need-to-know basis.
7. If client is covered by Medicare/Medicaid Health Plan, ensure the Plan is notified of any transfer of care. Ensure all Third-Party Payers which cover the client are advised.
8. Ensure all transition services and care (medications, equipment, hospice) are coordinated and documented. Ensure client and caregiver understand all information and have a copy of the Service Plan/Care Plan.
9. Agency Case Managers shall aid clients in the transition process by: coordinating community resources; acting as the client's advocate; reinforcing the client's needs assessment; encouraging clients to self-manage as much of their care as possible; providing educational information; protecting client's confidentiality; maintaining and promoting client's dignity; respecting diversity; being empathetic and respectful; recognizing and using client's strengths; assisting client to use coping skills; relaying information in client's language even if translation services are required; and providing support to family members and other informal caregivers, as required.

VAH.3.23 Transfer Summary

A Transfer Summary shall be completed within 72 hours of transfer for every client who is transferred from Village at Home to another Service Provider.

Procedures for "Transfer Summary"

1. Supervisor or Agency Representative shall complete the Agency's Transfer Summary within 48 hours of transfer from the Agency.

2. The following details shall be documented, if relevant:
    a. Identifying information including: name and date of birth; and address and telephone number;
    b. Notification dates: date Client/Representative/Family were notified of plan to transfer/refer; date of transfer; date Physician was notified of transfer (if Physician is involved in care); and/or date Independent Practitioner(s) was notified of transfer (if involved in care);
    c. Reason(s) for transfer;
    d. If client is transferred to another Care Provider, specify its name and location;
    e. Client status notations: medical problems/conditions; psychosocial issues; other problems requiring intervention or monitoring; and ongoing requirements for symptom management;
    f. Current Medications including: name; dosage; frequency of intake; and medication allergies;
    g. Summary of services/care provided by Agency;
    h. Progress made towards meeting established goals;
    i. Instructions and/or referrals given; and,
    j. Existence and whereabouts (if known) of any Advance Directives and/or Do Not Resuscitate orders.
3. The Transfer Summary and related clinical documents shall be completed within 72 hours of discharge. A Physician's order does not need to be obtained to discharge a client unless required by State law.
4. Completed copies of the Transfer Summary shall be distributed to: the receiving Service Provider; Physician, if involved in client's care; and Client's records.

VAH.3.24 Client/Consumer Protection

Village at Home shall ensure that clients/consumers be provided with the protections they are entitled to in accordance with state regulations:

- Clients/consumers who receive services from the Agency shall have the right to: have input in the service planning process; have their needs and choices considered unless the health and safety of the direct care worker is threatened; and receive at least 14 calendar days advance written notice of the intent of the home care agency to terminate services. Exception: Should clients/consumers neglect to pay for services delivered even after notice has been given, then less than 14 days advance written notice may be given if clients/consumers' accounts are more than 14 days overdue and/or the health and/or safety of the direct care worker is threatened.
- Employees, Third-Party Contractors, Volunteers or other affiliates of the Agency shall not be permitted to assume Power of Attorney or guardianship over Agency clients/consumers.
- Clients/Consumers shall not be permitted to endorse checks over to the Agency.
- Before services are delivered, the Agency shall distribute its Service Information Handout for Clients/Consumers to clients, their legal representatives or responsible family

members, including: a list of the home care services that the Direct Care Worker will be providing; the name of the Direct Care Worker(s) who will deliver the services; the days and times that services will be delivered; the hourly or weekly fees and total costs; the name of a Departmental Representative they can contact for information about licensing criteria for home care agencies; and the telephone number of the Ombudsman Program located with the local Area Agency on Aging (AAA).

- Before the commencement of services, the Agency shall also issue its Notification of Direct Care Worker Status form to the client/consumer, which specifies whether the individual providing services is an Agency employee or an independent/Third-Party contractor affiliated with the Agency, and what taxes, insurances and other obligations the Agency and/or clients/consumers are responsible for handling.
- The Agency shall keep documentation confirming compliance with these client/consumer protection requirements, which shall be maintained and be accessible for inspection by the Department.

Procedures for "Client/Consumer Protection"

1. Supervisor/Alternate shall review protective measures with the client/client's representative during the initial visit before the implementation of services.
2. Depending on the status of the worker assigned to the individual client, the Supervisor/Alternate shall distribute and have signed: Notification of Direct Care Worker Status – Agency Employee; or Notification of Direct Care Worker Status – Non-Agency Employee.
3. Supervisor/Alternate shall review the Service Information Handout for Clients/Consumers with the Client/Consumer or Representative. This form shall be signed and dated by both the Agency Representative and the client/client's representative.
4. Supervisor shall make a notation in the client's record that the Service Information Handout for Clients/Consumers form and the Notification of Direct Care Worker Status form were reviewed with the client/client's representative; the required signatures were obtained; and copies were left in the client's home.
5. Copies of the signed Service Information Handout for Clients/Consumers and the Notification of Direct Care Worker Status forms shall also be placed in the individual client's file in the Agency Office.

VAH.3.25 Client/Consumer Rights

Village at Home requires that every client be advised of their Client/Consumer Rights. Clients shall be given a copy of the Agency's Client/Consumer Rights form prior to the commencement of service. Clients who live in states which have a Client's Bill of Rights shall also be given a copy of it, in accordance with established law.

Procedures for "Client/Consumer Rights"

1. Supervisor/Alternate and client/client's representative shall review the Client/Consumer Rights form with the client/client's representative during the initial assessment and obtain the required signatures.
2. A copy of the signed Client/Consumer Rights form shall be given to the client prior to the commencement of services. The original shall be placed in the client's file.

3. Clients who live in states which have a Client's Bill of Rights shall also be given a copy of it, in accordance with established law.
4. Supervisor shall make a notation in the client's record that: the Client/Consumer Rights form was reviewed; the required signatures were obtained; a copy of the Client/Consumer Rights form was left in the client's home; and if required by state regulations, a copy of the Client Bill of Rights was left in the client's home.
5. Should the client not understand their "Rights", the Supervisor/Alternate shall document the lack of understanding in the client's record and give the reason why it was not understood.

The Agency's Client/Consumer Rights form shall include the following rights for each client:

- to be fully informed of their rights and the Agency's requirements governing client responsibilities;
- to be fully informed of services available from the Agency;
- to be treated with courtesy, consideration, respect, and full recognition of their human dignity and individuality, including privacy during treatment and care for personal needs;
- to be dealt with in a manner that recognizes their individuality and is sensitive and responsive to their needs and preferences, including preferences based on ethnic, spiritual, linguistic, familial and cultural factors;
- to receive service and be dealt with without regard to race, color, age, sex, sexual orientation, creed, religion, disability and familial/cultural factors;
- to receive complete information about their health and recommended treatments, as developed jointly with this Agency;
- to receive treatment, care and services that are adequate, appropriate and in compliance with state, federal and local regulations;
- to participate in the development of their own Plan of Care and decisions on services to be implemented or treatment to be given;
- to be provided with information on alternative services that may be available;
- to participate in a referral to another service provider or a health care institution;
- to refuse to participate in experimental research;
- to receive reasonable notice of any changes in their service within an agreed upon amount of time, prior to the changes taking place;
- to be informed of the cost of services and procedures and to be informed of all changes in services, procedures and fees, as they occur;
- to refuse services or treatment and be informed of the consequences of that refusal;
- to be free from mental, verbal, sexual and physical abuse, neglect, involuntary seclusion and exploitation;
- to receive privacy and confidentiality with regard to their health, social, and financial circumstances and what takes place in their homes, in accordance with laws and Agency policies;
- to receive confidential treatment of their personal and medical records;

- to approve or refuse the release of their personal or medical records to any individual/entity other than the Agency except when client records are transferred to another service provider or a health facility or as otherwise authorized by law;
- to make suggestions or complaints or present grievances to the Agency, government agencies or other entities or individuals without fear of the threat of retaliation;
- to receive a prompt response, through an established complaint or grievance procedure, to any complaints, suggestions or grievances they may have;
- to access procedures for making complaints to the authority responsible for health quality, Adult Protective Services, or Child Protective Services, as applicable;
- to be cared for by qualified, competent and trained personnel;
- to be taught the procedures used to provide care required, to enhance the client's ability to provide as much self-care as possible;
- to designate an individual of the client's choice to receive instruction on care procedures in order to assist the client as much as possible;
- to have full access to the information regarding their health condition and their care records maintained by this Agency, to the extent required by law;
- to be spoken to or communicated with in a manner or language they can understand;
- to speak freely without fear;
- to have their homes and property treated with respect;
- to be free from involuntary confinement, and from physical or chemical restraints;
- to be free from any actions that would be interpreted as being abusive;
- to report all instances of potential abuse, neglect, exploitation, involving any employee of the Agency, to the Elder Abuse Hotline;
- to express complaints verbally or in writing about services or care that is or is not furnished, or about the lack of respect for their person or property by anyone furnishing services on behalf of the Agency;
- to be informed of procedures for initiating complaints about the delivery of service or resolving conflict, without fear of reprisal or retaliation;
- to be informed of the laws, regulations and policies of the Agency including Code of Ethics, Unstable Health Conditions, Withdrawal/Termination of Services, and others as required/requested;
- to be provided with the name, certification and staff position of all persons supplying, staffing or supervising the care and services received;
- to be informed of where ownership lies for any equipment/supplies provided in the provision of services;
- to receive written information on the Plan of Care, including the names of Care Aide(s) and Supervisor assigned and the Agency's phone number;
- to provide input on which Care Aide they want and request a change of Care Aide, if desired;
- to be briefed on any procedure/treatment before it is carried out in order to give informed consent;

- to receive regular nursing supervision of the Care Aide if medically related personal care is needed;
- to be given written documentation on the Agency's Advance Directives Policy;
- to die with dignity;
- to be informed, within a reasonable amount of time, of the Agency's plans to terminate the care or service and/or their intention to transfer their care to another agency; and,
- to have their family or legal representative exercise the client's rights when the legal representative is legally authorized to do so.

VAH.3.26 Client/Consumer & Agency Responsibilities

Village at Home requires that all clients be given written documentation outlining their responsibilities and the Agency's responsibilities, prior to the commencement of service. Additionally, staff shall be educated on Agency and Client responsibilities and must be respectful of stated responsibilities at all times.

Procedures for "Client/Consumer & Agency Responsibilities"

1. The Agency's form *Client/Consumer & Agency Responsibilities* shall be reviewed with the client/client's representative during the first visit if services are to be implemented.
2. Supervisor and client/client's representative shall review, sign and date the *Client/Consumer & Agency Responsibilities* form.
3. A copy of the signed *Client/Consumer & Agency Responsibilities* form shall be given to the client to be kept where it is easily accessible, and the original shall be placed in the client's file.
4. Supervisor shall make a notation in the client's record that the *Client/Consumer & Agency Responsibilities* form was reviewed; required signatures were obtained; and a copy was left in the client's home.
5. Should the client not understand the *Client/Consumer & Agency Responsibilities*, Supervisor shall document this in the client's record and give the reason it was not understood.

Client Responsibilities:

The Client/Consumer & Agency Responsibilities form shall include, but not be limited to, the client's responsibility to:

- provide complete information about matters relating to their health and abilities when it could influence the care they are being given;
- know their medical history and have details on any medications being taken;
- accept the consequences of their own decisions;
- report unexpected changes in their condition;
- request information about anything they do not understand;
- contact the Agency with any concerns or problems regarding services;
- follow service plans and/or express any concerns about the service plan;
- accept the consequences if the service plan is not followed;

- follow the terms and conditions of the service agreement;
- notify the Agency, in advance, of any changes to the work schedule;
- inform the Agency of the existence of, and any changes to, advance directives;
- report any potential risks that might exist to the Home Care Worker;
- be considerate of property belonging to the Agency and/or Home Care Worker;
- ensure that Home Care Workers are free from any actions that could be interpreted as being abusive;
- respect the dignity and privacy of the Home Care Worker;
- avoid asking the Agency staff to act outside the law in the delivery of service;
- notify the Agency of any changes being made to their contact information;
- advise the Agency of any changes being made to their health care professionals;
- be responsible for payment for charges that are not covered by other parties such as Medicare and Medicaid;
- notify the Agency of any changes in insurance coverage for home care services;
- pay bills according to agreed-upon rates and timeframes;
- assume financial responsibility for all materials, supplies and equipment required for their care which are not covered by other parties;
- provide a safe environment for care and services to be delivered;
- exercise a reasonable level of discretion and confidentiality in regard to service/treatment records kept in the home;
- give reasonable notice, when possible, if service is going to be cancelled;
- keep all weapons in the home away from the work area during visits made by the Home Care Workers;
- secure aggressive or menacing pets before the Home Care Worker enters the home;
- provide a smoke free environment when Home Care Worker is present;
- review and sign the employee time sheet upon completion of shift; and,
- carry out the defined responsibilities.

Agency Responsibilities:

The Client/Consumer & Agency Responsibilities form shall include, but not be limited to, the Agency's responsibility to:

- ensure that Home Care Workers meet the state's competency requirements;
- review Home Care Workers' competency at least annually and more often, if indicated;
- document face-to-face interviews with all home care workers and independent contractors;
- provide ongoing, competent and appropriate supervision of Home Care Workers;
- carry bonding for Agency staff;
- carry general liability, professional liability (if appropriate) and other insurances as necessary;

- meet the standards of Worker's Compensation;
- conduct criminal background checks and child abuse clearances, if applicable, on all staff, and maintain documentation confirming these clearances have been done;
- advise clients whether Home Care Worker is an employee of the Agency or is an independent contractor;
- ensure home care service delivery standards are met;
- ensure federal, state, county and municipal legalities are researched and applied;
- adhere to labor regulations;
- develop contingency plans;
- make deductions for social security, Medicare and other taxes;
- conduct needs assessments with client's/family's input;
- develop service plans with client's/family's input;
- consult with relative professionals regarding the service plan as required;
- be part of, or coordinate, a health care team to provide for the client's needs, as indicated;
- establish goals with client/client's representative's input and strive to meet these goals;
- provide clients with written documentation of: the services that will be provided; names of the Home Care Workers assigned to deliver service; hours when services will be provided; and fees for services and total costs;
- maintain the client's/family's confidentiality, privacy and dignity;
- maintain professionalism and a code of ethics;
- avoid inflicting its personal values and standards onto clients;
- be alert for and report signs of elder abuse;
- obtain immunizations when required unless such an act is contrary to personal beliefs and/or medical conditions;
- ensure staff and Independent Contractors exposed to clients undergo screening tests to ensure they do not have an infectious disease;
- be aware of the cost portion that other parties will be responsible for when clients receive Third-Party financial assistance;
- when requested, ensure clients have access to all service invoices pertaining to their service;
- provide clients with the Department of Health's telephone number for registering complaints;
- ensure that staff do not assume Power of Attorney or Guardianship over any client receiving services from the Agency;
- ensure that clients do not endorse checks over to the Agency; and,
- carry out its responsibilities.

VAH.3.27 Matching Clients & Home Care Workers

Village at Home endeavors to match a client with the Home Care Worker who is most suitable, in accordance with the Agency's match selection criteria.

Procedures for "Matching Clients & Home Care Workers"

1. Supervisor shall review the Client's assessment, documentation, interview notes and other information; and the Home Care Worker's qualifications and strengths/weaknesses.
2. A match selection shall be determined using the following criteria: client's needs, wishes and preferences; Home Care Worker's qualifications and preferences; similar gender/ethnicity/language; similar personalities; common interests; and geographical proximity.
3. Supervisor shall place the greatest emphasis for selection on the client/client's representative's preferences, needs and wishes.
4. Supervisor shall assign the Home Care Worker who is most suitable to meet the needs of the client.
5. Supervisor shall accompany the Home Care Worker on the first day of his/her assignment and shall introduce him/her to the client.
6. Supervisor shall contact the client within two weeks of a Home Care Worker being assigned and/or of services being implemented to determine his/her satisfaction with the Home Care Worker and/or the services.
7. If a client is dissatisfied with the assigned Home Care Worker, the Supervisor may attempt to rectify the reason for the dissatisfaction or may assign a different Home Care Worker who is more suitable to the client.
8. Supervisor shall make every attempt to send the same, suitable Home Care Worker(s) to the client for consistency purposes.

VAH.3.28 Supervision of Services

Village at Home shall define and apply baseline factors to: ensure that suitable administrative and clinical supervision is available to all staff in all service areas during all Agency service hours; provide supervision to Home Care Workers to ensure they are competently carrying out their duties based upon the level of risk of the position and the specific needs of the client; and ensure the specific needs of the client are being effectively and efficiently met.

Procedures for "Supervision of Services"

1. The Agency shall define the qualifications for supervisory positions in accordance with applicable federal and state laws and regulations; the required supervisory and clinical knowledge/experience for the assigned responsibilities; and Agency policy.
2. Supervisors shall have related experience and be: appropriately trained paraprofessionals; Registered Nurses; Social Workers; or other suitable professionals. Paraprofessionals who perform supervisory duties shall report to a Professional.
3. A Registered Nurse/Professional shall be responsible for supervising and teaching Care Aides and all nursing personnel.
4. A Social Worker may supervise workers who perform duties involving home management, financial management, resource management, family dynamics and other activities that do not involve personal care or nursing duties.

5. The Agency shall employ supervisory personnel to oversee office and field workers and activities. Should a procedure be required or a circumstance arise re client care for which a Supervisor does not have the relative training and/or experience, the Agency shall ensure that competent and qualified consultation is available for direction.
6. Field Supervision/Direct Care Supervision shall include client contact every 3 months. Clients shall be contacted via a home visit at least every 6 months, but may be contacted via telephone 3 months after a home visit. If indicated, a home visit shall be made shortly after a telephone contact to address any issues that should not be postponed.
7. Field Supervision/Direct Care Supervision evaluations shall: determine client satisfaction; assess compliance with, and effectiveness of, the Plan of Care; and evaluate competency of workers.
8. All employees who provide personal care services shall be subject to an ongoing program of supervision, which shall consist of both administrative and nursing supervision.
9. The Agency Administrator shall ensure that a similarly qualified alternate is designated, in writing, to act in the absence of the Manager, the Field Supervisor or Direct Care Supervisor.
10. Field Supervision shall be continuously available whenever Care Aide services are being delivered by Agency staff during office hours and through on-call communication during non-office hours.
11. Agency leaders and relevant Agency staff shall review supervisory needs annually or on an as-needed basis.

Responsibilities of the Office Supervisor

The responsibilities of the Office Supervisor shall include, but not be limited to, the following:

- supervising, organizing, evaluating and monitoring business office operations and staff;
- ensuring systems and controls are in place, as specified in the Agency's Policy and Procedure Manual;
- answering client and consumer inquiries; taking referrals and scheduling home care services;
- documenting, coordinating and tracking client caseloads;
- tracking and following up with physician's orders;
- overseeing processing of staff payroll;
- obtaining insurance authorizations for service;
- maintaining and updating referral information using agency software;
- assisting in the recruitment and supervision of field employees;
- directing the processing of accounts receivable, adjustments/refunds, private and Third-Party agencies, census information, ancillaries, cash deposits and posting;
- maintaining confidential files;
- ensuring compliance with state, federal and other relevant regulations;

- ensuring established daily, weekly, and monthly deadlines are met;
- managing month-end processes;
- managing accounts receivable collections for past due customer accounts and ensuring timely filing of Medicare, Medicaid, and applicable insurance claims;
- coordinating documentation for internal and external auditors;
- conducting or assisting, as required, with new-employee training and orientation; and,
- assuming other duties and responsibilities, as assigned by the Agency.

Responsibilities of the Field Supervisor/Direct Care Supervisor

The responsibilities of the Field Supervisor/Direct Care Supervisor shall include, but not be limited to, the following:

- supervising all client care provided by Agency personnel;
- providing training and instruction to Care Aides as indicated;
- offering support, direction and consultation to Home Care Workers;
- ensuring supervisory assistance is available at all times for Home Care Workers and clients;
- evaluating services provided by contractors;
- requiring and ensuring that employees and contractors who deliver care to clients review the Plan of Care prior to providing any service and are alert for and report any changes which could impact the services being delivered;
- conducting an orientation visit with the client and the worker at the time of the initial case assignment;
- making a home visit or phone call to Care Aides after the first week of their commencing new assignments;
- applying varying means to monitor and supervise field workers including: scheduled one-on-one meetings; staff meetings; talking to clients; and reviewing client records;
- including field supervisory evaluations in the workers' formal Performance Appraisals;
- notifying the Agency Administrator about new orientation, consultation and/or educational needs;
- conducting or assisting, as required, with new-employee training and orientation;
- coordinating, developing and revising written client care policies;
- participating in service coordination when more than one agency is providing care to the same client;
- recruiting and selecting of field employees; and,
- assuming other duties and responsibilities, as assigned by the Agency.

Procedures for Home Visit Supervisory Assessments

1. The Field Supervisor/Direct Care Supervisor's procedures for home visit assessments shall include:
    a. evaluating the client's needs to determine if the level, amount, frequency and duration of services continue to be appropriate by: reviewing the initial

Needs Assessment and Service Plan; reviewing the activities/duties assigned to the Home Care Worker; obtaining input from the client/client's representative and Home Care Worker; and taking corrective measures as required, including modifications to the Service Plan and/or making referrals;

b. evaluating the ability and competency of the worker providing the services and, if necessary: providing direction to worker for performance improvement; conducting a Care Aide competency test; providing or making arrangements for additional training; and/or changing the worker's activities/duties;

c. ensuring systems and controls are in place, as specified in the Agency's Policy and Procedure Manual;

d. increasing, as required, the frequency of supervision needed to respond to the worker's capabilities and the client's needs;

e. arranging for or providing the necessary instructions to meet the medically related needs of the client in keeping with the goals established; and,

f. documenting each supervisory home visit by completing, signing and dating the Agency's *"Field Supervision Review"*, which assesses whether: appropriate and safe techniques have been used; the Service Plan has been followed as written; the Service Plan is meeting the client's needs; the Home Care Worker has received sufficient training for the assignment; and appropriate follow-up is necessary.

VAH.3.29 Entering Clients' Homes

Village at Home has specific procedures in place for entering clients' homes, which all Agency personnel are required to follow.

Procedures for "Entering Clients' Homes"

1. The Agency shall not normally possess keys to clients' homes. Any exceptions to this rule shall be considered on a case-by-case basis and shall include: no family member/friend is available to assume this responsibility; exceptional circumstances necessitate the need for the Agency to have a key; the Agency will have possession of the key for the shortest amount of time possible; written permission is obtained from the client/client's representative/family; and Manager/Administrator gives his/her authorization.
2. When entering clients' homes, personnel shall:
    a. knock first and wait for a response;
    b. identify themselves by calling out their names, position and the Agency's name before entering; and,
    c. on initial visits, show identification cards which provide: personal photo; name; position; and Agency name.
3. Supervisor shall introduce the Home Care Workers to clients prior to or upon the initial delivery of services.
4. Once inside clients' homes, employees shall close and lock the door behind them.

5. Employees shall take precautions to avoid startling those clients with sight and/or hearing disabilities.
6. Personnel shall not take any unauthorized person (including children and pets) into clients' homes without first obtaining permission from the client/client's representative/family and the Supervisor.
7. House keys shall not be taken to employees' homes or be duplicated.
8. Any loss or theft of client house keys shall be reported to the Supervisor immediately.

VAH.3.30 Failure of Clients to Answer Door

Village at Home requires that all its personnel follow specific procedures when clients do not answer their doors due to emergency, non-emergency and other situations.

