



Accessible Home Health Care

Employee Handbook

Updated as of 9/24/2021



Employee Handbook

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PLEASE NOTE:

Should any language or provisions of the Accessible Employee Handbook conflict with or omit language or provisions of applicable City, County, State, and/or Federal Law, the applicable law (and not the Employee Handbook) will govern.

Accessible Home Health Care of Aventura is an Equal Opportunity Employer and does not discriminate based on an individual's race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, status with regard to public assistance, or any other basis protected by applicable law.

Purpose of the Handbook

This Employee Handbook contains a summary of the policies and guidelines in effect at

Accessible Home Health Care of Aventura.

Accessible Home Health Care of Aventura (the “Company”) has prepared the Employee Handbook to provide employees with information about certain Company policies. Moreover, it provides a general explanation of how the Company operates, what it expects from its employees, and what employees may expect from the Company. This Handbook is to be used as a guide by the Company’s employees and is not intended to create any contract of employment. Instead, your employment relationship with the Company is at-will, which means you voluntarily enter employment and are free to resign at will at any time. The Company requests proper notice of your resignation, as explained further below. Additionally, the Company may terminate the employment relationship at-will at any time, with or without notice or cause. These policies are subject to change, modification, or amendment at any time at the Company’s sole discretion, with or without prior notice. This Handbook supersedes and replaces all prior versions. Should any language or provisions of the Employee Handbook conflict with or omit language or provisions of applicable City, County, State, and/or Federal Law, the applicable law (and not the Employee Handbook) will govern.

Any questions or concerns about employment, the Employee Handbook, or the Company’s policies and procedures should be directed to a supervisor, Human Resources, or any officer of the Company.

We at Accessible Home Health Care of Aventura are dedicated to providing competent and professional services to the clients we serve. We expect that our employees will perform in the same manner. We expect you to follow these standards of conduct and policies at all times. Infractions may be used as grounds for disciplinary action.

Equal Employment Opportunity

The Company provides equal opportunity in all employment practices to all qualified employees and applicants. To provide equal employment and advancement opportunities to all individuals, employment decisions of the Company are based on individual merit, qualifications, and abilities, along with the Company’s needs and resources. The Company does not discriminate on the basis of race, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, status with regard to public assistance, or any other basis protected by applicable law. This policy applies to all aspects of the employment relationship, including recruitment, hiring, compensation, promotion, transfer, corrective action, layoff, return from layoff, training, social, and recreational programs. All such employment decisions will be made without unlawfully discriminating on any prohibited basis.

If an employee believes that there has been discrimination against in any aspect of employment or there has otherwise been a violation of this policy, the employee must report concerns immediately to a

supervisor, agency administrator, or human resource personnel. The Company will investigate such reports in as prompt and confidential a manner as possible and will take necessary and appropriate corrective action. The Company does not tolerate unlawful retaliation. No adverse action will be taken against any employee who makes a complaint about a violation of this policy. Any employee found to have engaged in discrimination in violation of this policy will be subject to corrective action, up to and including immediate separation of employment. If an employee has any questions regarding this policy, please contact a supervisor, agency administrator, or human resource personnel.

Anti-Harassment Policy

The Company strives to maintain an environment free from discrimination and harassment where employees treat each other with respect, dignity, and courtesy. The Company does not and will not tolerate any type of harassment of our employees, applicants for employment, or our customers. All employees at all levels in the Company should act in a way that supports this commitment, and must refrain from any behavior that causes, or could cause, any form of harassment, including sexual harassment, against other employees or applicants for employment based on membership in a protected employment category. The Company will also endeavor to protect employees, to the extent possible, from reported harassment by non-employees in the workplace.

Prohibited Behavior

For purposes of this policy, the term “harassment” is broadly defined. It includes all actions, words, jokes, comments, derogatory remarks and/or visual displays that affect an employee’s work environment or employment status or tend to belittle, provoke or denigrate others, and that are based on an race, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, status with regard to public assistance, or any other basis protected by applicable law. Such conduct is considered to affect an individual’s work environment or status when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
- Submission or rejection of the conduct is used as a basis for making an employment decision; or
- The conduct has the purpose or effect of interfering with work performance or creating an intimidating, hostile, or offensive work environment.