Procedures for "Failure of Clients to Answer Door"

1. If the client does not answer the door and the door is unlocked:
    a. the Home Care Worker shall: enter the client's home, calling out his/her name; if client does not respond, check the house to determine if he/she is there; if the client is not at home, leave and close the door; and check with neighbors to determine if they have any information regarding the client's whereabouts.
    b. If the client is absent for known reasons, the Supervisor shall give direction to the Home Care Worker.
    c. If the client is absent for unknown reasons, the Supervisor shall: call the client's emergency contact person to advise him/her that the client isn't home for the scheduled service; and inquire to see if the client has any scheduled appointments, is hospitalized or has another reason for not being home.
2. If the client does not answer the door and the Home Care Worker cannot gain access:
    a. The Home Care Worker shall: look through the letter box, windows, side and back of house, etc. to determine if the client can be seen; if the client cannot be seen, check with neighbors to determine if they have any information regarding the client's whereabouts or a key to the house; and if the neighbors do not have any information or a key, telephone the Supervisor for further instructions.
    b. Supervisor shall: contact the client's emergency contact person; and if the emergency contact person is available, encourage him/her to contact local law enforcement for assistance.
    c. If it is determined that the client is not home and is not lying sick or injured at home, notify all persons involved about the outcome.
3. If the Home Care Worker can see the client lying on the floor and/or determine that he/she is not responding, the Home Care Worker shall: call "911"; call Supervisor to report the incident and await further instructions; stay at client's home until help arrives; and ensure the house is secure when leaving.

4. If the Home Care Worker finds the client apparently dead, the Home Care Worker shall: call "911"; call Supervisor or Manager/Administrator and await further instructions; remain at the client's home until assistance arrives; not touch anything at the client's home; ensure the house is secure when leaving; and complete the Agency's Incident Report.
5. Clients shall be informed about the importance of leaving a house key with an emergency contact person or neighbor in case of an emergency. Clients shall be asked to notify the Agency office if they will not be at home when service is scheduled to be provided.
6. All clients who live alone shall be educated on the importance of having an Emergency Response System installed, wearing an Emergency Response System bracelet/necklace, and using the Emergency Response System if needed.

VAH.3.31 Medical Emergencies

Village at Home requires that all its personnel follow specific procedures when clients are in an emergency situation.

Procedures for "Medical Emergencies"

1. If clients 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 this policy.
    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 clients collapse or are taken seriously ill:
    a. Call "9-1-1".
    b. Make them as comfortable as possible.
    c. Call the office to report the incident and 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 clients are in an emergency situation and require the Home Care Worker to contact "911" include: difficulty breathing or no breathing; no pulse; bleeding severely; chest/neck/jaw/arm pain; losing consciousness or are unconscious; suspected fracture; badly burned; inability to move one or more limbs; seizure; suffering from hypothermia or hyperthermia; poisoning; diabetic emergency; stroke; or 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: physical

abuse involving physical injury inflicted on a client by an employee; physical abuse of a client by a person who is not an Agency employee; sexual abuse of a client by an employee; commitment of an alleged crime in the client's home; death of a client which appears to be the result of something other than a disease process; or insurance of a client's safety in situations which require local law enforcement notification.

5. All client emergencies shall be documented in the Agency's Incident Report.
6. Home Care Workers should be trained in CPR.
7. Agency personnel shall be educated and trained in handling emergency situations. All personnel shall be familiar with the following procedures for calling "911": dial "911"; state "This is an emergency!"; give the phone number you are calling from; give the address of the emergency; describe the problem and how it happened, if known; provide your name; remain calm; follow the "911" dispatcher's directions; advise dispatcher immediately if you are not trained in CPR; don't hang up before the dispatcher hangs up; and reassure the client/family.

VAH.3.32 Weather-Related Emergencies

Village at Home makes every effort to deliver client services during inclement weather conditions without putting the health and safety of staff and/or clients at risk.

Procedures for "Weather-Related Emergencies"

1. If unsafe driving conditions develop during working hours as a result of heavy rain, snow, ice or other adverse weather conditions, the Manager/Administrator or designee shall decide: if and when the office will be closed; and/or if home visits cannot be made to all clients.
2. Home Care Workers shall be contacted by the Agency office to determine if they are able to reach the client's home:
    a. If they are, the client shall be notified regarding their expected time of arrival.
    b. If they are not, the Supervisor or designee shall make an effort to find a suitable replacement.
    c. If a substitute is found, that person shall be sent to the client's home.
    d. If no suitable substitute is found, or if driving conditions are too dangerous to reach the client's home, the Agency office shall notify all impacted clients and reschedule the services for another time.
3. Every attempt shall be made to ensure the needs of high-risk clients are met: clients shall be reminded of how to reach on-call staff in case an emergency arises; and/or local law enforcement shall be contacted for assistance, if needed.
4. When bad weather conditions are predicted to occur the next day, as many clients as possible shall be seen the prior day to ensure all necessary food staples and medicines are available.
5. All changes and/or alternate arrangements made shall be documented in the client's file and a special occurrences log.

6. All clients should be issued verbal and written instructions regarding procedures to take to ensure their safety should services be disrupted as a result of: the Agency needing to close; natural disasters; or other emergencies. This information should include: a list of disaster and emergency numbers; a list of the Agency numbers and email address(es); and contact details for Agency employees including their telephone numbers and email addresses, the timeframes they are available, and procedures for contacting on-call staff after regular office hours.

VAH.3.33 Unstable Health Conditions

If Village at Home becomes aware that a client's medical and/or health conditions becomes unstable or unpredictable, it: shall notify the client, the client's personal representative, a family member, other relative, or other person identified by the client of the need for a referral for medical or health services (the notification may be given in writing or orally and must be documented in the client's record); and may continue to provide personal services for a client with unstable or unpredictable medical and/or health conditions but may not manage or represent itself as able to manage the client's medical or health condition.

Procedures for "Unstable Health Conditions"

1. Direct Care Workers shall have knowledge of and/or receive training on signs and symptoms of clients' changing health status.
2. If the onset of a client's unstable health condition is of an urgent or emergency nature, the Direct Care Worker shall call the Emergency Response Resources in accordance with the Agency's Client Emergencies Policy.
3. If Direct Care Workers notice or suspect that a client's mental or physical condition is changing, they shall: note the signs, symptoms, date and time in the client's file; and advise the Agency Supervisor as soon as possible.
4. Supervisor shall contact the client/client's representative, either by a home visit or by phone, and advise them to consult with an appropriate Health Care Professional.
5. Supervisor shall follow up with the client/client's representative within one week, or sooner if indicated, to determine if the client with an unstable health condition has been seen by an appropriate Health Professional.
6. If no action has been taken by the client/client's representative, the Supervisor shall encourage them again to see a Health Professional and shall advise them of a written reminder to follow. The date, time, and details of this contact shall be noted in the client's file. The Supervisor shall follow up with a written letter reminding the client/client's representative to consult with an appropriate Health Care Professional. A copy of this dated, written document shall be placed in the client's file.
7. If a Health Professional determines that the client requires medical interventions, the Supervisor shall remind the client/client's representative that: the Agency is not able to provide medical services or manage the client's health condition; however, it is willing to provide non-medical support and personal care services, as required.
8. Should the client/client's representative want/need to be referred to another entity or individual and/or should the Supervisor feel that an appropriate referral is indicated, then the Supervisor may assist in the referral/transfer process by

following the procedures outlined in the Agency's policies on Coordination of Client Transfer and Discharge/Termination or Reduction of Client Services.

9. Direct Care Workers shall receive training on the signs and symptoms of deteriorating physical and mental health conditions including: vital signs; pallor; bruising; fatigue; weakness; falling; memory loss; confusion; speech problems; peculiar behavior or mood swings; changes in temperament or rapid mood swings; and changes in sleep or appetite patterns.
10. Direct Care Workers shall receive training on the signs and symptoms of urgent health deterioration including: suspected heart attack; possible stroke; sudden or extreme difficulty breathing; bleeding that will not stop; deep cuts; major burns; seizures; sudden and severe headache; sudden or severe abdominal pain; and poisoning or suspected poisoning.
11. Details of this training shall be documented in the employee's individual Training Record and in the Agency's Staff Record of Training.

VAH.3.34 Do Not Resuscitate Orders

Village at Home will follow client's Advance Directives that have been completed in accordance with state requirements.

- A written Do Not Resuscitate (DNR) Order, signed by the client's physician/other authorized practitioner must be in the client's file.
- If the client is under hospice care, no action will be taken when the client is on the verge of death other than informing the hospice administration and family.
- If the patient is not under hospice care, the DNR Order must be clearly posted on the face of the refrigerator.
- When there is an existing DNR Order and the client is already at the verge of death: CPR is not initiated; and 9-1-1 is not called.
- Should a client expire in the absence of a DNR Order or other Advance Directives, a CPR-certified staff person may initiate CPR in accordance with the American Heart Association's CPR and First Aid training protocols.
- Copies of the DNR Order will be placed in the client's record in the Agency Office and in the Admission Package at the client's home.

Procedures for "Do Not Resuscitate Orders"

1. Only attending physicians or other authorized independent physicians may write and sign a DNR Order.
2. When a DNR Order has been issued by the client's physician/other authorized practitioner, documentation shall be placed in the client's file, which includes, but is not limited to: DNR Order; discussion notes with the attending physician; medical status summary; therapeutic plan for comfort care; and attending physician's discussions with client/legal representative or an explanation re why a discussion was not held.
3. Within 24 hours, the Supervisor or Professional receiving the DNR Order will advise all members of the Care Team that a DNR Order is in place. This notification shall be documented in the Client's Record.

4. If the client is already in receipt of Agency care/services, a new *Care Aide Assignment Sheet* or *Support Worker Assignment Sheet* will be written with "Do Not Resuscitate" in the "Special Instructions" section. If the client is new to the Agency, "Do Not Resuscitate" will be written in the "Special Instructions" section of the relevant assignment sheet.
5. "DNR" shall be written next to the names of clients with DNR Orders on the Care Aides and Support Workers' assignment schedules.
6. Assignments relayed to Care Aides and Support Workers via telephone shall include identification of client(s) with DNR Orders in place.
7. DNR Orders will be recertified in accordance with state regulations or upon patient/legal representative's request.
8. In the following situations, a DNR Order will be re-assessed: there is a significant change in patient condition that impacts the DNR Order; at the request of the client or his/her representative. DNR/DNI orders may be revoked at any time verbally or in writing by the competent client, the incompetent client's legal representative, or the attending physician in consultation with a competent patient or an appropriate surrogate decision maker.

VAH.3.35 Transporting Clients in Private or Client Vehicles

Village at Home permits its employees to transport clients in private/personal vehicles and client-owned vehicles providing transportation services are specified in the Plan of Care and providing specific criteria are met.

Procedures for "Transporting Clients in Private or Client Vehicles"

1. Prior to transporting clients, employees shall undergo a driving record check and must demonstrate they have had a clean driving record for the last three years.
2. Employees who will be assigned transportation duties shall either have their own vehicle or have access to a reliable, insured vehicle.
3. Employees shall have a valid driver's license and carry adequate/appropriate vehicle insurance, including full Comprehensive, Liability and Personal Injury Protection coverage.
4. Employees using private/personal vehicles for transporting clients shall use them at their own risk and shall be liable for all insurance and other costs, including damage, associated with such usage. The Agency does not provide vehicle insurance for private/personal vehicles.
5. Clients shall be required to read, accept and sign the Agency's *Transportation Liability Waiver* form before any transportation services will be provided to them.
6. Employees shall make sure their insurance company knows they are using a private/personal vehicle for transporting clients.
7. A copy of an employee's current and appropriate/adequate vehicle insurance shall be kept in the employee's file and shall be updated annually.
8. The safety equipment in any private/personal vehicle used for client transportation shall be in good operating condition, e.g., blinkers, lights, brakes, back-up lights, seat belts and tires.

9. Clients who receive transportation services from an employee who uses a personal/private vehicle shall be charged a mileage rate as determined by the Agency.
10. Employees who are asked to drive a client's/representative's vehicle shall request to see proof of valid vehicle insurance before they drive the vehicle and shall only drive the vehicle if the safety equipment is in good operating condition.
11. Employees who transport clients shall ensure a copy of the client's health insurance information is in the transporting vehicle, in case of an emergency.
12. Should employees be involved in a motor vehicle accident in the course of their duties, they shall report the accident to the Agency office as soon as possible.

VAH.3.36 Managing Client Finances & Property

Village at Home has established criteria and procedures for handling and recording clients' financial transactions and for managing clients' property.

Procedures for "Managing Client Finances & Property"

1. Financial transactions conducted on behalf of clients may include: assisting with household budgeting; payment of bills; collection of pensions or other cash benefits; and purchasing household goods.
2. Employees shall not have access to clients' bank accounts, credit cards or other financial information.
3. Wherever possible, clients shall be allowed/encouraged to handle their own finances/property.
4. When clients are not able to handle their own finances/property, a relative, friend or responsible person should be appointed to do so, preferably by the client.
5. Only when there are no other alternatives, and all other options have been reviewed, shall the Agency be involved in handling finances/property.
6. Employees shall handle clients' finances/property only when these activities have been specified in their *Service Plan*.
7. Employees shall never be permitted to know clients' account numbers or pin numbers.
8. If employees become aware that a client is keeping a large amount of cash at home, they shall report the details to the Supervisor.
9. Employees may pick up monies for a mentally capable client from external mail sources only when the activity is specified in the *Service Plan*. In these situations, Supervisor shall give authorization and document this approval in the client's file.
10. Employees shall never pick up a mentally incapable client's off-site mail.
11. Employees shall pay clients' bills only when the activity is specified in the *Service Plan*.
12. Employees shall deliver monies and/or checks to the client as soon as possible after transactions have been completed. Employees shall never take monies/checks to their own homes or keep them in their possession overnight.

13. When shopping for clients, employees shall: obtain client's input regarding which store(s) to shop at; consult with the client regarding items to purchase; consider the client's dietary needs, religious restrictions, cultural preferences and item cost; request receipts for all transactions which shall be given to the client; confirm that monies and receipts are correct before leaving the cashier; keep client's money separate from their own; not shop simultaneously for other clients or for themselves when shopping for one client (however, employees may complete the shopping for one client and then shop for another client before delivering purchases, keeping each client's money separate); and not use their own bonus card to collect points on items the client has paid for.
14. Employees shall utilize the Agency's *Financial Expenditures on Client's Behalf* form for recording financial details and obtaining the client/client's representative's signature once the transaction has been documented and the unspent monies have been given to him/her.
15. Receipts or documentation of all transactions and purchases paid with the clients' funds must be recorded on the Agency's *Financial Expenditures on Client's Behalf* form, which shall include: client's name; employee's name; date; amount of money received from the client; list of items purchased or money collected; total amount spent or collected; and change given back to the client.
16. The *Financial Expenditures on Client's Behalf* form shall be kept in the client's home and taken to the Agency, when completed, where it shall be retained for the mandatory period of time.
17. Employees may obtain cash amounts for clients up to and including $500. Any requests for amounts in excess of $500 shall be authorized by the Supervisor.
18. Employees shall not simultaneously obtain cash for themselves when obtaining cash for clients.
19. Employees shall not use a client's telephone for personal reasons except for emergency purposes or for calling the Supervisor.
20. Employees shall not assume responsibility for looking after clients' valuable items.
21. Employees shall not eat the client's food and/or drink their beverages.
22. In respect to computers, employees shall not use the client's computer for personal reasons; attempt to solve problems with the client's computer; and/or give directions to the client on how to solve computer problems.
23. Employees shall never borrow anything or lend anything to a client.
24. Employees shall never buy anything or sell anything to a client.
25. Employees shall never incur a liability on behalf of a client.
26. Employees shall never involve clients in gambling activities.
27. Employees shall never arrange for members of their own families to do paid work for clients.
28. Employees shall be diligent when handling clients' finances/property. Failure to do so may result in disciplinary action and/or notification of law authorities.

VAH.3.37 Client/Elder Abuse

Village at Home takes all cases of suspected and proven abuse seriously and shall: not tolerate any hint or form of Client/Elder Abuse by anyone including employees, outside Health Care Workers or other individuals; document, investigate and/or report all cases of suspected abuse; and terminate employees found to be guilty of abuse.

Procedures for "Client/Elder Abuse"

1. Employees shall report to the Supervisor any or all suspicions of Client/Elder Abuse or alleged acts of Client/Elder Abuse.
2. When possible, the client's written consent to report the alleged abuse should be obtained. However, if he/she is not willing to cooperate, the suspected abuse should still be reported.
3. In cases of immediate danger, employees shall call 911, the local police emergency number, or the local hospital emergency room.
4. In situations wherein the client is not in immediate danger:
    a. employees shall notify the Supervisor; and,
    b. Supervisor shall ensure that alleged abuse situations are reported to: local law enforcement, if the abuse is sexual, physical, and/or involves theft or fraud; the appropriate Client/Elder Abuse authority(ies) in the local area; and/or the Department of Aging.
5. When the Agency has reason to believe that a client is/has been a victim of abuse by one of its employees or by an employee that it has placed, it shall:
    a. immediately remove that employee from direct contact with all clients;
    b. investigate the allegations within 24 hours of being notified of the alleged abuse;
    c. contact the local law enforcement if the abuse is sexual, physical and/or involves theft and fraud;
    d. complete an Incident Report with copies to be given to local law enforcement when the alleged abuse is of a criminal nature; filed with the appropriate Client/Elder Abuse and neglect agency; reported to the abuse hotline for DSHS/Aging and Adult Services; sent to the Department of Aging; and kept at the Agency office.
6. Written reports of alleged abuse shall include, but not be limited to: Agency's name, address and telephone number; name, address and telephone number of the client who was allegedly abused; date(s) and time(s) of the alleged abuse; description of any injury/effect on the client; identity of any agencies and/or people questioned about the alleged abuse; identity of any agencies and/or people notified of the alleged abuse; actions taken by the Agency; and plans developed by the Agency to offset future abuse.
7. The Supervisor shall advise staff during orientation about: signs and symptoms of abuse; legal requirements to report abuse; time frames for reporting abuse; processes and procedures related to abuse; Agency's policy on Client/Elder Abuse; and consequences for employees suspected of, or found guilty of, Client/Elder Abuse.

8. When completing a report about abuse, the following principles shall be applied: use ink to document details; use objective, descriptive, clearly written and concise language; report what is seen or heard and not what others experienced; provide facts only and not opinions or assumptions; provide all essential information; document observations of individual affected; describe what actions were taken to provide care at the time; if a physician was notified, record their name, time and date notified, and physician's response; document what happened and the end result(s) for the individual(s) involved; document any unusual occurrences witnessed; and document relevant details of any action(s) by the individual involved in the abuse.
9. Notify DSHS via Hotline and self-report the incident immediately.
10. Hold review sessions on abuse for staff regularly. Record details of all abuse training sessions on the Agency's Master Training Record and on the individual employee's training record. Training Records are to be maintained for 3 years from the date of training.

VAH.3.38 Confidentiality & Privacy of Client Information

Village at Home maintains the confidentiality and security of records in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Gramm-Leach-Bliley Act (GLBA) and other applicable federal/state laws. These laws pertain to the security and privacy of protected health information (PHI), personal, and financial information and require that such data only be used for its intended purpose(s).

Procedures for "Confidentiality & Privacy of Client Information"

1. Client files may only be accessed on a need-to-know basis, in the performance of an employee's assigned duties.
2. The Agency shall respect the privacy and keep confidential all information and records of its clients.
3. Client information shall be protected from loss or destruction.
4. Access to client records and Agency data shall be accessible only to: the Manager/Administrator; the Supervisor; and employees or contracted individuals directly involved in the case.
5. Caution must be taken to ensure printed information about a client is not abused or used without authorization.
6. Disclosure of information shall not be made to Third-Parties without the written consent of the client except when: it is a requirement of law; staff or contracted individuals require the information in order to provide services to the client; the client has authorized certain individuals or organizations to be given information; and certain representatives have been authorized to investigate the Agency.
7. Written consent to release information to Third Parties shall be obtained by having the client sign the Agency's *Client's Consent for Referral & Release of Information* form.
8. Individually identifiable personal information shall be handled in the same confidential manner whether it is in written, electronic or verbal form.

9. All active and inactive client records shall be stored in a secure location in the Agency office.
10. Personal information shall not be left on a client's voice mail unless the client has given permission to do so. If permission is not given, a message shall be left for the client to return the call.
11. Any client information that is being transmitted by fax, mail or other means shall be done in a secure manner.
12. Confidential client information shall be destroyed through shredding.
13. Employees shall report any potential, suspected or actual breaches of client confidentiality to the Supervisor.
14. Should any suspected or actual breaches in client confidentiality occur: the details shall be fully documented; the incident shall be investigated by the Administrator/Manager or Supervisor; the employee involved shall be questioned; and if there is just cause, the individual involved shall be subjected to disciplinary action in accordance with the Agency's Disciplinary Action Policy and/or HIPAA Breach and Sanction Rules for breaches involving PHI or ePHI.
15. Clients shall receive training on privacy and confidentiality during orientation and during ongoing reviews.
16. Professional standards of practice shall be applied at all times.
17. Clients shall be provided with information on the legal requirements of confidentiality as mandated by state and federal law.

VAH.3.39 Client Complaints/Grievances

Village at Home recognizes that a client's right to receive services from the Agency will not be affected by raising complaints, issues or disputes and he/she may do so without fear of reprisal. To facilitate this position, the Agency shall ensure that: an accessible, visible and direct process for filing and resolving complaints is established; all complaints are documented, investigated, resolved and corrected; follow-up(s) are conducted to assess the effectiveness of corrective actions taken; and all complaints are handled in the strictest of confidence.

Procedures for "Client Complaints/Grievances"

1. Clients who are dissatisfied or who have a complaint have the right to bring the matter to the attention of the Agency and have it resolved to his/her satisfaction, wherever possible.
2. Complaints may be accepted verbally, in writing or electronically; e.g., in-person, phone, fax, email, or by mail at PO Box 370, Friday Harbor, WA 98250.
3. The client submitting a complaint shall receive a response prior to his/her next scheduled service visit or within two working days, whichever comes first.
4. Employees who suspect a client is dissatisfied about something shall inform the Supervisor at the earliest opportunity.
5. All client complaints shall be investigated immediately by the Supervisor.
6. Supervisor shall initiate an investigation using the Agency's *Client Complaint* form, starting with the first point-of-contact to: determine the details of the complaint;

and find a resolution that satisfies the Complainant. This investigative report shall include: name of person involved; date and time of incident; location of incident; details of the complaint; results of investigation; actions taken to resolve the complaint; and follow-up activities and steps taken to prevent its reoccurrence.

7. Remedial action shall be taken to resolve the issue, including: giving a verbal or written apology; and/or changing a behavior, policy or practice.
8. If the complaint remains unresolved upon completion of the Supervisor's investigation, the Complainant shall be referred to the Agency Administrator.
9. Should the complaint still be unresolved after consultation with the Agency Manager and it has legal implications, the Agency Administrator shall remind the Complainant of his/her right to contact local law enforcement and/or seek legal advice.
10. Follow-ups shall be conducted by the Supervisor to assess the effectiveness of the resolutions. If indicated, corrective actions shall be made to the resolutions to attain the desired outcome; and if the desired outcome is still not achieved, then additional resolutions and follow-ups may be necessary.
11. The following individuals/agencies shall be notified about the final settlement of the complaint: Client/Client's Representative; Client's Physician, if appropriate; and Licensing or law enforcement agencies, when required by law.
12. When a complaint concerns services provided or not provided by the Agency, the Complainant shall be advised about the state hotline for complaint registrations.
13. The Agency shall maintain detailed records to support its internal complaint investigations. These records shall: be made available to the Agency's licensing authority; and upon request, be summarized for public inspection, in accordance with the law.
14. If a complaint investigation is not conducted, the reason for not conducting it shall be documented in the Agency's complaint record.

VAH.3.40 Client Records: Standards

Village at Home will document, maintain, retain and store client records in a consistent, accurate and safe manner in accordance with state, federal, other jurisdictional laws and regulations, and industry standards and best practices.

Procedures for "Client Records: Standards"

1. A current record will be maintained for every client receiving care/service from the Agency.
2. Separate files, with notes to the individual client's file, shall be maintained for: Complaints/Grievances; Compliments; Incident Reports; and Client Satisfaction Questionnaires.
3. Forms used for client records shall be structured to reduce/eliminate unnecessary searches and to save documentation time.
4. All Staff will be informed and/or receive training on the Agency's client record policies.
5. Client records will be:

a. accessible in the Agency office for review by management, appropriate direct care personnel, volunteers, and independent contractors;
b. written legibly in permanent ink, in typewritten form or be retrievable by electronic means;
c. documented on the Agency's standardized forms or electronic templates;
d. kept secure and confidential;
e. documented chronologically in their entirety or by the service provided;
f. legible and factual;
g. accessible only by authorized personnel on a need-to-know basis;
h. protected from theft, fire, and/or water;
i. kept in good order;
j. constructed, maintained, and used in accordance with applicable laws and regulations; and,
k. kept current with all documents and notations filed within 1 day of completion.

6. Documentation for each client record will include, but not be limited to: Client's name, age, current address, email address and phone number; Next of kin and emergency contact numbers; Admission/intake record; Assessment data; Plan of Care; Client's consent for services and care; Service Agreement; Assignment directions for Care Aide/Support Worker; Supervisor notes and field supervision reviews; Advance Directives; Physician's orders; Do Not Resuscitate (DNR) Orders, if applicable; Discharge/Termination or Reduction of Client Services notices; Discharge Planning; Discharge Summary; Transfer/Referral of Agency Clients; Coordination of Client Transfer checklist; Transfer Summary; Client/Consumer Protection and Rights documentation; Client/Consumer & Agency Responsibilities; payment source and client responsibilities for payment; and signed or electronically authenticated and dated notes documenting and describing services provided during each client contact.
7. Client records are considered to be the Agency's property, with allowance for the client to access his or her own record. Client's Representative shall be advised about what is documented in a client's records and may have access to them.
8. Upon request, the client will be given information or a summary of care when he/she is transferred or discharged to another Agency or facility.
9. Should the Agency change ownership, all clients' records shall remain with the Agency, with the new owner assuming responsibility for protecting, documenting and maintaining the files.
10. Should the Agency close or suspend its services, client records will be retained in accordance with state law.
11. Destruction of records will be in accordance with VAH.3.43 – Client Records: Retention & Destruction.
12. All employees shall follow the Agency's system for recording information for consistency purposes. Personnel shall apply the following standards when documenting/managing client records:

a. To identify the client, each page shall contain: client's name; current date; and page number;
b. To keep the record permanent, all entries shall be made using ink or other durable means;
c. When making corrections, the original notation shall not be erased; instead use a single line to rule out incorrect information; write "error" and initial beside "error"; and insert the correct information right after the error notation;
d. If a complete page needs to be done again: draw a diagonal line through the page and initial it; write "original" across the deleted information; and label the new page as "correct copy";
e. Notations shall be made before the completion of each shift, after an event or more frequently, if required;
f. Employees shall only document the specific care they personally provided to clients;
g. Only accurate data about what was observed or heard shall be documented. Assumptions shall be avoided;
h. Information shall be recorded in the order in which it occurred;
i. Abbreviations shall be kept to a minimum, using only those abbreviations recognized by all members of the care team;
j. All entries shall be legible; and,
k. All entries shall include the date, time, legible signature and professional designation of the individual making the notation.

VAH.3.41 Client Records: In Client Home

Village at Home requires that with the clients' permission, records, documentation and forms related to their care and well-being may be kept in their homes during the provision of home care services.

Procedures for "Client Records: In Client Home"

1. For service delivery purposes, the Agency may keep certain documentation in the clients' home to detail the care to be provided, record services given during each visit and detail health care directives, including: Service/Plan of Care; Client Status Notations; Client Care Flow Sheet; Financial Expenditures On Client's Behalf; Client Service Certification Record; and Advance Care Directives, if applicable.
2. Supervisor shall advise clients: about the documentation; that the records are legal documents; about the guidelines for their storage and use in the home; and their right to review the documentation.
3. The documentation shall be placed in an accessible but out-of-the-way location in the client's home. All Home Care Workers shall be advised of their whereabouts.
4. Training shall be provided to Home Care Workers about the types of records the Agency may keep in the client's home for service delivery purposes.

5. Records shall be returned to the Agency office for safekeeping when they no longer required in the home.
6. Clients and/or their Representatives shall assume overall responsibility for safeguarding copies of the client's Protected Health Information (PHI) which they personally obtained from the Agency under HIPAA's Privacy Rule's Right to Access.

VAH.3.42 Client Records: Safeguarding

Village at Home shall safeguard clients' Protected Health Information (PHI) and other confidential or sensitive information to ensure, to the extent possible, such information is not intentionally or unintentionally used or disclosed in a manner that would violate the HIPAA Privacy Rule, HIPAA Security Rule or any other federal or state regulation governing confidentiality and privacy of health information.

Procedures for "Client Records: Safeguarding"

1. Protected Health Information (PHI), electronic Protected Health Information (ePHI) and other confidential or sensitive information shall be safeguarded in accordance with HIPAA Security Rule Procedures, including HIPAA Administrative, Physical and Technical Security Procedures.
2. The Security/Privacy Officer shall be responsible for ensuring and monitoring the security of all PHI, confidential and sensitive information.

Safeguarding Written Information

3. All documents containing PHI must be stored appropriately to reduce the potential for incidental use or disclosure.
4. Documents should not be easily accessible to unauthorized staff or visitors.
5. Only authorized staff may review PHI records and must do so in accordance with minimum essential standards.
6. Active confidential, sensitive and PHI records shall not be left unattended at workstations where visitors and unauthorized individuals might easily view them.
7. Inactive confidential, sensitive and PHI records shall be stored in a location that ensures the privacy and security of the information.
8. Confidential, sensitive and PHI records that are left unattended shall be placed in a locked room, file cabinet or drawer.
9. Active office files shall be stored in a secure area that allows authorized staff access as needed.
10. The Security/Privacy Officer will identify and document those staff members with keys to stored confidential, sensitive and PHI records. A minimum number of staff shall be given keys, and staff possessing keys must ensure the keys are not accessible to unauthorized individuals.
11. The Security/Privacy Officer must be notified immediately in the event that confidentiality or security of records has been breached or confidential/sensitive/PHI records go missing.

Safeguarding Electronic Information

12. Encryption and decryption tools shall be used during transmission of confidential, sensitive or PHI. Messages must be encrypted when sent beyond an internal firewalled server and decrypted when received. All ePHI, whether at rest or in transit, shall be encrypted to the National Institute of Standards & Technology (NIST) to ensure any breach of confidential data renders the data unreadable, undecipherable, and unusable.
13. Encryption measures shall be applied when ePHI is: sent via email; removed from the Agency Office; and stored on cloud-based platforms.
14. Appropriate software that ensures HIPAA privacy and security standards for ePHI are met shall be installed.

Safeguarding Verbal Conversations

15. Staff meetings and case conferences wherein confidential, sensitive or PHI will be discussed shall be held in a room with a door that closes, if possible, or an area not easily accessible to unauthorized persons.
16. Voices shall be kept to a moderate level to avoid unauthorized persons from overhearing.
17. Only individuals who have a need to know the information may be present at the meeting, and the confidential information shared will be limited to the minimum amount necessary to accomplish the purpose.
18. Telephone conversations wherein confidential, sensitive or PHI is discussed shall be located in as private an area as possible and apply reasonable measures so unauthorized individuals cannot overhear.

Safeguarding by Destruction

19. Electronic Protected Health Information (ePHI) shall be disposed of in accordance with HIPAA's Physical Security Procedures.
20. Protected Health Information maintained in paper format shall be destroyed at the end of the longer of two regulated retention periods: after 6 years, per HIPAA regulations; or after the retention period stipulated by the state.
21. Prior to destruction of PHI, the Security/Privacy Officer shall verify the retention period has expired. A destruction log of destroyed records shall be maintained.
22. All paper documents that contain confidential, sensitive and PHI will be destroyed using an acceptable method of destruction, e.g., shredding, incineration, pulverization or use of a bonded recycling company.

Safeguarding Equipment & Devices

23. Printers shall be located in areas not easily accessible to unauthorized persons.
24. Documents containing PHI must be promptly removed from the printer, copier or fax machine and placed in an appropriate and secure location.
25. Prior to the disposal or reuse of hardware, portable devices and/or removable media containing confidential, sensitive or PHI, such information shall be made unusable or overwritten.

Safeguarding Computer Access

26. Only staff members who need to use computers to accomplish work-related tasks shall have access to computer workstations or terminals.
27. A designated account with a unique username and password shall be established for each user to access ePHI. Passwords shall contain uppercase and lowercase letters, numbers, and symbols; shall be changed at least every 90 days; and shall not be shared with others.
28. Staff members shall log off their workstations when leaving the work area.
29. Computer monitors shall be positioned so that unauthorized persons cannot easily view information on the screen.
30. Employee access privileges will be removed promptly following their departure from employment.
31. Employees will immediately report any violations of this policy to the Security/Privacy Officer.

VAH.3.43 Client Records: Retention & Destruction

Village at Home shall retain and destruct client records in accordance with the HIPAA Security & Privacy Rules, federal and state law:

- PHI contained in client files shall be retained in accordance with state and federal regulations, whichever requires retention for the longer period of time.
- PHI, including medical and financial records, must be contained in client files for a minimum of 6 years as required by HIPAA Privacy Rule.
- In absence of state law specifying a greater retention period, PHI records must be retained for at least 6 years after the date it was last in effect.
- Home care agencies under contract with DSHS or the AAA may keep client records for a longer period of time as established in the terms of the contract.
- PHI records of individuals who have not reached full legal age must be retained for 6 years after the minor reaches legal age under state law or 6 years from the date of discharge, whichever is longer.
- If a client was on services when death occurred, PHI Records will be kept for 6 years following the last date or termination of services.
- PHI records on which there may be pending litigation may be exempt from scheduled destruction at the discretion of the Agency.
- If state laws and regulations require a greater retention time period, the greater will be followed.

Procedures for "Client Records: Retention & Destruction"

1. State laws and regulations shall be reviewed to determine the mandatory PHI record retention period and the definition of legal age.
2. If state laws or regulations require a different retention period than HIPAA regulations, the greater retention period will be followed.

3. Records shall be stored until the retention period has expired. Records must be stored in a secure manner and protected from unauthorized access and accidental/wrong destruction.
4. At the expiration of the retention period, the PHI records will be destroyed. Records shall be destroyed annually in accordance with the retention timeframes.
5. All files/records of cases involved in litigation shall be retained until the case is concluded, even if the case goes beyond the period that records are legally required to be kept.
6. Electronic Protected Health Information (ePHI) shall be disposed of in accordance with HIPAA's Physical Security Procedures.
7. Protected Health Information maintained in paper format shall be destroyed at the end of the longer of two regulated retention periods: after 6 years, per HIPAA regulations; or after the retention period stipulated by the state.
8. Prior to destruction of boxed items, the Agency will verify the retention period has expired.
9. All paper documents that contain PHI will be destroyed using an acceptable method of destruction, e.g., shredding, incineration, pulverization or use of a bonded recycling company.
10. A destruction log of destroyed ePHI records shall be maintained to document: date the record is destroyed; name of the individual who destroyed the record; name of the person who witnessed the destruction; method used to destroy records; and client information including full name, Medical Record Number, date of admission, and date of discharge.
11. A Certificate of Destruction confirming records have been destroyed shall be obtained from the destruction company when records are destroyed off-site. The Agency will maintain Certifications of Destruction and destruction logs permanently.
12. If equipment containing ePHI is to be destroyed: ensure that ePHI data on hardware and electronic media is unusable and/or inaccessible; and overwrite portable electronic devices in accordance with the National Institute of Standards & Technology (NIST).
13. If hardware or electronic devices containing ePHI are to be re-used: ensure hardware containing ePHI is unusable and/or inaccessible prior to re-use; and sanitize storage devices and/or ePHI records before being used outside the HIPAA compliant area or by an unauthorized individual.
14. The Administrator shall be responsible for documentation and equipment destruction, but may assign destruction duties to an appropriate individual, e.g., Security and/or Privacy Officer.

VAH.3.44 Client Records: Client Access

In accordance with the HIPAA Privacy Rule, Village at Home shall provide clients access to their Protected Health Information (PHI):

- Clients shall be given the right to inspect and/or obtain copies of their: medical records; billing and payment records; insurance information; clinical laboratory test results; medical images such as X-rays; wellness and disease management files; and clinical case notes.
- Certain types of PHI will not be made available to clients including: PHI that is not part of their personal record; personal notes made by a mental health care provider; counselor's summary of counselling session; and documentation expected to be required for legal purposes.
- Assistance shall be given to clients who request a copy of their information.
- Access to PHI shall only be restricted if there is substantial and verifiable risk of significant damage to the client should the information be revealed.
- The Agency reserves the right to refuse the release of information to a client if it will violate another individual's rights.
- All clients shall be given a Notice of Privacy Practices when admitted to the Agency.

Procedures for "Client Records: Client Access"

1. Initial requests for clients to access their PHI may be made in person, via phone, email, fax, web-portal, through their homecare worker or other means.
2. Requests for accessing PHI that were not originally made in writing shall be followed up in signed, written format before copies of records are provided.
3. Signed requests to access PHI shall be placed in the client's file.
4. The Agency may, at its discretion, verify the client/representative's identity before making this information available. Verification may be done in person, orally or in writing.
5. Requests for access to information shall be processed as quickly as possible but within 30 working days from the time the request is received.
6. Clients who wish to view their PHI in the Agency office shall be given the opportunity to do so. Either the client/representative or employee, on the client's behalf, shall notify the Supervisor of the request. Supervisor will make an appointment with the client/representative to review the file. Supervisor shall be present when client/representative reviews the files to ensure record integrity, provide information, and clarify contents.
7. Clients/Representatives who request copies of PHI documentation may be charged a fee for paper copies, labor and postage, where applicable. If reproduction charges are to be levied, the Agency shall provide client/representative with a cost estimate prior to the copies being made.
8. Supervisor shall document in the client's file: the name of the client/representative who viewed the file; the name of the Supervisor who was present; the date and duration of the review; and a list of documentation copies given to the client/representative.
9. Clients shall be given the right to request certain PHI be corrected if they feel the information is incorrect or incomplete. If such requests are denied, a written reason for the denial shall be provided within 60 days.

VAH.3.45 Restraint & Seclusion Measures

Village at Home shall follow state regulations for restraining or secluding clients who are receiving in-home services from a home support agency. In the absence of any State regulations regarding the use of restraint or seclusion measures for recipients of in-home services, the Agency shall follow the guidelines established by the Joint Commission (2009), the Omnibus Budget Reconciliation Act of 1987 (OBRA-87) and the Center for Medicaid/Medicare Services.

The Agency does not endorse the use of restraints or seclusion, nor is the use of restraints or seclusion permitted.

Procedures for "Restraint & Seclusion Measures"

1. Client/Consumer Rights shall include freedom from restraints and seclusion in any form if used as a means of coercion, discipline, staff convenience or retaliation.
2. If in-home workers note or become aware of non-urgent behavioral issues or other issues with clients, they shall report them to the Supervisor as soon as possible.
3. The Supervisor shall follow up with the in-home worker's non-urgent concerns and, as indicated, refer the client to a health care professional for assessment and development of an individualized care plan.
4. Urgent behavioral issues or other urgent issues should be handled by: ensuring the safety of client, worker and/or others; contacting emergency resources immediately; and notifying the Agency Supervisor as soon as possible.
5. In-home workers shall be encouraged to make the client's environment as safe as possible and to maintain the client's customary routine to offset negative behavioral escalations.
6. Before delivering services, in-home workers shall receive direction on any remedial measures prescribed by a Health Care Professional, such as: less intrusive methods of providing nourishment; meaningful activities; regular exercise; psychosocial support; and responsive health care.
7. The Agency reserves the right to not accept any referral for service if restraint or seclusion measures are already in place for the individual being referred.
8. Should the Agency currently be providing services to a client whose Doctor orders, in writing, the application of restraint or seclusion measures, the Agency reserves the right to terminate the provision of services to that client. If the Agency decides to terminate services, it shall do so in accordance with the Agency's Termination and Transfer of Clients Policy and, with the client/client's representative's consent, shall take an active role in coordinating the transfer of care to another entity.
9. Personnel who apply restraints and/or use seclusion on clients without authorization, under false pretense, or use an unapproved technique may be subject to disciplinary action in accordance with Agency policies on Disciplinary Action, Client/Elder Abuse, and Child Abuse/Neglect.
10. As part of their training curriculum, workers should receive training on: de-escalation techniques; mediation; self-protection skills; and recognition of physical distress in restrained or secluded individuals.

VAH.4 HUMAN RESOURCES

VAH.4.1 Recruiting, Hiring & Rostering

Village at Home follows the Hospital District's Personnel Policies and Procedures for all general recruiting, hiring, and rostering of employees. The policies in this section address agency-specific human resources requirements for Village at Home staff, contractors, and volunteers.

VAH.4.2 Criminal Background Checks & Sexual Offender Investigations

Village at Home complies with state and federal regulations for conducting criminal background checks and sexual offender investigations. An offer of employment is dependent on favorable outcomes of both investigations.

The following individuals require criminal background checks and sexual offender investigations:

- Agency Owner(s), in accordance with the terms of this policy;
- Every applicant for employment or referral as a Direct Care Worker, at the time of application or within 1 year immediately preceding the date of application;
- Every applicant for employment as an Agency Office Worker;
- All full-time and part-time employees; and,
- All former employees being rehired after being separated from the Agency for 90 days or more.

Individuals shall NOT be hired, rostered or retained if the criminal history report reveals a felony conviction for controlled substances, drugs and/or devices, or a conviction for criminal homicide, aggravated assault, kidnapping, unlawful restraint, rape, statutory sexual assault, involuntary deviate sexual intercourse, sexual assault, aggravated indecent assault, indecent assault, indecent exposure, arson, burglary, robbery, theft offenses, tampering with records, incest, endangering welfare of children, dealing in infant children, intimidation of witnesses or victims, retaliation against witness/victim/party, prostitution-related offenses, obscene and other sexual materials and performances, corruption of minors, or sexual abuse of children.

Procedures for "Criminal Background Checks & Sexual Offender Investigations"

1. Employees or job applicants who require a Criminal History Report shall sign the Agency's Pre-Employment Background Check Authorization. Applicants who fail to complete the Authorization will not receive an offer of employment; if a conditional offer has been extended, that offer will be withdrawn.
2. A State Police Criminal History Record shall be obtained for individuals who have been a resident of this state for 2 years preceding the date of the request. A Federal Criminal History Record and a Letter of Determination from the Department of Aging shall be obtained for individuals who have NOT been a resident of the state for the preceding 2 years.
3. Employees or job applicants shall complete all necessary forms and may request assistance from the Agency to do so. Payment for the Criminal History Report is to be submitted with the request.
4. If the Criminal Background Investigation indicates that there are no convictions, the Agency Manager may offer the candidate employment.

5. If the investigations reveal convictions that the individual did disclose in the job application, the Agency Governing Board and/or Agency Manager and/or Supervisor shall review the report and assess each conviction, including any additional information that the individual provides, before an offer of employment is or is not extended.
6. Should the investigations reveal convictions that individuals did not disclose in the job application, and a conditional offer of employment has been extended, the offer may be withdrawn; or if the individuals are already employed, they may be separated from employment, unless the individuals show that the reports are in error.
7. Agency employees who receive felony criminal arrests and convictions must report them to the Agency Manager within 5 days.
8. Individuals determined to be ineligible for hire, roster or retention shall be given information on how to appeal to the sources of criminal history records, if the individuals believe the records are in error.
9. All results of criminal, sex and violent offenders' convictions or issues will be maintained in confidential files within the Agency Office. Information obtained from criminal history records shall be kept confidential and used solely to determine an applicant's eligibility to be hired, rostered or retained.
10. Criminal Background Investigations are NOT performed on individuals who are under the age of 18.
11. Criminal Record Investigation Renewals shall be conducted in accordance with state regulations.
12. Home Care Workers who have complied with this policy are not required to obtain another criminal history report if they transfer to another agency or registry owned and operated by this Agency, or if there is a change of ownership of this Agency.

VAH.4.3 Provisional Hiring

Village at Home follows the Hospital District's Personnel Policies and Procedures regarding provisional hiring. Any Village at Home-specific provisional hiring requirements are implemented in accordance with state home care agency regulations and the standards established in this section.

VAH.4.4 Adverse Actions

Village at Home follows the Hospital District's Personnel Policies and Procedures regarding adverse actions. In the event that a Consumer Reporting Agency's report is going to be used, in part or in whole, in deciding whether or not to offer employment to an applicable individual, the Agency Manager shall provide the applicable individual with a Pre-Adverse Action notice prior to taking any adverse action. After taking an adverse action, the Agency Manager shall provide an Adverse Action notice to the individual in accordance with applicable federal and state law.

VAH.4.5 Licensure, Certification & Registration

Village at Home requires that all personnel be properly licensed, certified, registered and/or trained to meet specific job requirements and that all necessary licenses, certificates and/or registrations be kept current.

Procedures for "Licensure, Certification & Registration"

1. Employees shall not commence work until proof of required licenses, certificates and/or registrations is presented.
2. Licenses, certificates and registrations shall contain the following: name of issuing authority; name of the employee; expiration date; and license number for licensures.
3. Manager/Administrator or Supervisor shall verify validity of licensure/certifications and registrations.
4. Employees shall be responsible for ensuring licenses, certificates and/or registrations are kept current, in accordance with applicable state laws and regulations.
5. Employees shall be responsible for payment of any required fees in the maintenance of licensures, certifications or registrations.
6. Employees who fail to maintain required licensures, certifications and/or registrations may be subject to disciplinary action or termination for inability to perform the duties of the positions to which they are assigned.
7. Proof of current licensures, certifications, and/or registrations shall be kept in the personnel files in the Agency Office.
8. Employees who are not required to have specific licensure, certification, and/or registration shall demonstrate competency.

VAH.4.6 Personnel Qualifications

Village at Home is committed to hiring qualified individuals to comply with Federal and State standards and regulations and to ensure that competent, effective and efficient services are delivered to its clients. All staff employed will be licensed Home Care Aides and will have completed the 75-hour licensed training program and passed the competency test via the Department of Health.

The Agency shall apply the personnel qualification criteria established by the State for its Administrator, Supervisor, Home Care Aides and any nursing positions. In the absence of State-established criteria, the Agency shall follow Department of Health and Human Services (DHHS) requirements.

- A Home Care Aide shall be considered qualified if he/she has successfully completed a State-established or other training program meeting DHHS requirements, and a competency evaluation program or State licensure program. An individual is not considered to have completed such programs if, since their most recent completion, there has been a continuous period of 24 consecutive months wherein they did not deliver the applicable services for compensation.
- A Practical/Vocational Nurse is a person who is licensed as a practical/vocational nurse by the State in which he/she is practicing.
- A Registered Nurse (RN) is a graduate of an approved School of Professional Nursing, who is licensed as a Registered Nurse by the State in which he/she is practicing. The Agency shall use a Registered Nurse for training Home Care Aides and for supervising Home Care Aides during the supervised practical portion of the training.