“Sexual harassment,” is defined as any unwanted or unwelcome visual, verbal, or physical conduct of a sexual nature. Sexual harassment includes but is not limited to, unwelcome sexual advances, requests for sexual favors, postings of sexual materials, uninvited touching and sexually-based or sexually-related comments. Notably, an individual need not have been physically touched or directly subject to a sexual advance or innuendo to be considered to have been harassed under this policy.

Complaint Procedure and Investigation

To assist in identifying and putting a stop to conduct that violates this policy, the Company has implemented this express complaint procedure. If an employee experiences or is witness to workplace harassment of any kind, including sexual harassment, it must be reported immediately to a supervisor, agency administrator, or human resource personnel. Any employee who experiences, witnesses or becomes aware of possible harassment also must immediately report the matter to one of those individuals. Please note that employees are required to report harassment, whether it occurs in our offices or off-site and regardless of the identity of the alleged harasser (be it another employee, an officer, manager, patient, caregiver, or other individual).

All allegations of harassment will be promptly, impartially, and discreetly investigated. Information provided in the context of a harassment investigation, or as part of a harassment complaint will be kept confidential to the extent possible. However, some disclosure may (and likely will) be necessary for the Company to effect a meaningful investigation and appropriate remedy.

Employees are expected and required to cooperate fully with any investigation of alleged harassment. This includes participating in requested interviews, obtaining and providing requested documents or other evidence, and maintaining the confidentiality of any information requested or provided. An employee's failure to cooperate will be considered a violation of this policy.

Retaliation Prohibited

The Company prohibits retaliation in any form. Employees can raise concerns and make reports of alleged harassment in good faith without fear of reprisal or retaliation. If an employee feels that they have been subject to retaliation of any kind for having made a complaint of harassment or having participated or assisted in a harassment investigation, they must report that retaliation pursuant to the Company's complaint procedure outlined above.

Corrective Action

Any employee found to have engaged in prohibited harassment, or to have retaliated against an individual for complaints of harassment or participating in an investigation, will be subject to corrective action, up to and including separation of employment. An employee can contact Human Resources with any questions or comments about this policy at any time.

Anti-Disability Discrimination and Reasonable Accommodation Policy

The Americans with Disabilities Act (ADA) and the Americans with Disabilities Amendments Act, known as the ADAA, are federal laws that prohibit employers with 15 or more employees from discriminating

against applicants and individuals with disabilities and require employers, when needed, to provide reasonable accommodations to applicants and employees who are qualified for a job, with or without reasonable accommodations, so that they may perform the essential job duties of the position. It is the policy of the Company to comply with all federal and state laws concerning the employment of persons with disabilities and to act in accordance with regulations and guidance issued by the Equal Employment Opportunity Commission (EEOC). Furthermore, it is the Company's policy not to discriminate against qualified individuals with disabilities regarding application procedures, hiring, advancement, discharge, compensation, training or other terms, conditions, and privileges of employment. The Company will reasonably accommodate qualified individuals with a disability so that they can perform the essential functions of a job unless doing so causes a direct threat to these individuals or others in the workplace and the threat cannot be eliminated by reasonable accommodation and/or if the accommodation creates an undue hardship to the Company. It is the employee's responsibility to notify the Company with any questions or requests for accommodation.

If an employee believes that they cannot perform the essential functions of the job, due to disability, medical condition, pregnancy, etc., the employee may provide a doctor's letter to the Company along with a request for reasonable accommodation.

Confidentiality

For purposes of this policy, "Confidential Information" is defined as: Verbal communications, written records, computer-based information, other electronic, visual or digital media, photographs and films, observations, including but not limited to:

- Individually Identifiable Health Information: Information, including demographic information, that is created or received by a healthcare provider and relates to the past, present, or future physical or mental health or condition of an individual. The information either identifies the individual or there is a reasonable basis to believe the information could be used to identify the individual.
- Health Care Information: All information and records, in any form, related to the physical or mental health of a patient prepared by or under the supervision of a healthcare provider, e.g., diagnosis, treatment, prognosis, condition, or other information contained in medical records, photographs, video tapes, or verbal reports.
- Personal Information: Patient birth date, social security number, address, phone number, admission and discharge dates, appointment or visit dates, doctor's name, family or social information, financial information.