- In the absence of State qualification criteria for supervisory staff, the Agency may accept the following classifications as meeting supervisory qualifications: Registered Nurse, preferably with Home Care or Home Health Care experience; Practical Nurse with Home Care or Home Health Care experience; Certified, competent and efficient Home Care Aides with 10 years or more experience; or Competent and efficient individuals who have worked as Supervisors at other Home Care Agencies for a minimum of 3 years.
- In the absence of State stipulations for a Home Care Administrator, the Agency shall consider a qualified Home Care Administrator as someone who: is a Registered Nurse; has training and experience in Home Care or Health Care Administration; or has supervisory or administrative experience in Home Care or Health Care.
- All staff providing service to clients shall have and maintain current CPR certification.
- All staff shall meet the specifications of their job category, as described in the Agency's various job descriptions.
- Independent Contractors shall meet the same qualification criteria as required for Agency employees before the Agency will enter into a contract with them.

Procedures for "Personnel Qualifications"

1. Agency Administrator and/or Supervisor shall employ individuals who are already certified and competent, in accordance with the Agency's Licensure, Certification & Registration Policy.
2. To assist in the maintenance of the Agency's qualification standards, actions shall include, but not be limited to the following:
    a. Supervisors shall conduct and/or arrange for regular, ongoing and up-to-date staff training;
    b. Supervisors shall conduct/arrange for regular competency evaluations, in accordance with the Agency's Competency Evaluation Policy;
    c. All employees shall keep their licenses, registrations and/or certifications current and provide copies of re-certification and/or other qualification achievements/renewals to the Supervisor for placement in their personnel files; and,
    d. Independent Contractors shall keep their licenses, registrations and/or certifications current and shall provide copies of re-certification and/or other qualification achievements/renewals to the Administrator.
3. Failure to maintain current licenses, registrations and/or certifications could result in termination of a staff member's employment with the Agency or termination of an Independent Contractor's contract with the Agency.

VAH.4.7 Job Descriptions

Village at Home follows the Hospital District's Personnel Policies and Procedures regarding job descriptions. Written job descriptions shall be developed for all positions offered by Village at Home and shall be signed by the candidates and Supervisor or designee. Job descriptions shall specify the qualifications, duties, and responsibilities for each position. Copies of all job descriptions shall be maintained in the Agency Office.

VAH.4.8 Classification of Workers

Village at Home follows the Hospital District's Personnel Policies and Procedures regarding worker classification. All workers providing services on behalf of Village at Home shall be properly classified as employees or independent contractors in accordance with IRS guidelines and applicable state and federal law. The Agency shall advise clients whether their Home Care Worker is an Agency employee or an independent contractor, and shall ensure that all appropriate tax obligations, insurance requirements, and employment responsibilities are properly assigned and fulfilled.

VAH.4.9 Training & Development

Village at Home provides training and development for its employees during initial orientation and annually thereafter to: review Agency policies and procedures on clients' rights and responsibilities and potential ethical issues; improve productivity, effectiveness and efficiency; help employees develop their knowledge, skills and abilities; enhance employee education about changing services, care delivery, quality of service, safer practices, and satisfaction levels; and provide for the development of supervisors and managers capable of organizing effective management systems.

Procedures for "Training & Development"

1. The Agency shall develop and implement a Training Program Handbook for each job classification. The Training Program will delineate content, frequency of evaluations, and amount of ongoing in-service training. The program will include training provided during orientation and ongoing in-services, which may be provided by the Agency and/or by outside resources.
2. Annual training for all employees will address, but not be limited to:
    a. Compliance program;
    b. Infection control;
    c. Cultural diversity;
    d. Communication barriers;
    e. Psychosocial considerations;
    f. Ethical issues;
    g. Emergency/disaster responses;
    h. Client rights and responsibilities;
    i. Skills updates;
    j. Handling grievances/complaints; and,
    k. Safety, including job-site and client safety: safety management; fire; evacuation; security; office equipment; environmental hazards; in-home safety; personal safety techniques; and body mechanics.
3. Personnel will receive training related to their role in Performance Improvement (PI) activities, which includes: purpose of PI activities; each individual's role in PI; PI outcomes resulting from previous activities; and person responsible for coordinating PI activities.

4. The minimum number of hours of in-services/other training required each year per job classification is: Direct Care Personnel: 12 hours; and Indirect Personnel (Homemaker/Companion): 8 hours. Care Aide in-service training may be conducted while he/she is delivering care to a client.
5. Employees shall be eligible for regular pay and allowance when undergoing training and development, as education is considered to be a part of the normal work assignment.
6. Employees shall retain an obligation for their own development and education and shall be proactive in researching the market for education/training tools which may improve their personal knowledge and skills.
7. Employees are responsible for documenting all training taken and submitting it, along with a certificate/training agenda or other material, to the Supervisor.
8. Employees shall be permitted the time necessary to take any training for their specific job duties which is determined to be essential by state and/or accreditation regulations.
9. Upon completion of training/development, employees shall complete a *Staff Record of Training* and submit it to the Supervisor along with: a copy of any certificate provided; the course agenda; or other course-related material.
10. Supervisor shall assist with promoting ongoing employment training and development by: identifying individual training needs and action plans; creating a resource of educational information for employee reference and review; researching relevant courses, seminars, workshops, etc.; scheduling formal meetings with employees to provide information and updates; encouraging employees to seek outside resource training/educational programs; holding formal meetings to provide updates to employees on programs, services and legislation; demonstrating or arranging for demonstration of skills on clinical practices when required; and encouraging employees to attain and maintain membership in organizations pertaining to their professional field.
11. When determining Agency training/development requirements, the Supervisor shall take into consideration: the employee groups as a whole; and the individual employee.
12. Supervisor shall ensure a copy of the employee's *Staff Record of Training* and accompanying documentation is placed on the individual employee's personnel file.
13. Training records shall include: dates when training was given; summary on what training was given; names and credentials of person(s) providing the training; and names and positions of people attending the training sessions. Records are to be maintained for 3 years from the date of training.

VAH.4.10 Orientation

Village at Home is committed to ensuring that all new employees receive orientation to: give them knowledge about the Agency and their jobs; make them aware of the Agency's standards, policies and procedures for consistency purposes; and promote health, safety and welfare of staff and clients.

Procedures for "Orientation"

1. The Supervisor shall ensure that all new employees receive Orientation prior to providing service to clients. Orientation shall be provided within the first week of the commencement of employment.
2. Orientation shall include, but not be limited to, the following:
    a. Overview of Agency and Scope of Services;
    b. Job Description and Employee Handbook;
    c. Employer-Employee Agreement;
    d. Rights and Responsibilities;
    e. Pay and Compensation;
    f. Grievances/Complaints;
    g. Agency Expectations;
    h. Compliance, Standards of Conduct, Ethics, and Conflict of Interest;
    i. Performance Reviews and Training/Staff Development;
    j. Health and Safety Committee;
    k. Safety in the Workplace/Home and Emergency Procedures;
    l. Emergency Preparedness and Emergency Contact;
    m. Infection Control and Hazard Waste;
    n. Personal Protective Equipment;
    o. Incident Reporting;
    p. Security and Confidentiality of Client Information;
    q. Case Management and Clinical Record Management; and,
    r. Equipment and Supplies.
3. The Agency shall ensure that Orientation includes a review of laws established for the detection and prevention of fraud, abuse and waste in the federal health care systems, particularly the Federal Deficit Reduction Act of 2005 – Section 6032 and the False Claims Act, which require that employees, managers, contractors and agents: be familiar with the laws regarding fraud, abuse, and false claims; assume responsibility for their role in the prevention of fraud, abuse, and waste in the federal health care system; assume responsibility for recognizing and reporting known and suspected cases of fraud, abuse, and/or false claims; and are protected from retaliation and retribution if they report known or suspected cases of fraud, abuse, and/or false claims, as per the "qui tam" provision.
4. Each segment of the Orientation shall be delivered by a qualified person(s).
5. Employees are responsible for ensuring they understand all the information provided in Orientation; and, if clarification is needed, they seek it.
6. Upon completion of Orientation, employees shall demonstrate knowledge and competency in the topics presented.
7. Supervisor shall track the individual participant's completion of topics on the *Employee Orientation Checklist*. Each participant shall tick off topics as covered.

Both the Supervisor and the participant shall sign and date the orientation checklist.

8. Employees shall be proactive by monitoring the Employee Orientation Checklist to ensure they are able to complete the curriculum within the first weeks of employment.
9. A copy of the completed and signed Employee Orientation Checklist shall be kept by the employee and the original shall be placed in the individual employee's Personnel File.
10. Reference materials Supervisor shall ensure are available for orientation shall include, but not be limited to: Policy and Procedure Manual; ethical conduct paperwork; standards of conduct; confidentiality paperwork; billing procedures; service delivery process paperwork; and Employee Handbook.
11. The Orientation Checklist shall be maintained for 3 years, or as required by law, from the date the employee completed General Orientation.

VAH.4.11 Mandated Reporting

Employees of Village at Home are mandatory reporters under Washington State WAC 246-335 and RCW 70.127. This policy outlines the procedures for mandatory reporting of incidents or situations that may pose a threat to the well-being of patients of Village at Home. The purpose of this policy is to ensure timely and accurate reporting of such incidents in compliance with applicable laws, regulations, and ethical standards.

This policy applies to all employees working at Village at Home.

Procedures for "Mandated Reporting"

1. Mandatory Reporters shall report suspected abandonment, abuse, financial exploitation, or neglect of a person in violation of RCW 74.34.020 or 26.44.030 to the Department of Social and Health Services and the proper law enforcement agency. Reports must be submitted immediately when the reporting person has reasonable cause to believe that abandonment, abuse, financial exploitation, or neglect of a person has occurred.
2. In emergency situations or when immediate intervention is required, staff should contact the appropriate authorities and then notify their immediate supervisor or department head.
3. Non-emergency incidents should be reported to an immediate supervisor or department head for reporting as soon as possible after the incident occurs.
4. The incident report should include detailed information about the incident, including date, time, location, individuals involved, and a description of the incident.
5. Training will be provided as needed to ensure staff members understand their reporting obligations.
6. Any violations of this policy may result in disciplinary action, up to and including termination of employment.

VAH.4.12 Competency Evaluation of Direct Care Workers

Village at Home follows the Hospital District's Personnel Policies and Procedures regarding competency evaluations. In addition, Village at Home requires agency-specific competency evaluations for all Direct Care Workers as follows:

- Competency evaluations shall be conducted prior to the initial assignment of a Home Care Aide to a client, at least annually thereafter, and more frequently when performance concerns are detected, disciplinary action is imposed, or sanctions such as verbal warning or suspension are imposed.
- Competency evaluations for Home Care Aides shall include assessment of all care tasks the Aide is expected to perform, including but not limited to: personal care activities; assistance with self-administered medications; infection control practices; safety procedures; and documentation requirements.
- Results of competency evaluations shall be documented and maintained in the employee's personnel file.
- Should a Home Care Aide employee fail to satisfactorily meet the competency requirements, the Agency shall have the discretion to: request further training followed by subsequent re-evaluation; reassign to less specialized duties; or terminate employment.

VAH.4.13 Standards of Conduct & Work Ethics

Village at Home follows the Hospital District's Personnel Policies and Procedures regarding standards of conduct and work ethics. In addition, all Village at Home employees, contractors, and volunteers are expected to:

- Uphold the mission and values of San Juan County Public Hospital District No. 1 and Village at Home at all times;
- Treat all clients, residents, staff, and other volunteers with respect, empathy, and compassion;
- Maintain strict confidentiality regarding client and resident information and District operations;
- Conduct themselves professionally and ethically in all interactions with clients, families, colleagues, and the public;
- Report any concerns about ethical violations, fraud, waste, or abuse to the appropriate supervisor or department head; and,
- Comply with all applicable policies and procedures of the Hospital District and Village at Home.

VAH.4.14 Conflict of Interest

Village at Home follows the Hospital District's Administrative Policies and Procedures regarding conflict of interest. In addition, all Village at Home employees, contractors, and volunteers shall:

- Disclose any actual or potential conflicts of interest to their supervisor promptly;
- Not use their position with Village at Home for personal financial gain or to benefit family members or associates;

- Not provide or arrange to provide service privately to existing Agency clients. Employees who do so may have their employment with the Agency terminated; and,
- Comply with the non-solicitation agreement signed at the commencement of employment, which prohibits soliciting, diverting or accepting any business furnishing at-home caretaking services on San Juan Island from any of the Agency's existing or former clients for whom the employee had performed services, for a period of six (6) months after termination of employment.

VAH.4.15 Use of Privately-Owned & Agency Vehicles

Village at Home requires that employee-owned and Agency-owned vehicles carry adequate vehicle insurance and all employees who operate a vehicle for the conduction of Agency business have and maintain valid drivers' licenses. Employees who use privately-owned vehicles for transporting clients shall refer to VAH.3.35 – Transporting Clients in Private or Client Vehicles.

The following conditions must be met before employees will be authorized to operate a motor vehicle as part of their duties:

- Employees' Driver Licenses shall: be valid in the State in which employees are working; be current; and meet State requirements for transporting clients.
- Employees shall carry adequate/appropriate vehicle insurance, including full Comprehensive, Liability and Personal Injury Protection coverage.
- Employees shall adhere to the guidelines regarding the usage of Private and Agency vehicles.

Procedures for "Use of Privately-Owned & Agency Vehicles"

1. Employees whose Drivers' Licenses are suspended or restricted shall advise their Appropriate Supervisor immediately. Job duties may be affected as a result.
2. Employees who require medication that might impair their ability to drive shall obtain written confirmation from their Physician that they can safely operate a motor vehicle.
3. Employees who receive parking tickets, speeding tickets and other traffic violations or who are arrested for driving-related offences shall assume total responsibility for any resulting fines.
4. Employees who violate any of the stipulations outlined for Private and Agency vehicle operations may be subject to disciplinary action up to and including termination of employment.

Private Vehicles

5. When employees use their vehicle during the performance of their duties, they are required to complete and submit the Agency's *Personal or Private Vehicle Usage Mileage Record* for miles accrued. These Mileage Records shall be verified and signed by the client(s) on whose behalf the employees used their vehicles.
6. Employees who use their own vehicles in the delivery of direct client services must inform their insurance companies that they will be using their vehicles for work purposes to ensure correct and adequate insurance coverage is obtained.
7. The Agency does not provide vehicle insurance for Private vehicles.

8. Employees will be paid a set rate per mile for using their Private vehicle, as discussed with them at the time of hire.
9. Employees shall provide their Appropriate Supervisor with copies of their driver's licenses and insurance coverage for Private vehicles used for conducting job duties. Copies shall be filed in the employees' Personnel Files.
10. Employees shall be responsible for ensuring their drivers' licenses and vehicle insurance coverage are renewed and copies are given to the Appropriate Supervisor.
11. Appropriate Supervisors shall confirm that drivers' licenses and vehicles' insurance coverage are current and shall file copies of renewals in the Employees' Personnel Files.
12. Employees who are driving private vehicles while on duty shall: wear their seat belts at all times; ensure passengers wear seat belts at all times; adhere to all traffic and safety regulations; exercise caution and responsibility; avoid consuming alcohol and/or drugs; avoid reckless driving; report any citations or charges against their drivers' records to the Appropriate Supervisor; and report any accidents or related injuries to the proper authorities, as regulated by law. A written report of the incident shall also be given to the Appropriate Supervisor within 24 hours.

Agency Vehicles

13. Agency vehicles shall carry full insurance coverage including Comprehensive, Liability and Personal Injury Protection coverage.
14. Before employees receive authorization to drive an Agency vehicle, the Appropriate Supervisor will ensure they have a valid Driver's License and that their driving record is clear of infractions.
15. Once employees receive authorization to drive an Agency Vehicle, they must adhere to the following conditions. Employees must NOT:
    a. drive an Agency vehicle if their driver's license is suspended or revoked;
    b. permit any unauthorized person to drive an Agency vehicle, except in an emergency situation; or,
    c. drive while under the influence of alcohol and/or drugs.
16. Employees MUST:
    a. use seat belts at all times and ensure that all passengers wear seat belts;
    b. respect traffic laws, ordinances and regulations;
    c. use reasonable and safe driving practices;
    d. be responsible for any fines or traffic violations;
    e. report any accidents or related injuries to the proper authorities as regulated by law, and give a written report of the incident to the Appropriate Supervisor within 24 hours;
    f. report all traffic tickets to the Appropriate Supervisor immediately and show proof of payment within 2 weeks of the offense;
    g. report any citations or charges against their drivers' records to the Appropriate Supervisor;

h. drive at speeds which are appropriate for traffic, weather and road conditions;
i. be personally liable if any criminal or civil penalty is incurred;
j. turn the engine off, remove the keys and lock the vehicle when it is unattended;
k. conduct a visual check of the vehicle for defects or damage before operating it;
l. report any defects or damage noted to the Appropriate Supervisor;
m. check fluid levels and tire pressure regularly; and,
n. ensure the vehicle is kept clean.

VAH.4.16 Secondary Employment

Village at Home has guidelines in place for its employees who pursue secondary employment:

- Secondary employment duties shall not present a conflict of interest in the employee's work with the Agency; shall not interfere with the employee's work with the Agency; shall not put the employee or clients at risk as a result of working additional hours; and shall be performed during hours that the employee is not scheduled to work for the Agency.
- Employees shall not provide or arrange to provide service privately to existing Agency clients. Employees who do so may have their employment with the Agency terminated.
- Employees are required to sign a non-solicitation agreement before starting employment with the District, which prohibits soliciting, diverting or accepting any business furnishing at-home caretaking services on San Juan Island from any of the Agency's existing or former clients for whom the employee had performed services, for a period of six (6) months after termination of employment.

Procedures for "Secondary Employment"

1. Employees shall be asked to advise their Supervisor of any secondary employment they have to enable contingency plans to be developed in the event of conflict.
2. Should secondary employment interfere with an employee's duties at this Agency, the employee with the secondary employment may be asked to reduce his/her other hours or resign from his/her position with the Agency.

VAH.4.17 Employee, Contractor & Volunteer Personnel Records: Management

Village at Home will maintain official records for all employees and volunteers and have access to all contractor records, in accordance with HIPAA and applicable anti-discrimination laws. Official Personnel Records shall be established for each individual occupying a position with the Agency.

Three separate types of personnel files shall be maintained:

- General Personnel File – Contains all human resource-related documents, including: employee name and address; employment agreements; noncompete and nondisclosure agreements; Employee Handbook signature page; onboarding documents; termination documents; recruitment records; job descriptions; job application materials; payment records; direct deposit forms; pay stubs; tax withholding documents; reimbursement

records; performance reviews; promotion or demotion records; warnings or disciplinary records; and merit pay or other incentive pay reviews.

- Medical Personnel File – Contains: accommodation requests and approvals; benefits claims, doctor's notes, and leave requests; Worker's Compensation documents; and medical questionnaires and exams. Medical Personnel Records must not be filed with General Personnel Records and shall be treated as confidential and kept as separate files in a separate location.
- Confidential Personnel File – Contains: background checks; reference checks; child support documents; garnishment documents; benefits records; affirmative action identification documents; documents related to past or pending litigation; and I-9s. Confidential Personnel Records shall be kept in separate files to limit the number of employees who have access to them.

Procedures for "Employee, Contractor & Volunteer Personnel Records: Management"

1. Manager/Administrator or Supervisor will be responsible for ensuring that the required employee/volunteer/contractor documentation is received and verified, including but not limited to: employment application and/or resume; personal information; current practice certification, credentials, or licensure; reference checks and/or verification of previous employment; documentation related to job offer, job acceptance, and date of hire; job title and signed job description; communicable disease testing and vaccination records; Hepatitis B immunization record or decline; initial and subsequent criminal history and child abuse background checks; Driver's License verification, if relevant; appropriate insurance verification for private vehicles used for Agency purposes; Nurse Aide Registry listing; Health Care Personnel Registry check; verification of personnel/contractor/volunteer skills or training specific to meeting client care/service needs; performance evaluations; training records for orientation, current and revised agency policies and procedures, and in-services; disciplinary actions; letters of commendation; copies of employee consent forms; payroll and benefits documentation; letters of resignation or termination; absence reports; and other relevant material.
2. Manager/Administrator and/or Supervisor shall determine what additional documents may be placed in Personnel Records, as permitted by law. Discussions will be held with individuals involved before placing a document in their file. A copy of such documentation will be given to the individuals involved.
3. Original certificates or documents will not be retained on the General Personnel Record. Copies of the originals are filed, and the originals are returned to the employee.
4. Electronic and hardcopy Personnel Records shall be kept current and maintained with the strictest of confidence.
5. Hardcopy Personnel Records must be stored in locked, metal filing cabinets and/or in a secured room when the records are not in use.
6. Electronic Personnel Records may be stored: using a cloud-based system; in an encrypted location; and with restricted permissions. To maintain confidentiality, multiple locations and multiple keys must be utilized to keep Medical Personnel

Records and Confidential Personnel Records separate from each other and from the General Personnel Records.

7. Access to Personnel Records is restricted to authorized personnel where it is necessary for the performance of their duties. All information placed in the Personnel Records is confidential in nature and it will only be divulged to individuals who have been authorized to receive such information.
8. Employees may access their own Personnel Records by submitting a written request at least 24 hours in advance. Employees may not alter or remove any document from their Personnel Records.
9. Agency Manager/Administrator shall ensure that persons having access to, or involved in the creation, development, processing, use, or maintenance of Personnel Records, are informed of pertinent recordkeeping regulations and requirements.
10. "Release of Information" statements must be signed by employee, volunteers or contractors before any information is released from their Personnel Records to a Third Party unless the request is due to a subpoena or other legal requirement.
11. The time period for keeping Personnel Records shall be in accordance with federal, state, and/or other regulations/agreements. Personnel Records documentation deemed to be destroyable will be destroyed by shredding.

VAH.5 HEALTH AND SAFETY

VAH.5.1 General Health & Safety

Village at Home is committed to a strong health and safety program that protects its clients, staff, property and the public-in-general from accidents and health threats. The Agency will not render any service that has the potential to cause an accident or result in an exposure that may result in personal injury or damage to equipment.

Procedures for "General Health & Safety"

1. Agency Management and all employees shall be responsible and accountable for the Agency's overall safety initiatives.
2. Agency Management shall provide proper equipment, training, and procedures to enable employees to take anti-accident and anti-health threat measures.
3. The Agency Manager shall have overall accountability for health and safety measures in the Agency.
4. The Agency Manager shall ensure an Agency Health and Safety Committee is formed and includes: a Supervisor; a Registered Nurse; and at least 2 employees. The Health and Safety Committee shall meet every 2 months or more frequently if indicated. Minutes shall be kept of the meetings and posted for staff perusal.
5. The Health and Safety Committee shall be responsible for: participating in the development of health and safety policies and programs; dealing with matters raised by its members; participating in the development and monitoring of a program for the prevention of workplace hazards and health and safety education of employees; and participating in inquiries, studies, investigations, and inspections, as it considers necessary.

6. The Health and Safety Committee shall ensure that fire risk assessments are conducted at least every 6 months and/or as indicated, including checking escape routes, fire extinguishers, alarms, and evacuation procedures. Records shall be kept on when the fire risk assessments were conducted including dates and participants.
7. Supervisor shall be responsible and accountable for ensuring: serving on the Health and Safety Committee; the health and safety of employees under their supervision is protected; equipment and the environment are safe; checking the safety of the equipment and environment on a regular basis; records of health surveillance are kept; employees work in compliance with the Agency's established safe work practices and procedures; employees receive adequate training in their work tasks to protect their health and safety; training records are maintained; and First Aid accreditation is attained and kept current by all field employees and at least two office employees.
8. The Registered Nurse shall be responsible and accountable for: serving on the Agency's Health and Safety Committee; monitoring conditions and safe working practices; identifying hazardous substances; providing training on health and safety measures; keeping the Agency's First Aid kit stocked; ensuring employees know where the First Aid kits are kept in the office and on the job-site; and teaching clients about health and safety measures, fire risks and procedures.
9. Employees are responsible for: completely and actively conducting their daily job activities in a way that will ensure the safety of their fellow co-workers, clients and the public-in-general; working in compliance with established safe work practices and procedures; and being committed to continually applying health and safety measures.
10. The Health and Safety Law Poster shall be displayed on the Bulletin Board in the Agency Office. Employees may request a copy to take to their individual job-sites.