It is the policy of Accessible Home Health Care of Aventura to respect and protect the right to confidentiality and privacy of all patients concerning their healthcare and personal information. All employees are responsible to maintain the confidentiality of this information protecting it against loss,

defacement, tampering, access, or use by unauthorized individuals.

Pursuant to local, state, and federal law, along with the Company's Confidentiality Policy, confidentiality of all Confidential Information required. Employees are prohibited from disclosing any Confidential Information unless authorized by law. Employees who violate this policy will be subject to corrective action, up to and including immediate separation of employment or potential legal action.

Cooperation is particularly important because of our obligation to protect the security of our clients and their families and our own Confidential Information. Employees are trusted to use sound judgment and good common sense. An employee should consult Company officers if there are any questions regarding this policy.

Employment and Hiring

Accessible Home Health Care **does not discriminate based on an individual's race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, status with regard to public assistance, or any other basis protected by applicable law.** All decisions regarding the recruitment, selection, and placement of employees are made solely on the basis of position-related criteria. Every effort will be made when hiring new employees or promoting current employees to match their skills, knowledge, abilities, and interests with positions that best utilize their talents.

All employees must meet all applicable rules and standards outlined in licensing requirements as dictated by local, state, or federal government agencies. Prior to beginning employment, all Nurses must provide the Company a current copy of their license. All Nurses must also carry a current copy of their license with them at all times.

All RN's, LPN's, CNA's, and HHA's (Home Health Aides) must take and pass a competency test prior to employment.

All employees must obtain and keep professional liability insurance. If an employee fails to keep professional liability insurance or there is a lapse in coverage, the Company will deduct all costs and associated fees associated with providing coverage to the employee from their payroll at the employee's expense.

All employees must obtain a Level II background check prior to beginning employment. Furthermore, all employees must maintain an updated Level II background check on file with the Company. When the background check expires, the Company will deduct the renewal fee from the employee's paycheck. Employees will be notified in advance of their expiring background check and the date of deduction of the renewal cost.

Employees are required to immediately notify the Company if they have been charged, arrested, or indicted for any criminal offense, including misdemeanors and felonies.

All employees are required to agree to and sign a copy of the Accessible Home Health Care Caregiver Ten Commandments. See Appendix A.

All employees must wear their company-issued identification badge at all times while on-duty and working for the Company. This is to ensure the safety of our patients and clientele. Likewise, while off-duty, employees must not wear their badge, so as to prevent misidentification and misrepresentation of the company. In the event an employee loses a badge, the employee must notify Human Resources to obtain a new badge. \$15 will be deducted from the employee's next payroll to replace the badge. ID badges remain the property of the Company and must be returned to the Company after employment ends. Failure to return the ID badge to the Company after employment ends will result in the Company deducting the cost of the badge from the employee's last paycheck.

Certifications and Documents

By law, all caregivers MUST have all of their certifications and documents up to date. Caregivers are NOT allowed to be working with expired certifications and documents. Caregivers have until the expiration date of the certification or document to update the particular certification or document. Failure to update the certification or document by the expiration will result in suspension from the case until the updated document is received by HR.

Caregivers will be notified via email or text by the HR department regarding their expirations as well. Updated certifications and documents can be either emailed to hr@ahhcaventura.com or faxed to 305-424-8485.

The following is a list of required certifications and documents the caregiver must maintain for their respective position:

- Identification
 - Driver's License or State ID
 - Social Security Card
- Level II Background Check
- Certificates and Licenses:
 - HHA | Certificate (at least 75 hrs.)
 - CNA | Certificate and License
 - RN, LPN, PT, OT, ST and Assistants | Professional License
- Medical
 - Physical with Chest X-Ray or PPD Results (physical must be within the last calendar year)
- Life Support
 - Cardiopulmonary Resuscitation (CPR)
 - Basic Life Support (BLS) Card
- In-Services: **Reminder: HHAs/CNAs Renew Annually | LPNs/RNs Renew every two years.**
 - HIV/AIDS
 - OSHA
 - Domestic Violence
 - Dementia

- Medical Errors (CNAs and Nurses Only)
- Florida Nursing Law (Nurses Only)
- Human Trafficking (Nurses Only)
- Professional Liability: Coverage can be purchased in the office & deducted from paycheck
- Legal Documents:
 - Proof of Residency (Alien Card)
 - Voter's Registration Card
 - Passport
 - Employment Authorization Card
- Vehicle Information
 - Car Insurance
 - Registration

Probationary Period

All employees are considered probationary for the first 520 hours or 90 days of employment. This is to ensure a satisfactory performance relationship has been established. It is mandatory for all caregivers to come into the office for their evaluations.

The introductory period of 520 hours or 90 (ninety) days is intended to give new employees the opportunity to demonstrate their ability to achieve a satisfactory level of performance and to determine whether the new position meets their expectations as well as the expectations of their supervisor(s). The Company uses this period to evaluate employee capabilities, work habits, and overall performance. The Company may decide to terminate the employment relationship during or after the introductory period, with or without notice or cause. If the Company determines that the designated introductory period does not allow sufficient time to evaluate the employee's performance thoroughly, the introductory period may be extended at the Company's sole discretion for a specified period.

Annual Evaluation

All caregivers, nurses, and office staff employees will receive annual written evaluations. Employees will be notified of the evaluation. It is mandatory for all caregivers to come into the office for their evaluations.

Employee evaluations may be done more often than stated above at the discretion of the supervisor.

Evaluations are based on job performance consistent with the job description, the Employee Handbook, and the Accessible Home Health Care Patient Interaction Policy. All caregivers will receive a copy of this Policy. See Appendix B.

Voluntary Resignation

Caregivers who decide to resign are requested to give a two-week notice. Administrative employees are requested to give a four-week notice. If an emergency arises, a shorter notice may be agreed upon

between the employee and the Company. An employee who resigns without any disciplinary record may be entitled to re-employment with Company approval. No positive letter of recommendation will be provided for an employee whose services are terminated for disciplinary reasons.

The employee is responsible for requesting alternative clients, should the employee be dismissed from the client for whom he or she is hired to work. Failure to do so will result in the assumption of your voluntary resignation.

REQUEST FOR REMOVAL FROM ASSIGNMENT FORM – When requesting to be permanently removed from an assignment, the employee is requested to give the Company two week’s advance notice to officially transition off of the assignment. The Company cannot guarantee that another assignment will be available after the removal. The Company will continue to consider the employee for future assignments as they are presented to the Company. Employees must notify the Company of any changes in availability if they wish to be considered for assignments.

If an employee is removed from an assignment, all communication between the employee and the client, their family, and their place of residence must stop immediately unless authorized by the Company. Failure to comply will result in possible termination.

Grounds for Suspension and/or Termination

Without limiting the Company's right to discharge an employee at any time, with or without cause, the following acts of misconduct are provided as nonexclusive examples of unacceptable activity:

- A. Violating the “Caregiver Ten Commandments” of Accessible
- B. Violating the “Patient Bill of Rights”
- C. Dishonesty
- D. Incompetence
- E. Racial intolerance
- F. Failure to obey reasonable instructions
- G. Reporting to work intoxicated or under the influence of a controlled substance
- H. Failure to notify Company of absence from work
- I. Insubordination
- J. Client abuse or misuse
- K. Profanity

L. Falsification of records

M. Disclosing confidential information in violation of Florida statutes

N. Violation of patient rights pursuant to Florida Statutes

O. Violence on premises

P. Failure to report evidence of abuse violations

Q. Failure to maintain and keep current all required licenses, insurances and certifications

All of the above conditions are grounds for immediate termination.

Employees that are disciplined during the probationary period, shall forfeit all other benefits, except earned wages during the time that he/she worked.

Personal Property

Employees may not leave personal property in a patient's/client's home under any circumstances. All employees must take all their personal items home at the end of every shift. Accessible Home Health Care of Aventura and the patient/client will not be responsible for any personal items that you leave at the patient/client's home. In the event you are suspended or terminated from the case, you are NOT allowed to contact the patient/client to obtain your personal items. If you request to be removed off of the case, you are NOT allowed to contact the patient/client to obtain your personal items. Your personal items will be discarded. No exceptions.