VAH.5.2 Employee Personal Safety

Village at Home is committed to ensuring the welfare of its employees by educating them on how to recognize personal safety hazards and on what protective actions to take to reduce risk, prevent injury and promote safety.

Procedures for "Employee Personal Safety"

General Safety

1. Before going into a new Client's home, employees shall: scout out the area where the home is located; travel the safest route and know the locations of safe places such as hospitals and local law enforcement; carry a cell phone or determine the locations of public pay phones; carry a list of emergency numbers; and carry transportation schedules and numbers of taxi companies.
2. When traveling to the job site/client's home, employees shall: dress safely (e.g. unrestrictive clothing, non-skid shoes, limited jewelry); stand in the designated waiting area of a subway; ensure a taxi driver's picture and identification are displayed in the cab; not park in underground parking lots or in out-of-the-way areas; keep car doors locked and windows rolled up; not leave items lying around in the car; avoid any parked cars which have people sitting in them; be alert for anyone

following them; stick to well-traveled and lit streets; and walk quickly and try to avoid walking through crowds.

3. When leaving the jobsite/client's home, employees shall: place their vehicle keys in their hands before leaving the home; if necessary, have someone walk them to their vehicle; check the inside and outside of the vehicle before getting in; lock the car doors as soon as they get in; watch for vehicles following them; not use bank machines in the evening or during the night; head for a police/fire/gas station if they think they are being followed; not hitchhike or pick up hitchhikers; and in the event of attempted robbery: don't resist – instead, shout "fire".
4. When working in a client's home, employees shall: make a note of where the telephone and exit are located; be alert for changes in the behavior of people in the home, as they could be indicative of impending danger; and not make promises they are not able to keep.
5. When a client lives in a condominium apartment or other multi-residence complex, employees shall: be cautious in elevators (stand close to the control panel with their backs against the wall; and get out immediately if feeling uneasy); walk down the middle of the hallway and avoid alcoves; and keep count of floors when using stairways.
6. When making a home visit where there is possibility of being at risk, employees shall: go in pairs; ask local law enforcement/security to accompany them; try to visit when other people are in the home; have the client go first when moving around the house; avoid the kitchen and other rooms where potential items such as knives/weapons are kept, if somebody in the home appears dangerous or unbalanced; and/or be on guard at all times.
7. When working in the office alone or during non-office hours, employees shall: notify security if the building has security; ensure doors are locked; be alert for possible dangers; know where closest phones and exits are; and listen to their gut feelings and use good judgment.
8. Upon arrival at a client's home, employees should not remain when it appears their safety may be at risk (e.g. weapons, drugs, alcohol, guard dogs). They should leave and contact the Supervisor immediately.

VAH.5.3 Home Environment Safety

Village at Home is committed to ensuring the safety of its clients/families/employees in the home environment by reducing risk, preventing injury and promoting safety by identifying potential home safety hazards and educating them about home safety.

Procedures for "Home Environment Safety"

1. Supervisor shall, when doing the initial in-home assessment, complete the *Home Safety Checklist* to identify hazards and use it as a tool to educate client/family/other relevant individuals about potential dangers, including: bathroom safety; environmental and mobility safety; electrical safety; and fire safety. The safety checklist shall be placed in the in-home client file. Uncorrected hazards shall be documented in the in-home client file and employees who provide service shall be informed about the hazards.

2. Supervisor shall take an inventory of hazardous products in the home and advise clients how to handle them safely, and shall identify the client/family/other relevant individual's learning needs.
3. Employees shall: review the safety checklist and uncorrected hazard notes in the in-home client file; continually assess the client/family/relevant individual's compliance to home safety and re-instruct as necessary; and each time they go into a client's home, be alert for new hazards, advise client/family of any new hazards detected, make a note of new hazards in the client's in-home file, follow up with client/family if hazards are not corrected, and advise Supervisor if hazards remain uncorrected.
4. When working in the home, employees shall: read the labels before using a product; clean up spills as soon as they occur; ensure that all weapons are kept out of view and preferably locked up; and ensure that pets are restrained if necessary. If an animal bites, the affected area should be washed with soap and water and medical attention sought.
5. Supervisor and/or Employee shall: assess the client's or other resident's potential for violence including history of violence, violence fantasies or plans of violence, level of support from significant other, and signs and symptoms such as staring and eye contact, tone and volume of voice, pacing, anxiety, and mumbling; and conduct a neighborhood safety audit to assess problematic areas and determine possible actions to correct these features.

VAH.5.4 Hazardous Household Materials

Village at Home is committed to ensuring that employees/clients/families are kept safe when exposed to household hazardous materials, in accordance with Occupational Safety and Health Administration (OSHA) and U.S. Environmental Protection Agency guidelines.

Procedures for "Hazardous Household Materials"

1. Hazardous materials shall: only be used in well-ventilated areas; not be stored with food products; not be transferred to containers that once held food; be kept in their original containers unless placed in properly labeled and compatible containers; be kept away from children and pets; and not be disposed of in the garbage, on the ground or in storm drains.
2. Empty containers shall not be refilled unless the label recommends it.
3. Only enough hazardous material shall be purchased to complete the task-at-hand.
4. Flammable liquids and gases shall not be stored in the home.
5. Employees shall: familiarize themselves with each product; handle each product carefully; read the labels twice; not remove labels from the containers; wear gloves and protective clothing as appropriate; and ensure hazardous materials are stored safely when not in use.
6. Employees shall report any hazardous material safety concerns to the Supervisor immediately.

VAH.5.5 Oxygen Therapy

Village at Home is committed to ensuring the safety of its employees/clients/families by having a policy in place which outlines the precautions to take and procedures to follow when working in environments where oxygen is utilized.

Procedures for "Oxygen Therapy"

1. There shall be no smoking in a room that contains oxygen equipment. At least one "No Smoking" sign shall be placed in a prominent place.
2. Oxygen equipment shall not be stored near any heat source or open flame.
3. Electrical equipment shall not be used within 5 feet of the oxygen cylinder, which includes the tubing and nasal cannula/mask. All electrical equipment located near the oxygen shall be properly grounded. Extension cords shall not be used with oxygen equipment.
4. The oxygen system shall be: kept away from aerosol cans/sprays; clean and free from dust; stored in a well-ventilated area; and positioned to prevent it from being knocked over.
5. The length of tubing shall not exceed 50 feet to prevent dilution of oxygen.
6. To prevent tripping, secure loose cords, extra tubing, floor mats, and throw rugs.
7. Functioning smoke detectors and fire extinguishers shall be kept in the home at all times.
8. All grease, oil, petroleum products and flammable materials shall be kept away from oxygen equipment.
9. Equipment shall be cleaned twice a week to reduce the possibility of infection.
10. Only trained persons shall operate the equipment following the manufacturer's instructions. Oxygen equipment shall not be disassembled or repaired.
11. Cylinders shall always be secured prior to use. The cylinder valve shall be turned off when the cylinder is not in use. Full and empty cylinders shall not be stored together.
12. A back-up supply of oxygen shall be kept in case of an emergency. The oxygen flow rate shall not be changed without a physician's authorization.
13. Manufacturer hotlines shall be kept accessible both at home and away from home for 24-hour emergency assistance with the oxygen equipment. The electric company shall be notified so they can make the home a priority during a power outage.
14. Employees must be educated and trained on oxygen therapy, including purpose, handling, care and cleaning. Training records shall include: dates when training was given; summary on what training was given; names and credentials of person(s) providing the training; and names and positions of people attending the training sessions.

VAH.5.6 Violence & Threats of Violence

Village at Home is committed to ensuring the safety of its clients/families/employees when violence and threats of violence develop by having a harmonized plan to handle the situation with composure, effectiveness and speed.

Procedures for "Violence & Threats of Violence"

1. Procedures outlined in the Agency's individual policies for violent situations shall be followed for threats, assaults, weapons, bomb threats, hostage situations, and suicide attempts.
2. Violent situations shall be handled as follows: employees providing service in the home shall take a leadership role; Supervisor/management shall assume the leadership role in the office; Supervisor/management will keep a current electronic copy of client lists in a locked cabinet at their residence; management/employees shall work with outside community resources applicable to the current emergency; priority attention during the emergency shall be given to clients who are in the most danger; and the care needs of clients following the acute stage of the emergency will be prioritized according to assessed risk level.
3. A list of telephone numbers for emergency assistance shall be given to employees/clients/families and posted throughout the office. A current list of names and contact methods of individual staff members who have training for emergencies shall be kept at the office.
4. During an emergency, employees working in the home shall attempt to communicate or receive communication by using the phone (cell or land), social media, email if the client has a computer/laptop, and/or listening to radio/television broadcasts.
5. Every effort to prevent and minimize violence shall be attempted, if possible, by: being aware of any individual(s) who has a traceable history of problems, conflicts, disputes, and/or failures; determining the coping skills of potentially violent individual(s) during stress; being alert for individual(s) who show a compulsive or excessive interest in a possible target; being alert for individual(s) who obtain or practice with weapons; and consulting with local law enforcement when an individual makes a threat of violence or shows a potential for violence.
6. Employees who have not already received instruction on how to deal with violence shall be trained to do so. Training records shall include: dates when training was given; summary on what training was given; names and credentials of person(s) providing the training; and names and positions of people attending the training sessions. Records are to be maintained for 3 years from the date of training.
7. Supervisor/management is responsible for: ensuring that safe working environments exist for employees as much as practically possible; and ensuring that local law enforcement is notified of any acts or threats of violence they become aware of.
8. Employees are responsible for: reporting to the supervisor/management all violence or threats they observe or are involved in; calling the emergency number if they believe/feel there is an immediate danger to someone's safety; participating in

all training courses arranged by the supervisor/management; and following the policy guidelines.

9. Anytime there is an incident, the situation shall be documented, providing as many details as possible.

VAH.5.7 Threats

Village at Home is committed to ensuring the safety of its clients/families/employees when threats are made by handling the situation with composure, effectiveness and speed, in accordance with OSHA guidelines.

Procedures for "Threats"

1. Take all threats seriously.
2. Phone the emergency number or ask somebody else to do so. Give as much information as possible, e.g.: number and description of person(s) involved; who the person(s) is, if known; location of person(s) involved; why the threat is being made, if known; what is happening; and how serious the threat(s) appear.
3. Assure the safety of others. Do not put your own safety at risk.
4. Disengage yourself from the situation if you have a choice.
5. If you have no choice and become involved: encourage others to get out of the area; remain calm and talk quietly and slowly; do not threaten or try to hold the person making threats; do not threaten legal action; do not laugh, joke or kibitz with the person making threats; monitor the location of the person making threats until the Emergency Response Team arrives; and attempt to bring the incident under control, if safely possible.
6. All threat situations shall be documented, providing as many details as possible.

VAH.5.8 Assaults

Village at Home is committed to ensuring the safety of its clients/families/employees when assaults are made by handling the situation with composure, effectiveness and speed, in accordance with OSHA guidelines.

Procedures for "Assaults"

1. Phone the emergency number or ask somebody else to do so.
2. Maintain telephone contact with emergency support until the Emergency Response Team arrives.
3. Get a description of the aggressor, including approximate age, height, weight, race/color and clothing worn.
4. If you become involved: do not put your own safety at risk; tell the aggressor who you are; demand that the aggressor stops immediately; use his/her name or sir/madam if name is not known; make it clear that his/her actions are not acceptable; and if you decide to intervene, approach the aggressor from the side and do not come between the aggressor and the victim.
5. Remain with the victim(s) until the Emergency Response Team arrives.
6. All assault situations shall be documented, providing as many details as possible.

VAH.5.9 Weapons

Village at Home is committed to ensuring the safety of its clients/families/employees, when being threatened with a weapon(s), by handling the situation with composure, effectiveness and speed, in accordance with OSHA guidelines.

Procedures for "Weapons"

1. If the person(s) with the weapon is in the same room: call the emergency number, or have somebody else phone, as soon as possible; remain calm and composed; give the person(s) with the weapon whatever property he/she wants; calm the situation down by saying whatever the person(s) with the weapon wants you to say; when possible, get out of the house/office; and if evacuation is not possible, move to a safer location such as another room or under/behind furniture.
2. If the person(s) with the weapon is outside the room: call the emergency number; remain calm and composed; stay away from windows and doors; when possible, get out of the house/office; and if evacuation is not possible, move to a safer location.
3. All weapon situations shall be documented, providing as many details as possible.

VAH.5.10 Bomb Threats

Village at Home is committed to ensuring the safety of its clients/families/employees when bomb threats are made by handling the situation with composure, effectiveness and speed, in accordance with OSHA guidelines.

Procedures for "Bomb Threats"

1. Do not disregard a bomb threat or take it lightly.
2. If the threat is made in writing: keep it as well as the envelope or container that it came in; avoid unnecessary handling; and make every effort to retain possible evidence such as fingerprints, handwriting, paper and postmarks.
3. If the threat is made by telephone: try to keep the caller on the phone as long as possible; do not transfer the call; do not interrupt the caller; and fill in the *Bomb Threat Checklist* while still on the phone. People responsible for answering the phone shall keep a Bomb Threat Checklist next to the phone for immediate and easy access.
4. Call the emergency number as soon as the call terminates.
5. Do not touch or go near unusual or suspicious objects.
6. Follow the specific directions of the Emergency Response Team.
7. Evacuate the area immediately if there is even the slightest indication of pending danger such as a suspicious object.
8. Direct whoever else is there to help search the premises for any suspicious object. If any object(s) is found: do not touch it; evacuate immediately; and once in a safe spot, call the emergency number.
9. All bomb threat situations shall be documented, providing as many details as possible.

VAH.5.11 Hostage Situations

Village at Home is committed to ensuring the safety of its clients/families/employees when a hostage situation develops by handling the situation with composure, effectiveness and speed, in accordance with OSHA guidelines.

Procedures for "Hostage Situations"

1. If witnessing a hostage: get out of the area; call the emergency number; provide as many details as possible on the location of the incident, the number of hostage takers, a physical description of the captor(s), the name of the captor(s) if known, the number of people taken hostage, the types and number of weapons, and your name and phone number; lock all doors and windows and close blinds; stay inside unless directed to do something else; wait for direction from the Emergency Response Team; and allow only the Emergency Response Team in.
2. If you are the hostage: attempt to convey what is going on; do not try to take any weapons from the captor; remain calm and quiet and be polite to the captors; be submissive and follow the kidnapper's directions; do not complain or be belligerent; comply with all commands; do not attempt to escape unless there is a high chance of survival; do not draw attention to yourself by making sudden body movements, making comments or projecting hostile looks; attempt to establish a relationship with the captor(s); do not get into political or ideological discussions with the captor(s); note the captor's physical traits and clothing; stay close to the ground and away from windows and doors; and be aware that the Emergency Response Team may be able to hear what is going on.
3. In a rescue attempt: do not run – drop to the floor and remain still; do not make any sudden moves which may be misinterpreted by the rescuer(s); wait for directions and obey all given; and do not resist if handcuffed and searched – there will be time for clarification later.

VAH.5.12 Suicide Situations

Village at Home is committed to ensuring the safety of its clients/families/employees when a suicide situation arises by handling the situation with composure, effectiveness and speed.

Procedures for "Suicide Situations"

1. If an individual is threatening to commit suicide: if possible, remove means such as weapons, pills, rope, etc.; be supportive and show interest; speak openly and directly about the suicide threat; be sympathetic, non-judgmental, patient and calm; listen to what he/she is saying; allow him/her to express their feelings; acknowledge and accept their feelings; don't debate whether suicide is acceptable or not; don't preach about the value of life; don't dare him/her to follow through on their suicide threat; don't promise to keep the suicide threat confidential; advise him/her that options other than suicide are available; and seek help, e.g., crisis intervention person/agency or suicide prevention individual.
2. If an individual has attempted suicide or appears to have attempted suicide: phone the emergency number; make sure the person is not left alone; do not leave the person unattended until the Emergency Response Team arrives; do not allow others

to come into the area; avoid touching weapons, containers or other items which could be evidence; and provide first aid as required and if trained to do so.

3. All suicide situations shall be documented, providing as many details as possible.

VAH.5.13 Emergency Preparedness

Village at Home is committed to ensuring the safety of its clients/families/employees by developing and implementing plans and procedures to follow in emergencies.

Procedures for "Emergency Preparedness"

1. The Governing Body shall ensure emergency preparedness is addressed at the Agency by: authorizing the creation of an Emergency Preparedness Committee; appointing an Emergency Preparedness Coordinator; and allocating financial resources to support emergency preparedness.
2. At least one member of the Agency Management Team shall become part of the Emergency Planning Committee to: oversee the development of the Emergency Preparedness Plan; ensure that the plan is updated regularly; and ensure that appropriate individuals have been selected for the plan's development.
3. The Agency Manager, a member of the Agency Management Team or a staff member who has received training in emergency preparedness should be appointed the Emergency Preparedness Coordinator. That individual must also be familiar with Agency operations.
4. The responsibilities of the Emergency Preparedness Coordinator include, but are not limited to: advising the Governing Body, the Agency Management Team, staff and clients of any changes or updates to the plan; coordinating all Agency's operations concerned with the disaster; acting on behalf of the Governing Body; coordinating emergency planning and response; and directing operations.
5. The Emergency Planning Committee shall be in charge of creating the Agency's Emergency Preparedness Plan and shall submit the draft plan to the Agency's Governing Body for review and revision.
6. The Agency shall educate clients and staff on disaster preparedness by distributing and reviewing its Emergency Preparedness Plan with them.
7. The Emergency Preparedness Plan shall be reviewed at least annually.
8. Procedures for Emergency Preparedness in the Agency Office shall include: assigning the Manager/Administrator, a Supervisor or an employee with Emergency Preparedness training as the Emergency Preparedness Coordinator; developing a plan of action with staff; determining the location of the escape routes; determining an outside assembly location; determining who to call in case of separation; maintaining a current electronic client list in a secure off-site location; working with outside community resources applicable to the current emergency; giving a list of telephone numbers for emergency assistance to employees; posting a list of telephone numbers for emergency assistance in the office; preparing a list of names and contact information for each employee to be kept in the Agency office; ensuring that each employee carries their own personal list of names and contact information; and developing and maintaining a current list of names and contact details for individual staff members who have training for emergencies.

VAH.5.14 Fire

Village at Home is committed to ensuring the safety of its clients/families/employees when fire erupts by having a harmonized plan to handle the situation with composure, effectiveness and speed.

Procedures for "Fire"

The Plan

1. In the office environment, employer shall prepare for a possible fire by: assigning Manager/Administrator or Supervisor the leadership role; developing a plan of action with staff; determining the location of the escape routes; determining an outside location to go to; determining who to call in case they are separated; maintaining a current electronic client list in a secure off-site location; giving a list of telephone numbers for emergency assistance to employees and clients/families; posting a list of telephone numbers for emergency assistance in the office; preparing a list of names and contact information for each employee to be kept in the office; ensuring that each employee carries their own personal list of names and contact information; and developing and maintaining a current list of names and contact details for individual staff members who have training for emergencies.
2. In the home, employees/clients/families shall prepare for a possible fire by: assigning the employee the leadership role; developing a plan of action; determining the location of the escape routes; determining an outside location to go to; and determining who to call should they become separated.

When Fire Erupts

3. If a fire is small, close all doors and use the fire extinguisher to put it out.
4. Determine which client/family member(s) may need help.
5. If the fire is not small, get out of the house/office immediately. If there is a fire alarm, pull it.
6. Avoid stopping to gather items.
7. If caught in smoke, crawl along the floor and "stop, drop and roll" if clothing catches on fire.
8. Do not go back inside for any reason.
9. Avoid using elevators.
10. Contact the fire department using a cell phone once outside or use a neighbor's telephone.
11. Practice and test the action plan regularly. Ensure everyone knows their roles and responsibilities. Provide instruction and training to employees on how to handle fires during orientation and annually thereafter. Training records are to be maintained for 3 years from the date of training.

VAH.5.15 Earthquake

Village at Home is committed to ensuring the safety of its clients/families/employees when an earthquake occurs by having a harmonized plan to handle the situation with composure, effectiveness and speed.

Procedures for "Earthquake"

1. In the office environment, employer shall prepare for a possible earthquake by: assigning Manager/Administrator or Supervisor the leadership role; developing a plan of action with staff; determining escape routes and an outside location to go to; determining who to call if separated; maintaining a current electronic client list in a secure off-site location; working with outside community resources applicable to earthquakes; giving priority attention to clients who are in the most danger; giving, posting and preparing emergency contact information for employees and clients/families; developing and maintaining a current list of names and contact details for individual staff members with emergency training; ensuring there is enough food and water for 3 days for each employee (1 gallon per day); providing emergency survival kits for each employee; and providing a stocked and accessible first aid kit.
2. In the home environment, employees/clients/families shall prepare for a possible earthquake by: assigning the employee the leadership role; developing a plan of action; determining escape routes and an outside location to go to; determining who to call if separated; ensuring enough food and water for 3 days; preparing an emergency survival kit; and ensuring a first aid kit is on-site, stocked and accessible.
3. When an earthquake occurs, employees shall adhere to the following and advise clients/families to do the same: if indoors, duck or drop down to the floor, take cover under a sturdy piece of furniture, stay clear of windows and heavy furniture/appliances, and stay inside; ensure utilities are cut off at the main valves if instructed; determine which client/family/employees may need help; if evacuating, tell others where you are going; attempt to communicate or receive communication via phone, social media, email, or radio/television; and if outdoors, get into the open, away from buildings and power lines.
4. Practice and test the action plan regularly. Provide instruction and training to employees on what to do if an earthquake occurs during orientation and annually thereafter. Training records are to be maintained for 3 years from the date of training.

VAH.5.16 Hurricane

Village at Home is committed to ensuring the safety of its clients/families/employees when a hurricane occurs by having a harmonized plan to handle the situation with composure, effectiveness and speed.

Procedures for "Hurricane"

1. In the office environment, employer shall prepare for a possible hurricane by: assigning Manager/Administrator or Supervisor the leadership role; developing a plan of action with staff; determining escape routes and an outside location to go to; determining who to call if separated; maintaining a current electronic client list in a secure off-site location; working with outside community resources; giving priority attention to clients who are in the most danger; giving, posting and preparing emergency contact information for employees and clients/families; developing and maintaining a current list of names and contact details for individual staff members

with emergency training; ensuring there is enough food and water for 3 days for each employee; providing emergency survival kits; and providing a stocked and accessible first aid kit.

2. In the home environment, employees/clients/families shall prepare for a possible hurricane by: assigning the employee the leadership role; developing a plan of action; determining escape routes and an outside location to go to; determining who to call if separated; ensuring enough food and water for 3 days; preparing an emergency survival kit; and ensuring a first aid kit is on-site, stocked and accessible.
3. When a hurricane occurs, employees shall adhere to the following and advise clients/families to do the same: if instructed to evacuate, follow instructions as to where to go and which routes to take; if in a mobile home or at a low-lying/beach front location, leave immediately; if not instructed to evacuate, stay indoors and away from windows, go to the basement or an interior room on the lower level; ensure utilities are cut off at the main valves if instructed; determine which client/family/employees may need help; and attempt to communicate or receive communication via phone, social media, email, or radio/television.
4. Practice and test the action plan regularly. Provide instruction and training to employees on what to do if a hurricane occurs during orientation and annually thereafter. Training records are to be maintained for 3 years from the date of training.

VAH.5.17 Tornado

Village at Home is committed to ensuring the safety of its clients/families/employees when a tornado occurs by having a harmonized plan to handle the situation with composure, effectiveness and speed.