Involuntary Separation

Employees whose services are terminated by disciplinary action or for just cause are not eligible for re-hire.

Leaves of Absence

Any request by an employee for a leave of absence shall be in writing, using the form "Employee Leave Request Form."

All requests for time off must be made in advance. Examples of excused, unpaid absences include funerals, jury duty, bereavement, childbirth, medical treatment, and unavoidable emergencies. Non-holiday leave request must be submitted two weeks in advance, and holiday leave request must be submitted four weeks in advance. Requests should be submitted via email to logistics@ahhcventura.com so it can be analyzed and evaluated by the Logistics Department. If an employee does not receive an email confirmation within 72 hours that the request was approved, the

employee must contact the office at (305) 627-3103. The Company will do its best to honor any request but is unable to guarantee time-off requests.

All leave requests are final, and all leave is unpaid. If leave request is not approved and an employee does not show up to care for their patient, this is considered job abandonment and is cause for suspension and/or termination.

Parental Leave

Unpaid parental leave will be granted to eligible employees for a period not to exceed six (6) weeks from the birth date of the child in normal pregnancy. Complications may extend your leave on an individual, case-by-case evaluation. Employees are eligible for parental leave if they have worked for the Company for 12 months or 52 weeks. The 12 months or 52 weeks need not be consecutive. For eligibility purposes, an employee will be considered to have been employed for an entire week even if the employee was on the payroll for only part of a week or if the employee is on leave during the week.

Schedule Changes / Sick Calls / Cancelled Visits

Punctuality and regular attendance are essential responsibilities of each employee at Accessible Home Health Care of Aventura. Employees are expected to report to work as scheduled, on time, and prepared for duty. In addition, employees are expected to remain at work for their entire shift. Unauthorized schedule changes are not permissible and will not be paid unless authorized by the Company. Only patients or clients may make schedule changes, and all schedule changes must be approved by the Logistics Department.

If you need to alter your schedule or have been requested to change your usual scheduled time, please contact Logistics for approval. Timesheets submitted with unauthorized schedule changes will not be processed. Calls regarding late arrivals or absences needs to be placed two (2) hours prior to the employee regular start time. During regular business hours, all calls must be made to the office at (305) 627-3103. Employees must not leave voicemail messages and should instead speak directly to Logistics Department or On Call Personnel for approval. Voicemails, emails, or text messages are not acceptable methods of communication for emergencies. Please be advised that attendance issues, including providing late notice, are grounds for disciplinary action and possible termination.

If an employee misses three (3) consecutive workdays for being ill or sick, the employee is required to have their physician complete a return to work form that is available upon request from our Human Resources Department.

Replacement Staff

If your replacement staff is five or more minutes late, please call the office. We will make every effort to locate the staff and call you back with an explanation and/or substitute. We expect you to remain with the client until arrangements can be made.

Employee Health

If you become ill while on duty, call us immediately, if at all possible. We expect you to stay with the client until other arrangements can be made for you.

First Report of Injury

If you are injured on the job, you are required to call the office immediately, if at all possible, and explain that you have to complete a First Report of Injury. Should the injury result in a lighter workload or time off from work, you will be required to be seen by a physician. Once you are cleared to work, you will need to have your physician complete a return to work form that is available upon request from our Human Resource Department.

24-Hour Answering Service

We expect you to make all business-related calls to our office during business hours, from 9:30 a.m. to 5:30 p.m., Monday through Friday. Except as mentioned above, only emergency calls should be made at other times. If necessary, the after-hour telephone number is (305) 627-3103. Any problem with your visit/shift shall be communicated to the Company and confirmed by the Logistics Department.

Professional Appearance

To maintain a professional environment, employees are expected to be clean, well-groomed and appropriately dressed at all times.

Employees must wear solid colored scrubs, excluding the color white, to work at all times, in addition to wearing their Company ID badge. Employees must also wear non-slip, closed toe shoes to work at all times. If a client requests the employee wear casual attire to work, that request must be approved by the Company first. Employees must contact the Company if they are requested to wear anything outside of Company policy. Anyone in violation of the dress code will face disciplinary action and possible termination.