Procedures for "Tornado"

1. In the office environment, employer shall prepare for a possible tornado by: assigning Manager/Administrator or Supervisor the leadership role; developing a plan of action with staff; determining escape routes and an outside location to go to; determining who to call if separated; maintaining a current electronic client list in a secure off-site location; working with outside community resources; giving priority attention to clients who are in the most danger; giving, posting and preparing emergency contact information for employees and clients/families; developing and maintaining a current list of names and contact details for individual staff members with emergency training; ensuring there is enough food and water for 3 days for each employee; providing emergency survival kits; and providing a stocked and accessible first aid kit.
2. In the home environment, employees/clients/families shall prepare for a possible tornado by: assigning the employee the leadership role; developing a plan of action; determining escape routes and an outside location to go to; determining who to call if separated; ensuring enough food and water for 3 days; preparing an emergency survival kit; and ensuring a first aid kit is on-site, stocked and accessible.
3. When a tornado occurs, employees shall adhere to the following and advise clients/families to do the same: if in a mobile home, get out and find shelter

elsewhere; if inside, go to a windowless interior room, storm cellar, basement, or to the lowest level of the building, and if there is no basement, go to an inner hallway or smaller inner room without windows; ensure utilities are cut off at the main valves if instructed; determine which client/family/employees may need help; if evacuating, tell others where you are going; attempt to communicate or receive communication via phone, social media, email, or radio/television; and if outside, if possible get inside a building, or if shelter is not available, lie in a ditch or low-lying area or crouch near a strong building.

VAH.5.18 Tsunami

Village at Home is committed to ensuring the safety of its clients/families/employees when a Tsunami strikes by having a harmonized plan to handle the situation with composure, effectiveness and speed.

Procedures for "Tsunami"

1. In the office environment, the employer shall prepare for a possible Tsunami by: assigning a Manager/Administrator or Supervisor the leadership role; developing a plan of action with staff; determining escape routes and an outside location to go to; determining who to call if separated; maintaining a current electronic client list in a secure off-site location; working with outside community resources; giving priority attention to clients who are in the most danger; giving, posting and preparing emergency contact information for employees and clients/families; developing and maintaining a current list of names and contact details for individual staff members with emergency training; ensuring there is enough food and water for 3 days for each employee; providing emergency survival kits; providing a stocked and accessible first aid kit; and establishing a common meeting place for all staff, clients and other individuals who are present when the Tsunami hits.
2. In the home environment, employees/clients/families shall prepare for a possible Tsunami by: assigning the employee the leadership role; developing a plan of action; determining escape routes and an outside location to go to; determining who to call if separated; ensuring enough food and water for 3 days; preparing an emergency survival kit; ensuring a first aid kit is on-site, stocked and accessible; and establishing a common meeting place.
3. When a Tsunami occurs, employees shall adhere to the following and advise clients/families to do the same: be aware that there is often little warning that a Tsunami is going to hit; evacuate to higher ground which is at least 50 feet above sea level if the ground is shaking and it is evident that an earthquake has occurred, or if they notice that the sea level has suddenly changed; be aware that successive waves are often stronger than the first one and can continue for several hours; and never assume it is safe to return to the shore after the first wave hits – always wait for clearance from authorities before heading back.
4. Separate survival kits are needed for the home, car and workplace. Be aware that Tsunamis can travel faster than humans can run. Practice and test the action plan regularly. Provide instruction and training to employees on what to do if a Tsunami occurs during orientation and annually thereafter. Training records are to be maintained for 3 years from the date of training.

VAH.5.19 Power Outages

Village at Home is committed to ensuring the safety of its clients/families/employees when there is a power outage by having a harmonized plan to handle the situation with composure, effectiveness and speed.

Procedures for "Power Outages"

1. In the office environment, the employer shall prepare for a possible power outage by: assigning Manager/Administrator or Supervisor the leadership role; developing a plan of action with staff; determining an outside location to go to; determining who to call if separated; maintaining a current electronic client list in a secure off-site location; working with outside community resources; giving priority attention to clients who are in the most danger; giving, posting and preparing emergency contact information for employees and clients/families; developing and maintaining a current list of names and contact details for individual staff members with emergency training; ensuring there is enough food and water for 3 days for each employee; having equipment such as flashlights, candles, batteries readily available; purchasing a generator if feasible; providing emergency survival kits; and providing a stocked and accessible first aid kit.
2. In the home environment, employees/clients/families shall prepare for a possible power outage by: assigning the employee the leadership role; developing a plan of action; determining an outside location to go to; determining who to call if separated; ensuring enough food and water for 3 days; having equipment such as flashlights, candles, batteries readily available; purchasing a generator if the client's wants or needs warrant it (e.g. client is on oxygen); preparing an emergency survival kit; and ensuring a first aid kit is on-site, stocked and accessible.
3. When there is a power outage, employees shall adhere to the following and advise clients/families to do the same: determine if the problem is just your premises by checking if neighboring buildings have power; if the problem appears to be just yours, check if a fuse has been blown or a circuit breaker tripped; if the problem is not just yours, contact the utility company; and if the problem is going to be long-term or widespread, set up the generator if available, collect flashlights and emergency kits, shut off the switches on all electrical items, turn off stove burners and oven, keep refrigerator and freezer doors closed, limit phone usage, stay put and limit driving, and dress appropriately for weather conditions.
4. Determine which client/family/employees may need help. If leaving the premises, tell others where everyone is going. Attempt to communicate or receive communication via phone, social media, email, or radio/television.

VAH.5.20 Chemical Spills

Village at Home is committed to ensuring the safety of its clients/families/employees when there is a chemical spill by having a harmonized plan to handle the situation with composure, effectiveness and speed.

Procedures for "Chemical Spills"

1. In the office environment, employer shall prepare for a possible chemical spill by: assigning Manager/Administrator or Supervisor the leadership role; developing a

plan of action with staff; determining an outside location to go to; determining who to call if separated; maintaining a current electronic client list in a secure off-site location; working with outside community resources; giving priority attention to clients who are in the most danger; giving, posting and preparing emergency contact information for employees and clients/families; developing and maintaining a current list of names and contact details for individual staff members with emergency training; ensuring there is enough food and water for 3 days for each employee; providing emergency survival kits; and providing a stocked and accessible first aid kit.

2. In the home environment, employees/clients/families shall prepare for a possible chemical spill by: assigning the employee the leadership role; developing a plan of action; determining escape routes and an outside location to go to; determining who to call if separated; ensuring enough food and water for 3 days; preparing an emergency survival kit; and ensuring a first aid kit is on-site, stocked and accessible.
3. When a chemical spill takes place, employees shall adhere to the following and advise clients/families to do the same: do not touch the spilled substances; should someone become debilitated as a result of being exposed to the substances, do not go into a contaminated area to assist them; direct unaffected people to leave the area and provide assistance to those needing help to get out; take a position that is upwind from the spill; if it is safe to do so, leave the area; if instructed to evacuate, follow instructions as to where to go and what routes to take; if evacuating and there is time, tell others where you are going; ensure utilities are cut off at the main valves if instructed; and attempt to communicate or receive communication via phone, social media, email, or radio/television.
4. Practice and test the action plan regularly. Ensure everyone knows their roles and responsibilities.

VAH.5.21 Infection Control

Village at Home practices infection control measures when providing service to its clients in order to minimize the risk of infections to employees/clients/families and the community-at-large, in accordance with Occupational Safety and Health Administration (OSHA) regulations. Universal Precautions are measures that can be followed to help prevent the spread of infection through contact with potentially infectious materials. All blood and body fluids are considered potentially infectious materials and every client is handled as if he/she could have an infectious disease. Universal Precautions include: hand washing; personal protective equipment; sharp objects; body specimens; blood and body fluid spills; household waste; laundry; and hygienic measures in the home.

Procedures for "Infection Control"

1. Employees shall apply Universal Precautions in the performance of duties which may expose them to infectious and blood-borne diseases.
2. Employees shall demonstrate their ability to utilize infection control measures before they assume responsibility for care.
3. Employees who notice that another employee is not following Universal Precautions for infection control shall report the details to the Supervisor.

4. Employees shall practice high levels of hygiene for infection control.
5. Supervisor shall ensure that employees are knowledgeable about and adhere to the employer's policies on Infection Control, Blood-borne Diseases, Hand Washing, Sharp Objects, Handling and Transporting Specimens, Laundry, Blood and Body Spills, Household Medical Waste, Care and Handling of Equipment, and Immunizations.
6. Employees shall receive training on infectious/contagious diseases upon initial assignment and annually thereafter. Training shall include: what infectious/contagious diseases are, how they are contacted, how they are transmitted and how they are controlled; OSHA standards; Universal Precautions; employer's policies and procedures; employer's exposure control plan; personal protective equipment; and engineering and work practice controls.

VAH.5.22 Blood-borne Diseases

Village at Home practices Universal Precautions and other infection control measures in accordance with guidelines established by the Occupational Safety and Health Administration (OSHA), the Center for Disease Control and Prevention (CDC) and the State Health Department when providing direct care to clients, to minimize the chance of contracting and transmitting infections to employees/clients/families and the community-at-large.

Procedures for "Blood-borne Diseases"

1. Employees shall: utilize Universal Precautions in the performance of their duties; follow the employer's policies on Universal Precautions when performing duties that may expose them to blood-borne diseases; report the details to the Supervisor whenever they notice another employee is not following Universal Precautions; follow the employer's individual policies specific to personal protective equipment; follow the employer's Exposure Control Plan for Blood-borne Diseases whenever they come into direct contact with a blood-borne disease; know their individual status regarding HIV, HBV and HCV; understand and follow the employer's policy on Immunizations; treat all body fluids and materials as if they are infectious; make every effort to protect themselves from splashes, sprays and other means that could expose them to infectious diseases; apply established engineering controls; follow the controls for good work practices; recognize and adhere to work restrictions based on infection control concerns; report health symptoms and/or exposure to any blood-borne or infectious disease to their Supervisor immediately; and not handle blood or other potentially infectious substances if they have skin sores which are actively seeping.
2. Supervisor shall: ensure that employees are knowledgeable about and have access to the employer's Policy and Procedure Manual; ensure that employees adhere to the employer's policies on Infection Control and Blood-borne Diseases; ensure employees are provided with the necessary personal protective equipment and supplies at no cost to them; ensure personal protective equipment is cleaned, repaired and/or replaced when necessary; ensure employees know the benefits of immunization and the employer's policy on Immunizations; ensure employees are educated about the risks that exposure to blood-borne diseases present; ensure employees are educated about work practice controls and use of safety devices; obtain input from employees when evaluating safety devices; ensure that

employees adhere to the employer's Exposure Control Plan for Blood-borne Diseases whenever an exposure incident occurs; ensure that a Post Exposure Incident Report for Blood-borne Diseases is completed for any employee whose eye(s), mouth, other mucous membrane or non-intact skin has come in contact with blood, a potentially infectious material(s) or needle/sharp object(s) while performing their duties; and regularly assess employees' application of effective Universal Precautions.

3. All individuals shall be considered to be potentially infected with a blood-borne disease.
4. Eating, drinking, smoking, handling contact lenses and applying make-up shall not be permitted in work areas where there is a potential for exposure to blood-borne diseases.
5. Supervisors/employees shall not discriminate against co-workers/clients/families who have a blood-borne disease or who have positive antibodies to a blood-borne disease. Medical information about co-workers/clients/families shall be kept confidential.

VAH.5.23 Universal Precautions

Village at Home uses Universal Precautions for infection control purposes as an approach to infection control, in accordance with Occupational Safety and Health Administration (OSHA) and Center of Disease Control and Prevention (CDC) guidelines.

Procedures for "Universal Precautions"

1. Employees shall: consider an individual's body fluids/substances to be potentially infectious material; ensure they are informed and protected from potentially infectious materials; use Universal Precautions when contact can be anticipated with blood, body fluids, secretions and excretions (except sweat), non-intact skin, and mucous membranes; follow the employer's policy on Infection Control; and practice Universal Precautions for infection control by taking designated training at orientation, as an annual refresher and for job-specific/situation-specific purposes.
2. Employees shall practice Universal Precautions by: washing hands in accordance with the employer's policy on Hand Washing; using personal protective equipment in accordance with the employer's policies on Personal Protective Equipment; cleaning contaminated surfaces in accordance with the employer's policy on Blood and Body Spills; handling and disposing of contaminated material in accordance with employer's policies on Sharp Objects, Handling and Transporting Specimens, Laundry, Blood and Body Spills, and Household Waste; following the employer's Exposure Control Plan for Bloodborne Diseases should they be exposed to a Bloodborne disease and/or other potentially infectious materials; being aware of engineering controls in the workplace and the proper use of those controls; and following established work practice controls to eliminate or minimize occupational exposure.
3. Supervisor shall: be familiar with Universal Precautions and ensure employees comply with OSHA guidelines; ensure employees adhere to the employer's policies on Infection Control and Universal Precautions; ensure that Universal Precautions are understood and executed by employees with occupational exposure; and

promote practices, procedures, and methods that conform to the concept of Universal Precautions.

VAH.5.24 Personal Protective Equipment

Village at Home is committed to protecting the health and safety of its employees, who are at risk for exposure to blood and Other Potentially Infectious Materials (OPIM), by requiring them to wear Personal Protective Equipment (PPE), in accordance with OSHA standards.

Procedures for "Personal Protective Equipment"

1. Employees shall always practice standard precautionary measures including: staying away from the jobsite when they have an infection; utilizing proper hygiene and cough techniques when they have a respiratory infection (cover nose and mouth when coughing or sneezing, use a Kleenex or the sleeve of clothing, dispose of used Kleenexes immediately, avoid touching the eyes and mouth after the hand has been in contact with high traffic areas, and wash hands with regular soap and hot water or with an alcohol-based hand rub after having contact with respiratory secretions, after contact with contaminated objects, and before handling or eating food).
2. Employees shall be provided with PPE either before they get to the client's home or once they arrive at the client's home. If PPE is necessary, it must be used correctly.
3. PPE should be put on in the following order when needed: mask; protective goggles; gown; gloves.
4. PPE should be removed in the following order when used: gloves; protective goggles; gown; mask.
5. Each employee shall demonstrate their knowledge of training received and their ability to use PPE appropriately before being permitted to conduct job duties which require the use of PPE.
6. Employees are not required to wear PPE when conducting routine client care providing they only conduct activities which involve touching the client's skin, e.g., assisting a client to walk.
7. Employees are responsible for wearing PPE to prevent infections in themselves/clients/families/other individuals.
8. Should employees ever decline to use PPE, they must do so only when in their professional judgment the use of PPE would prevent the delivery of health care or public safety services, or present an enhanced danger to their safety or another individual's safety.
9. Wash hands thoroughly with soap and water as soon as possible after removing any PPE.

VAH.5.24.A PPE: Gloves

Village at Home is committed to protecting the health and safety of its employees who are at risk for exposure to blood and Other Potentially Infectious Materials (OPIM) by requiring them to wear gloves in accordance with OSHA standards.

Procedures for "PPE: Gloves"

1. Employees shall be provided with gloves either before they get to the client's home or once they arrive at the client's home.
2. Employees who provide personal care to clients shall wear disposable gloves during the performance of, but not limited to, the following duties: providing assistance with toileting; providing assistance with incontinence pads and diapers; providing bladder care; providing bowel care; bathing the rectal or groin area; handling items dirtied with blood, body fluids, secretions and excretions; handling dirtied dressings, bedding, and clothing; handling feminine hygiene products; cleaning or caring for urinary catheters; coming into contact with draining wounds, broken skin, secretions, excretions, blood, body fluids, or mucous membranes; cleaning up blood or body fluid spills; cleaning/disinfecting areas exposed to blood, stool, urine or body fluids; cleaning toilets, commodes, or soiled equipment; having open skin lesions on their hands; and bagging materials soiled with blood or other potentially infectious materials.
3. Employees are not required to wear gloves when conducting routine client care providing they only conduct activities which involve touching the client's skin, e.g., assisting a client to walk.
4. Gloves shall be changed when: they become soiled; they are torn; and when delivering service to a different client.
5. Normally, non-latex disposable gloves shall be provided to employees. Latex gloves shall be: un-powdered; low protein; water-proof; and strong enough not to tear.
6. Employees who have allergies to latex or vinyl gloves are responsible for advising the supervisor/management of this sensitivity. Supervisors/management shall be responsible for ensuring that employees with glove allergies are provided with hypo-allergenic gloves, glove liners, un-powdered gloves or other suitable alternatives.
7. When removing disposable gloves, ensure that the hands do not come in contact with any blood or body fluids which may be left on the gloves. Procedures for removing gloves: grasp glove cuff with opposite gloved hand and peel off; hold removed glove in gloved hand; slide fingers of ungloved hand under remaining glove at wrist; peel the glove from wrist to fingertips; turn the glove inside out leaving the first glove inside the second; and discard gloves into waste receptacle.
8. Wash hands thoroughly with soap and water as soon as possible after removing gloves and immediately after exposure to infectious material.
9. Used gloves, soiled pads, paper towels, rags, and hygiene products shall be placed directly into a garbage receptacle in a plastic garbage bag which is subsequently closed tightly.

VAH.5.24.B PPE: Gowns & Aprons

Village at Home is committed to protecting the health and safety of its employees who are at risk for exposure to blood and Other Potentially Infectious Materials (OPIM) by requiring them to wear gowns and aprons in accordance with OSHA standards.

Procedures for "PPE: Gowns & Aprons"

1. Employees shall wear gowns/aprons when: caring for clients with infectious diseases to reduce the possibility of transmission of organisms; there is a possibility that clothing will become soiled as a result of blood and/or body substances being splashed; and it is difficult to properly contain blood and/or body substances.
2. Fluid repellent gowns shall be worn when: the skin needs to be protected; and there is a possibility that clothing may become heavily soiled from blood, body fluids, secretions and/or excretions.
3. Gowns shall be donned as follows: select the proper type and size of gown; place the open side of the gown at the back; if the gowns are too small, use two gowns – tie one at the front and the other at the back; slip the gown over the hands and arms by holding the arms forward, just above the head; adjust the gown at the shoulders; fasten the gown at the back of the neck; and tie the gown firmly at the waist.
4. To remove a gown: remove gloves; untie the gown at the waist and neck; pull the gown over the gloves; hold the contaminated gown away from the clothing; discard the gown or place in designated spot for cleaning; remove gloves; and wash hands thoroughly.
5. When gowns/aprons are required, employees shall be provided with them either before they go to a client's home or once they arrive at the client's home. Gowns/aprons shall be full length and large enough to cover any clothing which is at risk for being contaminated.
6. Gowns/aprons shall be changed and/or discarded or cleaned when: they are torn; care is going to be provided to a different client; the employee has touched an object or area contaminated by blood or body substances; they are no longer impervious; and they are heavily soiled. Once soiled, gowns/aprons shall be removed as quickly as possible and hands shall be washed thoroughly.

VAH.5.24.C PPE: Masks & Protective Goggles

Village at Home is committed to protecting the health and safety of its employees who are at risk for exposure to blood and Other Potentially Infectious Materials (OPIM) by requiring them to wear masks and protective goggles in accordance with OSHA standards.

Procedures for "PPE: Masks & Protective Goggles"

1. To put on a mask: place mask so that it covers mouth and nose; fasten ties above and below at back of head; and fit it snugly on the bridge of nose and under the chin.
2. To take off a mask: ensure hands are clean; undo the ties at the back of the head; remove the mask by touching the ties only; discard the mask in a designated waste receptacle; and wash hands.
3. To put on protective goggles: place the protective goggles on the face covering both eyes; and maneuver them so they fit comfortably and effectively on the face.
4. To take off protective goggles: ensure hands are clean; touch the sides or back of the protective goggles only; place the protective goggles in a designated area for discarding or sanitization; and wash hands.

5. When masks and protective goggles are required, employees shall be provided with them either before they go to a client's home or once they arrive at the client's home.
6. Masks shall be worn by employees who are in close contact with clients who are coughing or sneezing and harbor bloodborne pathogens such as Hepatitis B and HIV.
7. Masks should be discarded if they are crushed, wet or become contaminated by client secretions. Protective goggles must protect the eyes from splashes in all directions.
8. Should employees ever decline to use masks and protective goggles, they must do so only when in their professional judgment the use would prevent the delivery of health care or public safety services, or present an enhanced danger to their or another individual's safety.
9. Employees must be educated and trained on masks and protective goggles usage including: when masks and protective goggles usage is necessary; what masks and protective goggles are to be used; how to properly put on, take off, adjust, and wear masks and protective goggles; what the limitations of masks and protective goggles are; and the proper care, maintenance, useful life and disposal of masks and protective goggles. Training records shall include dates when training was given, summary on what training was given, names and credentials of person(s) providing the training, and names and positions of people attending the training sessions.

VAH.5.24 Handwashing

Village at Home requires that its employees who provide personal care wash their hands: when arriving on the jobsite; before and after eating; after using the bathroom; before and after caring for individual clients; between tasks and procedures on the same client to prevent cross-contamination of different body sites; after handling bed pans, urinals, catheters and linens; after changing tampons or sanitary pads; after changing diapers or incontinence pads; before and after assisting clients with toileting; before and after direct contact with blood, body fluids, secretions, excretions and contaminated items; after cleaning areas contaminated with blood or body fluids; before and after using gloves; after disposal of gloves or other personal protective equipment; before and after preparing food; after blowing nose, sneezing or coughing; and when leaving the job site.

Procedures for "Handwashing"

1. Washing Hands with Water: turn tap on and run water until it reaches a warm temperature; hold hands under water flow; apply soap so that it totally covers both hands and work soap into a frothy lather, rubbing vigorously; clean thoroughly under nails, between fingers and on backs of hands; wash for at least 15–30 seconds; rinse hands thoroughly under running water starting at the fingertips and flowing towards the wrists, in order that the dirty water runs off the wrists; if a bar of soap is used, rinse it and place on a drain; dry hands on a clean cloth towel or on a paper towel; use a dry section of the towel to turn off the tap; and use a moisturizing cream on hands regularly to prevent skin from drying and cracking.

2. If available, the following shall be used for washing hands: paper towels; cloth towels; and liquid soap. If these items are not available, bar soap (thoroughly drained between usages) or waterless handwashing products shall be used.

VAH.5.25 Sharp Objects

Village at Home is committed to protecting the health and safety of its employees/clients/families by providing guidelines on how to handle sharp objects, in accordance with OSHA standards.

Procedures for "Sharp Objects"

1. Handling sharp objects shall be kept to a minimum. Syringes shall always be picked up by their barrel.
2. Used needles and other sharp objects shall: not be recapped, bent, sheared or broken; be discarded immediately into an appropriate sharp object disposal container; and not be carried if they are uncapped. Used needles shall be left attached to the syringes.
3. If recapping a needle is necessary: put the needle on a flat surface; scoop cap with end of needle so the cap sits on needle; and press the cap and needle onto the hard surface until cap snaps into place.
4. Safety devices for sharp objects shall always be used and must never be circumvented or disabled.
5. Sharp objects shall be discarded in puncture-resistant containers. If a commercial sharp object disposal container is not available, use a plastic thick-walled household container such as a bleach or vinegar bottle. Clear plastic or glass containers shall not be used for sharp objects.
6. Sharp objects shall not be placed in any container that is going to be recycled or returned to a store. All containers with sharp objects shall be kept out of reach of children and pets.
7. Contaminated broken glassware or dropped sharp objects should be picked up by mechanical means such as with a broom and dustpan, tongs or forceps. Hands should never be inserted into a container that contains sharp objects.
8. Whenever hazards involving sharp objects are noted, employees should report the danger to the Supervisor who shall ensure the hazard is eliminated.
9. When an injury from a sharp object occurs, employees shall: wash the wound immediately with soap and water; encourage the wound to bleed; report the injury to the Supervisor; see a doctor; and be referred to the appropriate service.
10. Any exposure to a sharp object shall be documented on a sharps injury log. A *Post Exposure Incident Report for Bloodborne Diseases* shall be completed for any employee whose eye(s), mouth, other mucous membrane or non-intact skin has come in contact with a needle/sharp object(s) while performing their duties.
11. Sharp object disposal containers shall: be made of a puncture resistant material and not of glass or thin plastic; be leak proof; have a lid that will seal the container when it is full; be designed to easily allow sharps to be placed into the container; make removal of sharp objects from the container difficult; be labeled "Hazardous Materials"; be large enough to hold the number of sharp objects used; and not be

overfilled. Disposal containers for sharp objects should be disposed of according to local waste disposal laws and regulations.

VAH.5.26 Laundry

Village at Home requires Universal Precautions be applied when handling soiled linens/clothing to prevent employees/clients/families from becoming contaminated, in accordance with OSHA standards.

Procedures for "Laundry"

1. Separate areas for clean and soiled laundry shall be used. Laundry shall be sorted in the laundry room, not in the client's room.
2. Clothing/linen soiled with blood or body fluids shall be put into bags at the spot where the soiling occurred.
3. Dangerous objects shall not be thrown into the clothing/linen bags/hampers.
4. Disposable gloves shall be worn whenever any clothing/linen soiled with blood (including menstrual blood) or body fluid is handled. Plastic aprons shall be worn when indicated.
5. Clothing/linens that are to be transported shall be: placed in leak proof bags; closed securely; placed loosely into bags; and placed into bags identified as being potentially infectious.
6. Wash hands with hot water and soap for 15 seconds after gloves are removed. Other protective clothing shall be worn as necessary.
7. Paper towels and/or running water shall be used to remove solid materials from clothing/linens prior to laundering. Urine, stool and vomit shall be flushed down the toilet.
8. Use a water temperature of at least 140°F (60°C) to ensure decontamination. Control the risk of contaminated slime building up in the washing machine by using a water temperature higher than 140°F at least once a week. If washing in cooler water, use bleach or other laundry disinfectant. If clients have suppressed immunity systems or if clothing/linens are heavily soiled, use higher water temperatures of at least 190°F (90°C) or a temperature of at least 140°F with bleach.
9. Ensure clothing/linens that are/may be contaminated with fecal material are not washed with items that may be used around food.
10. Dry laundry as soon as it is washed – don't leave it sitting for long periods in the washing machine, as dampness can promote the growth of micro-organisms.
11. Clothing/linens shall be stored in a manner that prevents contamination. Clean linens/clothing shall be stored separately from used linen/clothing.
12. Laundry equipment shall be maintained in sanitary condition. Laundry baskets or other transport items shall be cleaned and sanitized after use.
13. Client's laundry shall not be taken home for laundering due to the increased risk of cross-infection.

VAH.5.27 Blood & Body Substance Spills

Village at Home requires blood and body substance spills to be cleaned up in accordance with OSHA standards to prevent employees/clients/families from becoming contaminated.

Procedures for "Blood & Body Substance Spills"

1. All blood/body substances shall be treated as potentially infectious. Infection control precautions shall be taken whenever there is the possibility of exposure to blood, body substances, broken skin, and mucous membranes.
2. Universal Precautions shall be followed when handling blood and body spills. Only individuals who have been trained to clean up blood and other body substance spills shall do so.
3. Care shall be taken when handling blood, body substances and surfaces exposed to them to protect the mouth, eyes, broken skin areas and other mucus membranes. Personal Protective Equipment shall be worn when appropriate.
4. Spillage Procedures: put on protective eyewear and plastic aprons if there is a chance of being splashed; put on disposable gloves; confine and contain the spill as soon as possible; soak up as much of the spill as possible using absorbent disposable materials; place the absorbent contaminated materials into doubled-bagged plastic garbage bags; wash and disinfect contaminated surfaces using a solution of 1-part bleach to 10-parts water for disinfecting; use cold water on blood spills and warm to hot water on non-blood spills; dry the area to prevent a slippery surface; discard disposable sponges/cleaning cloths in double-bagged plastic garbage bags; clean spillage area with water and detergent; and wash hands thoroughly with soap and warm water.
5. If glass items break, sweep the broken pieces into a dustpan – do not pick up the broken pieces with the fingers.
6. If a spill occurs on a carpet, avoid damaging the area with chlorine – instead, use a detergent and arrange for an industrial cleaning of the carpet as soon as possible.
7. If any part of the body has been in contact with blood/body substances, the exposed area(s) shall be washed immediately.
8. A *Post Exposure Incident Report for Bloodborne Diseases* shall be completed for any employee whose eye(s), mouth, other mucous membrane or non-intact skin has come in contact with blood/body substances.
9. Report any blood/body substance spills to the Supervisor.
10. A 1:10 bleach ratio is the solution most often recommended for the decontamination of surfaces because it is effective, inexpensive and readily available. Hot water will cause blood to stick to a surface.

VAH.5.28 Household Wastes

Village at Home is committed to ensuring that wastes generated in the home are collected, stored, transported, and disposed of in a manner that will minimize potential health risks to employees/clients/families/other individuals in accordance with the governing body that has jurisdiction over the local area and/or in accordance with OSHA standards.

Procedures for "Household Wastes"

1. All wastes shall be: sorted into correct categories at the spot where they are produced; placed in proper containers; and kept in separate packaging during collection, storage and transportation to ensure waste material is not released.
2. Hands shall be washed with soap and hot water for 15 seconds after contact with garbage. Soiled bandages, disposable sheets and medical gloves shall be placed in securely fastened plastic bags before being placed in garbage receptacles.
3. Regular household wastes shall be handled in accordance with regulations established locally. Wastes shall be put into closed plastic garbage bags and placed inside hinged-lid trash containers and taken to the curb, put into a dumpster, or taken to the local landfill if there is no garbage pick-up. Recyclable materials shall be properly separated, cleaned and placed in recyclable bins.
4. Household medical waste shall be kept separate from regular household waste and shall be placed in heavy-duty garbage bags which are securely fastened at the top. Medical waste can be placed in regular garbage containers providing it is bagged and securely fastened.
5. All untreated infectious waste shall be placed immediately into appropriate collection bags and containers. To package and transport infectious wastes: put the waste in a rigid/semi-rigid leak-free puncture-proof container; ensure the top is securely fastened; put the universal bio-hazard symbol on the container; mark the label as either "infectious waste" or "bio-hazard waste"; seal the container; and ensure that the exterior of the container has not been contaminated.
6. Reusable containers may be used for waste collection and transportation providing they are rigid, unbreakable, tear resistant and made of a solid material which is smooth, easy to clean and rigid. Reusable containers which have been in direct contact with infectious material shall be disinfected prior to reuse.

VAH.5.29 Aseptic Techniques

Village at Home is committed to preventing cross-infections amongst employees/clients/families/other individuals by requiring that employees apply aseptic practices, in accordance with OSHA standards. Employees shall be responsible for taking every precaution possible to prevent infections in themselves/clients/families/other individuals.

Procedures for "Aseptic Techniques"

1. Employees shall use Universal Precautions when: providing direct care to clients; caring for individuals regardless of their diagnosis; caring for individuals regardless of whether or not infection is present; and there is contact with blood, body fluids, broken skin, and/or mucus membranes.
2. Employees shall apply standard aseptic techniques in accordance with the following Agency policies: Universal Precautions; Blood-borne Diseases; Exposure Control Plan for Bloodborne Diseases; Gloves; Gowns and Aprons; Masks and Protective Goggles; Hand Washing; Sharp Objects; Handling and Transporting Specimens; Laundry; Blood and Body Substance Spills; Household Wastes; Care and Handling of Equipment; Immunizations; Hygienic Measures in the Home; and Food Safety.

3. Supervisor shall: ensure that employees are knowledgeable about and adhere to the employer's policies on Infection Control, Universal Precautions, and Aseptic Techniques; monitor employees' application of aseptic practices; ensure that employees receive training on aseptic techniques during orientation, as an annual refresher and when indicated; and ensure that training records are maintained for 3 years from the date of training.

VAH.5.30 Care & Handling of Equipment

Village at Home ensures that measures are taken to remove organic residue and/or chemicals from personal care items and equipment; and, if applicable, to ensure they are disinfected/sterilized to kill any lingering infection-causing microorganisms.

Procedures for "Care & Handling of Equipment"

1. All items/equipment used for client care shall be kept clean and in proper running order.
2. Blood, fluid and tissue shall not be allowed to dry on any reusable item and shall be cleaned quickly.
3. All objects/equipment shall be thoroughly cleaned to remove blood, tissue, fluids/body secretions/excretions and other residue before they are disinfected or sterilized.
4. All special equipment used for client care shall be cleaned and disinfected before it is used for another individual.
5. All special equipment used for one client which could harbor disease-causing microorganisms (e.g. commodes, raised toilet seat, etc.) shall be wiped with a disinfectant at least once a day or whenever visible soiling is evident.
6. Items that come in contact with the skin only and not with mucous membranes need only be wiped down with a detergent or low-level disinfectant (e.g. crutches, canes, walkers, wheelchair, and blood pressure cuff).
7. Re-usable objects which touch mucous membranes can be cleaned and disinfected by soaking in: a solution of 1-part bleach to 50-parts water for 3 minutes; or 70% isopropyl alcohol for 5 minutes.
8. Personal Protective Equipment shall be worn when handling contaminated equipment and when using chemical products. Gloves shall be worn when handling and transporting used client special equipment.
9. Hands shall be washed immediately with soap and hot water for a minimum of 15 seconds after contacting contaminated items.
10. Items that are labeled "Not for Re-use" or "Single-Use" shall be discarded.
11. Personal care items used for grooming shall normally be cleaned using hot water and detergent.
12. Oxygen equipment shall be cleaned and handled as outlined in the policy on Oxygen Therapy (VAH.5.5). Catheterization equipment shall be cleaned and handled as outlined in the policy on Care of Urinary Catheters (VAH.5.35).
13. The employee who has used the equipment assumes responsibility for seeing it is cleaned and/or disinfected/sterilized. Records shall be maintained on employee

training on the care and handling of equipment and shall include: dates when training was given; summary on what training was given; names and credentials of person(s) providing the training; and names and positions of people attending the training sessions. Training Records shall be kept for 3 years from the date of training.

VAH.5.31 Care of Urinary Catheters

Village at Home is committed to ensuring that employees are familiar with, and apply, proper cleaning/care procedures when working with clients who have catheters to protect them from developing urinary tract infections.

Procedures for "Care of Urinary Catheters"

1. Only Registered Nurses shall insert or remove catheters.
2. Non-medical employees shall be responsible for: cleaning catheters; and emptying and cleaning drainage bags.

Cleaning the Catheter

3. Cleanse once per shift or more frequently if required.
4. Wash hands and wear disposable gloves.
5. Ensure privacy and advise client what is being done and why.
6. Cover the client with a bath blanket and use a bed protector.
7. Perform peri-care prior to cleansing, after bowel movements, and/or when vaginal drainage is present.
8. Separate labia or retract foreskin. Check for crusts, abnormal drainage or secretions.
9. Cleanse the catheter using soap, water, and clean cloth. Wipe from the meatus (opening at the end of the urethra) downward about four inches. Repeat as necessary using a new cloth each time. Rinse well to ensure all soap is removed.
10. Avoid pulling on catheter. Ensure catheter is secured properly: tape the catheter to the inner thigh leaving enough slack so it does not cause friction at the urethra; ensure urine flows freely and there are no kinks in the tubing; coil the tubing and attach securely to bed linens or chair; keep the drainage bag below the bladder to prevent urine from flowing backward into the bladder; and ensure there are no leaks where the catheter connects to the drainage bag.

Emptying the Drainage Bag

11. Empty the drainage bag at the end of each shift or as needed.
12. Wash hands and wear disposable gloves.
13. Place a paper towel on floor and set graduate container on it. Open the clamp on the bottom of the drainage bag. Allow all urine to drain into the graduate container being careful not to let the drain touch the inside of the container. Close the clamp and replace the clamped drain in the holder on the bag.
14. Measure urine. Record amount of output (1 ounce = 30 ml.) and color of urine. Note anything present in urine such as blood, crystals, stones, or particles. Note any foul odors.

15. Be careful when changing the drainage bag to prevent urine from spilling. Be alert for any leakage, particularly at the point where the catheter and drainage bag connect. Do not place drainage bag directly onto the floor but instead put it on a stand that prevents contact with the floor.

Cleaning the Emptied Drainage Bag

16. Wash hands and wear disposable gloves.
17. Rinse emptied drainage bag with water, inserting approximately 6 syringes (about 12 ounces) of water. Discard rinsing water from bag.
18. Prepare a solution of water and soap (6 syringes of water and 2 squirts of soap) in one bowl. Insert into bag and swish around bag. Discard soapy solution from bag.
19. Rinse bag with 6 syringes of water. Discard rinsing water from bag.
20. Mix a solution of ½ cup vinegar and 6 syringes of water in a second bowl. Insert vinegar solution into drainage bag and gently swirl around to wet the entire inside. Leave vinegar solution in drainage bag until the bag is to be used. When drainage bag is needed, empty vinegar solution.
21. Change urinary bags when necessary and in accordance with the manufacturer's directions.
22. Document all catheter care/cleaning in the client's record.

VAH.5.32 Hygienic Measures in the Home

Village at Home utilizes Universal Precaution standards, practices and techniques in clients' homes to prevent clients/families/employees/other individuals from becoming infected.

Procedures for "Hygienic Measures in the Home"

General Cleaning

1. Keep work areas in a clean and safe condition. Wash work areas routinely. Mop or wipe hard surfaces with disinfectant. Wash soft surfaces with hot water and detergent. Wear gloves when bleach or detergent are used. Pay particular attention to items which are handled during the provision of care. Wear gloves when cleaning. Wash hands with hot water and soap for 15 seconds after gloves are removed. Use separate cleaning utensils and cloths for toilets to prevent cross-infections. If taps have not been used for a few days, allow the hot water to run for a few minutes to flush out the taps and showerheads.

Dishes

2. Clean using standard methods: wash with hot water, soap and scrub brush as required, then rinse thoroughly; or wash in a dishwasher. Wash cutlery thoroughly with hot water and detergent after every use. Thoroughly clean cutlery after use and before it is used by a different person.

Reservoirs

3. Toilets shall be flushed regularly with a minimum of 15–17 liters to prevent the build-up of microbial contamination. Regularly clean the toilet and flushing rim with a cleaning disinfectant. Clean toilet after each bout of diarrhea and/or vomiting if client is infected. Drains on sinks, showers/tubs, and basins shall be cleaned and disinfected regularly. Humidifiers shall be re-filled daily and disinfected weekly.

Nebulizers shall be rinsed immediately with safe water after use and be thoroughly dried.

Personal Hygiene

4. All persons shall be given their own toothbrush, drinking glass, towels, wash cloths, razor, combs and other personal care items. Fingernails shall be clean, well-cared for and not longer than ¼ inch. Artificial fingernails shall not be worn. Nail polish shall not be chipped. Nail jewelry shall not be worn. Bathe, wash hair and brush teeth regularly. Cover the nose and mouth when coughing, sneezing and/or blowing.

Walls, Floors and Furnishings

5. Clean all surfaces regularly by vacuuming, sweeping and washing with detergent. In most cases, clean with water and detergent; where mold is evident, use bleach. Vacuum carpets regularly. Keep household dampness to an acceptable level. Surfaces which are prone to dampness shall be cleaned and disinfected. If blood, vomit or feces have come in contact with walls, floor and/or furnishings, clean and disinfect the area exposed unless that type of cleaning will be harmful – in that case, have it professionally cleaned.

First Aid and Accidents

6. Administer First Aid quickly when required and if trained to do so. Follow aseptic techniques as specified in First Aid training. Mouthpieces shall be used when administering mouth-to-mouth resuscitation. Resuscitation devices shall be discarded as soon as they are used. Resuscitation devices which are not disposable shall be cleaned and disinfected as soon as they are used. Feminine hygiene products and bandages or tissues used in self-administered first aid shall be disposed of in the regular garbage.

VAH.5.33 Food Safety

The Village at Home shall follow Universal Precautions and U.S. Food and Drug Administration guidelines when handling, cooking, and chilling food when working in clients' homes. No staff, contractor, or volunteer will provide clients with any home-made items such as baked goods or items that they have personally prepared offsite.

Procedures for "Food Safety"

Body Cleanliness

1. High standards of personal hygiene shall be maintained. Hands shall be washed with soap and hot water before working with food, frequently when working with food, after touching poultry, meat and fish, after using the bathroom, after changing diapers, after assisting children with toileting activities, and before eating. If an injury occurs to the hand, the open wound shall be covered with a water-proof bandage. Employees who have infected wounds or sores, colds, or gastric upsets shall not work with food. Disposable gloves and hair nets shall be worn when working with food. Employees shall not smoke, eat or drink where there is unprotected food and shall never cough or sneeze over food.

Surface and Utensil Cleanliness

2. Utensils, dishes, pots, pans and cooking equipment shall be clean before work is commenced. Keep all equipment and surfaces clean. Report any cleaning,

sanitizing, pest control or maintenance matters to the Supervisor. Cooking and eating utensils shall be washed with soap and hot water after usage. Different utensils shall be used every time food is tasted during the cooking and serving process. Cutting boards shall be cleaned by washing thoroughly with hot water and soap, scrubbing with a brush, and sanitizing by either putting them through a dishwasher cycle or washing with a solution of 1 teaspoon chlorine bleach to 1 liter of water.

Prevention of Cross-Contamination

3. Separate cutting boards shall be used for fruits/vegetables and for meat/poultry/fish. Smooth cutting boards made of hard maple or a non-porous material such as plastic and free of cracks and crevices shall be used. Raw meat, poultry and fish must never come in contact with other foods.

Safe Cooking Temperatures

4. Food shall be cooked to a safe temperature: Seafood – 145°F (63°C); Ground or Flaked Fish – 155°F (68°C); Stuffed Fish – 165°F (74°C); Lamb, Beef, and Veal – 145°F (63°C); Ground Pork and Beef – 160°F (71°C); Ground Chicken or Ground Turkey – 165°F (74°C); Poultry Breasts – 170°F (77°C); and Whole Poultry and Thighs – 180°F (82°C).

VAH.5.34 Infectious/Communicable Diseases in the Community

Village at Home is committed to ensuring the safety of its employees/clients/families/other individuals by establishing procedures for responding to infectious/communicable diseases and for protecting the privacy of infected persons, in accordance with federal/state and local laws.

Procedures for "Infectious/Communicable Diseases in the Community"

1. Employees who become aware of an infectious/communicable disease shall: report any confirmed occurrences of infectious diseases to supervisor/management; follow the policies and procedures for infection control; and take recommended training or refresher training for infection control.
2. Upon becoming aware of the infectious/communicable disease, Supervisor shall: report it to the Local Health Authority in accordance with the Center for Disease Control and Prevention's (CDC) mandate; follow all medical advice from the appropriate health authority; advise employees about its existence and review measures for dealing with it; remind employees about the infectious/communicable disease policy; provide general information and infection control measures to clients/families; and ensure that infection control practices are followed.
3. Should exposure to a Bloodborne disease occur, Supervisor and employees shall follow the procedures outlined in the Reporting and Recording Exposure to Bloodborne Diseases policy.
4. Supervisor shall ensure a *Post Exposure Incident Report for Bloodborne Diseases* is completed for any employee whose eye(s), mouth, other mucous membrane or non-intact skin has come in contact with blood, a potentially infectious material(s) or needle/sharp object(s) while performing their duties.

5. Supervisor and employees shall respect the privacy rights of individuals who have contacted an infectious/communicable disease and shall not discriminate against individuals who have contracted an infectious/communicable disease or who have positive antibodies to a Bloodborne disease.
6. Employees shall receive training on infectious/contagious diseases upon initial assignment and annually thereafter, including: what infectious/contagious diseases are, how they are contacted, how they are transmitted and how they are controlled; OSHA standards; Universal Precautions; employer's policies and procedures; employer's exposure control plan; personal protective equipment; and engineering and work practice controls.

VAH.5.35 Employees with Infectious/Communicable Diseases

Village at Home is committed to protecting the health and safety of its employees/clients/families/other individuals by educating them about infectious/communicable diseases and by establishing guidelines and procedures for their management, in accordance with federal, state and local law authorities.

Procedures for "Employees with Infectious/Communicable Diseases"

1. Employees who have potentially contagious conditions shall comply with the following work restrictions:
    a. Diarrhea: employees shall avoid providing direct client care if they have an acute illness which is severe, presents with other symptoms including abdominal cramps, bloody stools or fever, or lasts longer than 24 hours.
    b. Salmonella: employees should not care for high-risk clients until stool cultures on two consecutive specimens indicate that Salmonella is not present.
    c. Group A Streptococcal Disease: employees who have a sore throat shall consult with a doctor and, if the doctor suspects strep throat, shall have a throat culture. Employees suspected of having a group A strep infection shall not be involved in direct client care until infection is ruled out by test or until 24 hours after commencing effective therapy.
    d. Infectious Conjunctivitis: employees shall avoid direct contact with clients until the discharge stops.
    e. Respiratory Infections: employees who have respiratory infections and are producing large amounts of secretions shall not work. Employees who have milder respiratory infections and work shall wash their hands every time they touch their own secretions and before providing direct care to a client, and shall wear a mask and change it at least every half hour or if it becomes wet.
    f. Varicella (chickenpox) or Zoster (shingles): employees who do not have immunity to either of these infections shall not provide care to the client during the incubation period. Employees who don't know whether or not they have immunity can be checked for antibodies by having a blood test.
    g. Genital Lesions: employees who have lesions on their genitals shall not have work restrictions.

h. Hand Lesions: employees who have lesions on their hands shall not provide direct client care until all the lesions have healed.

i. Mouth and Face Lesions: employees who have multiple facial lesions shall not provide client care until all the lesions have healed.

2. Employees must: see their doctor if they are not feeling well; report any suspected infectious/communicable diseases to the Supervisor; follow all infection control policies and procedures; and obtain recommended immunizations unless prohibited for personal/legitimate reasons.

VAH.5.36 Clients/Families with Infectious/Communicable Diseases

Village at Home is committed to protecting the health and safety of its employees/clients/families/other individuals by educating them about infectious diseases and by establishing guidelines and procedures for their management, in accordance with federal, state and local law authorities.

Procedures for "Clients/Families with Infectious/Communicable Diseases"

1. Employees shall: report any suspected infectious/communicable diseases to the Supervisor; follow the policies and procedures for infection control; advise the Supervisor if they notice that another employee/individual is not following infection control policies and procedures; obtain recommended immunizations unless prohibited for personal/legitimate reasons; maintain strict personal hygiene; keep the infected client's condition confidential; not discriminate against an infected client; take recommended training for infection control; and demonstrate their ability to utilize infection control measures before they assume responsibility for care.
2. Supervisor shall: determine if the infectious/communicable disease has been reported to the local Health Authority in accordance with the CDC's mandate and ensure that it is reported if not; follow medical direction and practice based on current information; ensure that all employees working with infected clients are made aware of their conditions; not compromise the occupational health and safety of any employee who continues to work with infected clients; respect the infected client's confidentiality rights; deliver benevolent, nondiscriminatory and compassionate service to the infected client; make notations in the infected clients' files; ensure that infection control practices are followed; conduct regular assessments to ensure infection control precautions are being applied; consider the well-being of the community; conform to local health laws concerning reporting, testing and immunization; ensure that appropriate documentation of current immunizations for all employees is on file; and ensure that a Post Exposure Incident Report for Bloodborne Diseases is completed for any employee whose eye(s), mouth, other mucous membrane or non-intact skin has come in contact with blood, a potentially infectious material(s) or needle/sharp object(s) while performing their duties.