Each employee is responsible for practicing good personal hygiene, including frequent hand washing and sanitation (alcohol rubs). Caregivers must keep their nails at less than one quarter of an inch in length. Employees with longer fingernails will face disciplinary action and possible termination.

Employees may not wear jewelry, with the exception of a wedding band, engagement ring, watch, and/or small earrings. Proper attire is defined as no stains, holes, or rips in clothing, and proper undergarments are to be worn at all times. Heavy scented perfume should not be worn due to possible allergy purposes and discomfort. Take pride in your own well-being and appearance. Help the client to do the same.

No Smoking Policy

Field staff may never smoke in the client's home or office unless written permission is granted. Office staff are prohibited from smoking in the office. All visitors shall be politely informed of the "no smoking" policy. **DO NOT DRINK ALCOHOLIC BEVERAGES WHILE ON DUTY. USE OF DRUGS IS STRICTLY FORBIDDEN.**

Cell Phone Policy

The use of cell phone is prohibited during our shift with patient/client.

The following are exceptions:

- Emergencies
- Calling your Employer

Emergencies and Incident Reporting

For life-threatening emergencies, call "911." In the event of a client's death, expected or unexpected, please record accurately all data regarding the death. Nurses, Home Health Aides, Personal Care Attendants, and Homemakers shall record the exact time and the events that happened. Notify the Administrator or manager on call for further directions.

If there is an accident, employees (or the client) must call the office immediately. Following the telephone call, a written report must be submitted to the Company within 48 hours.

Compensation

Salaries and/or wages shall be determined at the time of assignment to a specific case and should not be discussed with other caregivers.

Payroll Guidelines

Pay periods are biweekly, and each week begins at 12:01 a.m. on Monday and ends at midnight on Sunday. Overtime must be authorized in advance by the immediate supervisor.

Payroll checks will be dispersed using **direct deposit**. It is the responsibility of the employee to furnish Accessible Home Health Care with their correct home address and direct deposit account information. Please notify the office as soon as possible if there is a change of address or account number to avoid delays in the payment process.

Employees with payroll issues must call the Company and speak to the **Finance Coordinator** either on that payroll Friday between 10am and 3pm or on the following business day between 10am and 4pm. Any payroll inquiries outside of those two days will be by appointment only.

Employment verification will be made by mail or fax only at **(305) 424-8485**. Please allow 24 to 48 hours for this type of request.

Time Sheet Protocol

Employees must complete and submit a time sheet for each client, using the form entitled "Assignment Note." All time sheets must be signed by the client or responsible party before submitting. Completed time sheets must be sent in weekly. They may be mailed, faxed, emailed, or dropped off in person, but must be received in the office by Monday at noon, 12:00 p.m. to ensure receipt of a paycheck for that pay period. Late timecards will be paid the following payday. Black ink is required.

Employees must call the Company to confirm receipt of their time sheet on Monday between 1pm and 4pm. If that Monday is a holiday, the employee must call to confirm receipt on the next business day. Please call the office with any questions regarding the due date.

All time sheets must be signed on a daily basis; if a client refuses to sign on a daily basis, the employee must notify the Company immediately.

Time sheets which are incomplete and/or incorrect will be returned to the employee for completion/correction. As a result, these time sheets will not be processed until the next pay period. Unsigned time sheets will not be authorized for payment.

The following information should be on every time sheet to ensure that it will be acceptable and processed for that pay period:

- Client name
- Employee name
- Start time and end time (A.M. and P.M. must be included when recording employee times)
- Pain status of the Client, if applicable.
- Total hours worked, which must match up to the hours of the shift. For example, if an employee writes on their time slip that they worked 6 hours between 8:00 a.m. and 2:00 p.m., their time slip would be rejected and returned to them as incorrect, as they only worked 5 hours during that time. In order to avoid any delays in employee paychecks, all employees must make sure that their time slips are 100% accurate.
- The client or responsible party must sign and initial the time sheet.
- Documentation must be completed including all other information required on the time sheet.

Employees must check all applicable tasks on the time sheet, indicating which activities took place during each particular work shift. Failure to take proper notation of patient activities can result in disciplinary action and possible termination.