VAH.5.37 Tobacco Products

Village at Home is concerned about the health, welfare and safety of its staff and clients and promotes a smoke-free environment through the implementation of the following measures:

- Smoking and/or the use of smokeless tobacco and electronic cigarettes is prohibited on all Agency premises and in Agency owned and/or rented vehicles used for operational purposes.
- Staff, visitors, and clients shall not smoke in areas designated as smoke-free.
- Chewing tobacco shall be prohibited due to the possibility of blood-borne pathogens being present.
- Clients who receive services from the Agency in their own homes and/or vehicles shall be asked to refrain from smoking activities for at least one hour prior to the expected arrival of the worker and during the timeframe that the worker is present.
- Should a client or others in the home or vehicle smoke or use e-cigarettes while a worker is delivering care, those individuals shall be politely asked to wait until the worker leaves the home or vehicle, or use another room which is isolated from the area in which the worker is performing duties.
- The Agency reserves the right to refuse initial or ongoing service delivery in a client's home or vehicle should the client or other individuals not cooperate with the Agency's Smoking Policy.
- All staff shall be educated on this policy and be advised about the effect smoking has on others. Staff and interested clients shall be offered assistance on obtaining support to reduce and/or eliminate their tobacco dependency.

Procedures for "Tobacco Products"

1. "No Smoking" signs shall be posted at each entrance of the Agency office and shall be visible in all vehicles owned and rented by the Agency for operational purposes.
2. All complaints about staff and/or other individuals smoking in areas which are designated as smoke-free shall be investigated.
3. Visitors on Agency premises who breach the policy shall be asked to stop smoking. Should they fail to comply, they shall be asked to leave the premises.
4. Clients and others in the home who use tobacco may be offered assistance with obtaining withdrawal support, if appropriate.
5. It is the responsibility of all staff members to: ensure they adhere to the Smoking Policy and encourage their co-workers to do the same; ensure that visitors and clients do not smoke in smoke-free places and vehicles; report incidents of smoking in smoke-free areas and vehicles; comply with the policy and recognize that noncompliance may result in disciplinary action; contact the Supervisor should a client or other individual continue smoking in the home or vehicle after being politely asked to refrain; and attend all Agency scheduled training and information sessions on smoking-related topics.
6. The Agency Supervisor shall be responsible for ensuring a record is maintained of all breaches to this policy. Training and information sessions held on the Smoking Policy and the effects of smoking shall be recorded on the individual employee's Training Record. All staff shall be informed and trained on the details of this policy during orientation, annual reviews and/or on an as-needed basis.

VAH.5.38 Immunizations

Village at Home is committed to protecting the health and safety of its employees/clients/families through the effective use of immunizations, developing an immunization policy in accordance with guidelines and regulations established by the Center for Disease Control (CDC), Occupational Safety and Health Administration (OSHA) and by the State Health Department.

- Tuberculosis Skin Testing: the successful candidate(s) and all employees shall be examined for Tuberculosis by undergoing skin tests, unless they are known to be positive reactors, in which case they shall have a chest x-ray instead.
- Tetanus and Diphtheria: the successful candidate(s) and all employees shall have/have had Tetanus and Diphtheria toxoid immunizations, followed by having boosters every 10 years.
- Hepatitis Series: the successful candidate(s) and all employees shall be offered the Hepatitis B series of vaccination within 10 days of commencing employment, at no cost to them, unless they have already received the vaccine or they elect to undergo tests for antibodies.

Procedures for "Immunizations"

1. Employees shall: become familiar with the Agency's immunization policy; be knowledgeable about the repercussions of not having immunizations; understand the work consequences should immunization be declined; and submit copies of their medical/immunization records, signed by their Health Care Provider, at the time of hiring.
2. Supervisor shall: ensure that all potential employees/employees are informed of the need for immunizations and are made aware of the Agency's policy on immunizations; strongly encourage employees to obtain effective infectious disease immunization unless they have medical contraindication (written confirmation from the employee's Health Care Provider required), have religious objection, or sign and submit an informed declination form; advise employees who decline immunization about the consequences of not being immunized, which may include exclusion from work or the requirement to take medication as determined necessary by local health authorities; follow up with employees to ensure they obtain the required annual immunizations; ensure the required forms are completed and signed; ensure that current copies of employee immunization records are kept in the employee's personnel file; and work with Public Health officials to track and report community evidence of infectious diseases.
3. For Influenza: employees shall be informed about the benefits of influenza immunization and be strongly encouraged to receive influenza immunization annually. Employees who decline influenza immunization shall read and sign the Declination of Influenza Vaccination form provided by the Immunization Action Coalition. A copy of the signed form shall be placed on the employee's personnel file.
4. For Hepatitis B: the HBV vaccine and vaccination series shall be made available to all employees who have occupational exposure, at no cost, and at a reasonable time and place. Employees shall complete and sign the Agency's Request or Decline a Hepatitis B Vaccine form.

VAH.5.39 Incident Reporting

It is the policy of Village at Home that all incidents that result in personal injury or illness and/or property damage shall be properly reported and investigated. This policy is designed for non-medical home care services. Should the Agency also provide any health care services and/or there are other factors which require reporting, investigating and documenting incidents to OSHA, the Agency shall follow OSHA regulations and use OSHA forms.

- The Agency shall comply with OSHA standards and report to OSHA all on-the-job accidents that result in one or more fatalities or the hospitalization of 3 or more employees within 8 hours of the incident.
- Where there has been an incident involving a client/employee/family/volunteer, an Incident Report shall be initiated at the time of the incident by the witness or staff member with primary involvement.
- All incidents shall be investigated with the aim of developing recommendations to prevent the recurrence of similar incidents.
- The Agency shall maintain an Incident Reporting Log in accordance with state/federal regulations, which shall be made accessible at any time to state licensing and certification staff and other authorities.
- The Agency shall keep all incident documentation for a minimum of 5 years and make it available for inspection by representatives of OSHA, DHHS, or the designated state agency.
- If the Agency is required to report incidents to OSHA/DHHS/other designated authorities, they shall be reported within the designated timeframes.
- The Agency shall ensure that all employees who are involved in an incident are assessed for early return to work and that medical clearance to return to work is obtained where indicated.
- The Agency shall provide a supportive environment to protect the privacy of employees who report incidents and shall keep the name of the individual who voluntarily reported an incident confidential.

Procedures for "Incident Reporting"

1. The Agency shall investigate all incidents, unusual occurrences, accidents, variances or unusual occurrences that involve client service/care and shall develop a plan to prevent the same or a similar event from occurring again. Events include, but are not limited to: falls; witnessed and unwitnessed client injury; significant medication error; significant drug reaction; serious injury; acts of violence; psychological injury; and unexpected death, including suicide.
2. The Agency Manager shall assume overall responsibility for ensuring: enforcement authorities receive reports of all incidents in accordance with federal, state and other legal requirements; all incidents are properly reported and investigated; and the insurance representative is contacted for advice when indicated.
3. The Agency Manager shall: establish an internal Health and Safety Committee; and/or arrange for the Agency to partner with external health and social programs for the purpose of overseeing health and safety issues, where legislatively required.

4. When an incident or "close call" occurs, the first course of action shall be to: protect the victim from further harm; determine the existence and extent of any injury; and seek appropriate treatment.
5. Any contributing factors (e.g. equipment, chemicals, etc.) shall be immediately contained and/or rendered inoperable to make the area safe.
6. The integrity of the incident investigation shall be ensured by making certain the investigation is: objective; thorough; and commences as soon after the incident occurs as possible.

VAH.6 FINANCIAL MANAGEMENT

These Village at Home financial management policies supplement the Hospital District's Administrative Policies and Procedures for financial management, accounting, and general ledger. They address agency-specific financial practices particular to Village at Home's home care services operations.

VAH.6.1 Financial Management System

Village at Home will maintain effective financial management practices to improve short and long-term business performance by: streamlining invoicing and bill collection; eliminating accounting errors; minimizing record-keeping redundancy; ensuring compliance with tax and accounting regulations; helping personnel to quantify budget planning; and offering flexibility and expandability to accommodate change and growth.

Agency practices include but are not limited to: receiving and tracking revenue; billing clients and third-party payors; notifying client/representative of third-party payor changes in reimbursement; collecting accounts; reconciliation of accounts; financial hardship considerations, if relevant; credit extensions, if relevant; assigning revenue to appropriate programs; and retaining financial records in accordance with applicable laws and regulations.

Procedures for "Financial Management System"

1. The Manager/Administrator or designee shall be responsible for the establishment and maintenance of the Agency's financial management system. Bookkeeping support may be provided by other staff as designated.
2. Monthly reports shall be made to the Manager/Administrator covering, at a minimum: receipts; disbursements; receivables; and payables.
3. Financial activities shall be separated as follows:
    a. The check signer(s) shall not be the person who writes checks or who does the bookkeeping;
    b. Bank statements shall be reconciled by someone other than the check signer or check writer; and,
    c. Deposit documentation and reconciliations shall be prepared by a person other than the one who recorded the receipts.
4. Agency assets shall be safeguarded as follows: a proper filing system shall be maintained for all financial records; all excess cash shall be kept in an interest-bearing account; bank statements shall be promptly reconciled on a monthly basis;

documents on all fixed assets shall be kept in a locked fire-proof cabinet; and appropriate insurance for all assets shall be obtained and maintained.

5. Accounting practices shall include: prompt, accurate, and complete recording of revenues and expenses; an inclusive and descriptive Chart of Accounts; timely billings; timely payment of financial obligations; policies for recognizing revenues and expenses; and disbursement and receipt of monies.
6. Accounting records shall be kept up-to-date and balanced on a monthly basis, as confirmed by: reconciliation of the bank statement and subsidiary records to the General Ledger; up-to-date posting of cash receipts and disbursements; monthly updating of the general ledger; and review of the bank reconciliation by at least two personnel, one of whom is not involved in maintaining the accounting records.
7. Where applicable, the Agency makes timely payments to the following taxing authorities: the Internal Revenue Service (IRS); state and local employment bodies; and the Federal Insurance Contribution Act (FICA).
8. Payroll practices shall comply with federal and state wage and hourly rates.
9. All financial records shall be retained for the mandated time period.

VAH.6.2 Annual Budget

Village at Home follows the Hospital District's Administrative Policies and Procedures for budgeting and financial planning. The Village at Home annual budget shall be developed in coordination with the Hospital District's budget process, reflect the anticipated revenues and expenditures of Village at Home's home care services operations, and be reviewed and approved by the Hospital District Board of Commissioners as part of the overall District budget.

VAH.6.3 Service Rates & Fees

Village at Home distributes a Fee Schedule to Clients/Representatives, public and referral sources, which outlines Agency charges for care and services. Charges are based on: the type of service delivered; 12-hour days or nights; and live-in or live-out arrangements. The Fee Schedule will be kept current.

- The Agency does not generally charge for the initial home visit and/or non-medical assessments, but charges may be levied for nursing or other professional assessments.
- The Agency's charges for Statutory Holidays shall be at a rate 1½ times the standard rate.
- The Agency's fee structure shall be consistently applied.
- The Agency shall accept payment for services in the form of check or credit card.
- The Agency shall not accept endorsed Third-Party checks or checks that designate an Agency Representative as the payee.
- New rates/fees and revisions to established rates/fees must be approved by the Agency Manager.
- Rates are subject to change upon two weeks' written notice.

Procedures for "Service Rates & Fees"

1. The Manager/Administrator shall be responsible for establishing fees for service.

2. The Manager/Administrator shall regularly review the fee structure to determine if changes are required.
3. Personnel who convey charges will be oriented and trained on communicating the fee structure prior to meeting with clients, the public or referral sources.
4. All clients shall be informed of the costs prior to the commencement of services.
5. The service charges to individual clients shall be specified in their *Plan of Care*.
6. A deposit may be required in some situations. If a deposit is required, clients shall be notified in advance of the need for and the amount of the deposit.

VAH.6.4 Informing Clients of Financial Responsibility

Village at Home requires that: Clients/Representatives be provided with verbal and written 24-hour notice of charges for service/care prior to the services/care being delivered; and Client/Representative be informed of changes in payment information, as soon as possible, but no later than 30 days after the Agency becomes aware of the change.

Procedures for "Informing Clients of Financial Responsibility"

1. The Appropriate Supervisor/Registered Nurse/Qualified Professional will provide verbal information about the Agency's service/care charges to Client/Representative when the *Plan of Care* is being developed. Charges will be detailed on the Plan of Care.
2. The following may serve as confirmation that the Client/Representative received notification of their financial responsibility prior to the delivery of service/care:
    a. Client/Representative's signature on the *Plan of Care* and *Service Information Handout for Clients/Consumers*; and,
    b. Notations documented in the client's record by the Appropriate Supervisor/Registered Nurse/Qualified Professional including: statement that service/care charges information was provided to the Client/Representative prior to services/care being delivered; specific charges; expected reimbursement from third-party payors; and client's expected financial responsibility.
3. Copies of the *Plan of Care* and *Service Information Handout for Clients/Consumers* must be provided to the Client/Representative and filed in the client's records.
4. Routine audits will be conducted on client records to confirm the required notification has been documented.
5. Prior to providing information on service/care charges and expected reimbursements to Clients/Representatives, training must be provided to staff who will be providing the information.

VAH.6.5 Cash Disbursements

Village at Home follows the Hospital District's Administrative Policies and Procedures for accounts payable, credit cards, and other disbursement processes. Agency-specific procedures for cash disbursements relating to Village at Home's home care services operations are coordinated through the Hospital District's Finance Department and shall be consistent with the District's established controls for separation of duties, authorization, and documentation of expenditures.

VAH.6.6 Cash Receipts

Village at Home follows the Hospital District's Administrative Policies and Procedures for accounts receivable and handling of cash receipts. All funds received by Village at Home shall be transmitted to the San Juan County Treasurer's Office in accordance with the Hospital District's Administrative Policies and Procedures. A receipt shall be provided for all cash funds received, and all transmittals shall include a proof of payment remittance.

VAH.6.7 Billings & Receivables

Village at Home has established procedures for managing billings, processing, and collecting receivables within designated time periods.

Procedures for "Billings & Receivables"

1. All rates for services shall be established and approved by the Manager/Administrator.
2. Clients shall be billed weekly. All billings for services shall be approved in advance by authorized personnel.
3. The Manager/Administrator or designee shall, on a timely basis: prepare all billings and invoices in accordance with the billing period; record the billing/invoice in the Accounts Receivable Ledger; post the Accounts Receivable Ledger to the General Ledger utilizing the billing/invoice copies. On a monthly basis, reconcile the Accounts Receivable Ledger to the General Ledger.
4. The Manager/Administrator or designee shall: initiate collection procedures on all invoices older than 30 days; maintain all receivable records in a locked file cabinet; and inform clients of the Agency's billing procedures and payment methods.
5. Payment shall be due upon receipt of the bill/invoice. Payment for services rendered shall be made by credit card or check. The Agency shall not accept endorsed Third-Party checks or checks that designate an Agency Representative as the payee. Payment shall not be accepted from Client/Representative who make checks payable to an Agency staff member.
6. Accounts receivable shall be followed up on at 30 and 60-day intervals after the initial invoice was sent. If invoices remain unpaid after 60 days, clients shall be denied further services until such time as their bills are paid in full.
7. A finance charge of 1.5% per month shall be assessed on all outstanding accounts after 30 days.
8. Agency performed audits and impromptu audits shall be regularly scheduled and conducted to monitor false claims and fiscal abuse activities. Internal audits shall include: compliance with state and federal regulations; compliance with Agency policies and procedures; compliance with billing procedures; and adequacy of internal controls, including billing processes, cash receipts, payment postings, write-offs, and refunds.

VAH.6.8 Payroll

Village at Home follows the Hospital District's Administrative Policies and Procedures for payroll processing. All payroll for Village at Home employees is processed through the Hospital District's

payroll system in accordance with the Administrative Policies and Procedures for Payroll – General Policies. Agency-specific payroll considerations, such as mileage reimbursement for employee use of private vehicles and on-call compensation, shall be documented and submitted through the established District payroll processes.

VAH.6.9 Bank Reconciliations

Village at Home follows the Hospital District's Administrative Policies and Procedures for banking and bank reconciliations. Bank statements for any Village at Home-specific accounts shall be promptly reconciled on a monthly basis by someone other than the check signer or check writer, in accordance with the separation of duties requirements established in the Hospital District's Administrative Policies and Procedures.

VAH.7 PERFORMANCE IMPROVEMENT

Village at Home is committed to continuously improving the quality and safety of its services through a systematic Performance Improvement (PI) Program. This section establishes the framework for developing, implementing, monitoring, and evaluating performance improvement activities for Village at Home.

VAH.7.1 Performance Improvement Program: Plan Development

In accordance with federal, jurisdictional regulations, and Agency policies, Village at Home will develop an effective Performance Improvement Plan which: measures, analyzes and tracks quality indicators that will enable it to assess care, services and operations processes; addresses priorities for improved quality of care/service and client safety; and evaluates improvement actions for effectiveness.

Procedures for "Performance Improvement Program: Plan Development"

1. Based on specific needs, the Performance Improvement Program will address:
    a. program objectives;
    b. prioritizing improved quality of care/service;
    c. promoting client safety;
    d. evaluating how the program is administered and coordinated;
    e. practices for monitoring and evaluating the quality of care/service;
    f. priorities for resolution of problems;
    g. designation of responsibilities;
    h. key activities to be monitored;
    i. data compilation processes;
    j. corrective actions to be taken from data and outcomes; and,
    k. effectiveness of corrective actions.
2. Methods utilized for data collection will include, but not be limited to: current documentation (e.g., review of client records, incident reports, complaints, and client satisfaction surveys); client care/services; direct observations in care/service

settings; and software programs which manage record keeping, scheduling, billing, and client-visit verification processes.

3. Data collected by the Agency will: be based on criteria and/or measures generated by personnel; and reflect best practice patterns, personnel performance, and client outcomes.
4. The PI Program, based on specific needs, will review activities including but not limited to:
    a. protocols;
    b. administration and coordination activities;
    c. designation of the position/person responsible for managing the PI program and ensuring annual and other reports are provided to the Administrator/Governing Body/Owner annually and when indicated;
    d. development of policies and procedures to: identify, monitor, report, investigate and document all adverse issues that involve client care/service; monitor and evaluate the quality of service/care and client records; and compile data;
    e. involvement of personnel including training and input covering: purpose of PI activities; person responsible for coordinating PI activities; individual's role in PI; and PI outcomes resulting from previous activities;
    f. establishment of priorities for resolving issues;
    g. implementation of corrective measures based on data and outcomes;
    h. evaluation of corrective actions taken;
    i. monitoring risk activities, including infections and communicable diseases; and,
    j. conduction of client and personnel satisfaction reviews.

VAH.7.2 Performance Improvement Program: Plan Implementation

Village at Home shall implement the Performance Improvement Plan through a structured, ongoing process that engages all relevant staff, tracks quality indicators, and takes timely corrective action where needed.

Procedures for "Performance Improvement Program: Plan Implementation"

1. The person designated as responsible for managing the PI Program shall coordinate all PI activities and report outcomes to the Administrator/Governing Body/Owner annually and when indicated.
2. All personnel shall receive training on their role in the PI Program, including: the purpose of PI activities; each individual's role in PI; PI outcomes resulting from previous activities; and the person responsible for coordinating PI activities.
3. The PI Program shall be implemented in accordance with the following policies and their associated procedures:
    a. PI Program: Plan Monitoring and Evaluation (VAH.7.3);
    b. PI Program: Internal Audits (VAH.7.4);
    c. PI Program: Adverse Occurrences Review (VAH.7.5);

d. PI Program: Client Records Review (VAH.7.6);
e. PI Program: Client Satisfaction Review (VAH.7.7);
f. PI Program: Employee Satisfaction Review (VAH.7.8);
g. PI Program: Quarterly Activity Reports (VAH.7.9); and,
h. PI Program: Annual Performance Report (VAH.7.10).

VAH.7.3 Performance Improvement Program: Plan Monitoring and Evaluation

Village at Home shall continuously monitor and evaluate the Performance Improvement Plan to assess whether quality indicators are trending in the desired direction and whether corrective actions are achieving the intended outcomes.

Procedures for "Performance Improvement Program: Plan Monitoring and Evaluation"

1. The designated PI coordinator shall monitor data collection activities on an ongoing basis and compile results for review at regular intervals.
2. Monitoring activities shall include review of: client records; incident and adverse occurrence reports; complaint and grievance records; client and employee satisfaction data; and direct observations of care and service delivery.
3. When monitoring reveals a deviation from expected outcomes or quality standards, the PI coordinator shall: identify the root cause of the deviation; develop a corrective action plan; implement the corrective action; and follow up to evaluate whether the corrective action achieved the desired result.
4. Results of monitoring and evaluation activities shall be documented and reported to the Administrator/Governing Body/Owner at least annually and whenever significant issues are identified.

VAH.7.4 Performance Improvement Program: Internal Audits

Village at Home shall conduct regular internal audits of care delivery, documentation, billing, and operational processes to identify areas for improvement, ensure compliance with policies and regulations, and monitor the effectiveness of corrective actions. Internal audit findings shall be documented, reported to the Administrator, and used to inform the ongoing PI Program.

VAH.7.5 Performance Improvement Program: Adverse Occurrences Review

Village at Home shall systematically review all adverse occurrences, including incidents, near-misses, falls, medication errors, and unexpected client outcomes, to identify patterns, contributing factors, and opportunities for improvement. All adverse occurrences shall be documented on the Agency's Incident Report form, investigated, and reviewed as part of the PI Program. Findings and corrective actions shall be reported to the Administrator/Governing Body/Owner at least quarterly.

VAH.7.6 Performance Improvement Program: Client Records Review

Village at Home shall conduct periodic reviews of client records to assess the accuracy, completeness, timeliness, and compliance of documentation with Agency policies and applicable regulations. Client records reviews shall be conducted at least quarterly and shall assess: completion of assessments and Plans of Care; accuracy and timeliness of service delivery documentation; compliance with HIPAA and confidentiality requirements; and appropriate

authorization and consent documentation. Findings shall be used to identify training needs and process improvements.

VAH.7.7 Performance Improvement Program: Client Satisfaction Review

Village at Home shall regularly assess client satisfaction with the care and services provided by the Agency. Client satisfaction surveys shall be administered at least annually and shall assess: overall satisfaction with services; responsiveness and communication of Agency staff; quality and consistency of care delivery; and client experience with the complaint and grievance process. Results shall be analyzed, trends identified, and findings used to drive improvements in service delivery.

VAH.7.8 Performance Improvement Program: Employee Satisfaction Review

Village at Home shall regularly assess employee satisfaction to identify areas where working conditions, training, supervision, or communication can be improved. Employee satisfaction reviews shall be conducted at least annually and shall assess: overall job satisfaction; adequacy of training and supervision; effectiveness of communication from management; and suggestions for improvement. Results shall be analyzed and used to inform workforce management and retention strategies.

VAH.7.9 Performance Improvement Program: Quarterly Activity Reports

Village at Home shall prepare and distribute Quarterly Activity Reports summarizing the PI Program's activities, findings, and outcomes for the quarter. Quarterly reports shall include: a summary of quality indicators monitored; adverse occurrences reviewed and corrective actions taken; client and employee satisfaction data; status of ongoing corrective action plans; and plans for the upcoming quarter. Quarterly Activity Reports shall be submitted to the Administrator/Governing Body/Owner for review and shall be retained as part of the Agency's performance improvement records.

VAH.7.10 Performance Improvement Program: Annual Performance Report

Village at Home shall prepare an Annual Performance Report that summarizes the PI Program's activities, achievements, and outcomes for the year. The Annual Performance Report shall include: a review of quality indicators tracked throughout the year and trends identified; a summary of adverse occurrences and the corrective actions taken; client and employee satisfaction results and actions taken in response; outcomes of internal audits and records reviews; an assessment of the overall effectiveness of the PI Program; and goals and priorities for the coming year. The Annual Performance Report shall be submitted to the Hospital District Board of Commissioners and shall be retained as part of the Agency's permanent records.