Employees must report observations such as but not limited to cold symptoms, constipation, diarrhea, fever, pain, painful urination, inability to urinate, skin breakdown, loss of appetite, change in activity level, and any other irregular signs or symptoms to the Company.

Accessible Home Health Care of Aventura
Home Health Aide/Certified Nursing Assistant - Assignment Note
Office: 305.627.3103 | Fax: 786.628.2500 | Email: ahcaventuratimesheets@gmail.com

Patient: John Doe **MR#:** _____
Print First Name / Last Name

Reminder: This form must be completed properly and submitted weekly each Monday by 12:00 NOON for your paycheck to be processed. It is your responsibility to call and confirm receipt between 12:00 NOON – 4:00 PM. If we do not receive it on time your paycheck will be processed the following pay period.
Required: Use Black Ink Only Patient Name Time In/Out with AM/PM Pain Status Patient's Signature (s)

Day	Date <small>(e.g. MM/DD/YYYY)</small>	Start Time <small>(e.g. 09:00 AM/PM)</small>	Finish Time <small>(e.g. 05:00 AM/PM)</small>	Total Daily Hours <small>(Start Time + Finish Time)</small>	Patient Signature (Sign Daily) <small>(Do not sign a blank assignment note)</small>
Monday	12/30/2019	9:00 AM	5:00 PM	8	<i>John Doe</i>
Tuesday	12/31/2019	9:00 AM	5:00 PM	8	<i>John Doe</i>
Wednesday	1/1/2020	9:00 AM	5:00 PM	8	<i>John Doe</i>
Thursday	1/2/2020	9:00 AM	5:00 PM	8	<i>John Doe</i>
Friday	1/3/2020	9:00 AM	5:00 PM	8	<i>John Doe</i>
Saturday					
Sunday					

The patient's signature constitutes the family and caregiver, understand and agree that Accessible Home Health Care of Aventura (AHHC) is the employer of the health care professionals assigned to the client and that they shall not attempt to circumvent the contract entered into by both caregiver and patient with AHHC by providing services or retaining the caregiver either directly or indirectly, individually or through any other entity while the caregiver or patient is associated with AHHC and for a period of two (2) years from the dissociation of either party from AHHC. If either violates the foregoing, we each agree to pay AHHC upon demand, the sum of \$20,000.00 as liquidated damages in addition to payment of reasonable attorney's fees and costs of AHHC to enforce the provision.

Check all applicable tasks. Circle the activity items separated by slashes.
Write additional information as needed beside the corresponding item (e.g. per patient request, precautions, etc.).

ADL/IADL	M	T	W	T	F	S	S	ADL/IADL	M	T	W	T	F	S	S
Bathing – Assist with Shower / Tub / Chair	✓		✓		✓			Assist with Transferring/Ambulation	✓	✓	✓	✓	✓		
Perineal Care		✓		✓				Walker / Cane / Wheelchair	✓	✓	✓	✓	✓		
Skin Care/Moisture	✓	✓	✓	✓	✓			Toileting	✓	✓	✓	✓	✓		
Foot Care	✓	✓	✓	✓	✓			Meal Prep / Set-Up/ Feed Patient	✓	✓	✓	✓	✓		
Nail Care (DO NOT CUT)	✓	✓	✓	✓	✓			Light Housekeeping	✓	✓	✓	✓	✓		
Shampoo Hair Care	✓		✓		✓			Fall Precautions	✓	✓	✓	✓	✓		
Assist with Dressing / Grooming	✓	✓	✓	✓	✓			Medication Reminders	✓	✓	✓	✓	✓		
Mouth Care	✓	✓	✓	✓	✓			Patient is Cognitively Impaired	✓	✓	✓	✓	✓		
Re-positioning / Q2 Hours								Assist with Supervision /Redirection							
Daily Pain Status (1-10)	0	1	2	1	0			Other:							

OBSERVATIONS TO BE REPORTED TO NURSE: COLD SYMPTOMS, CONSTIPATION, DIARRHEA, FEVER, PAIN, PAINFUL URINATION, INABILITY TO URINATE, SKIN BREAKDOWN, LOSS OF APPETITE, CHANGE IN ACTIVITY LEVEL, IRREGULAR SIGNS.

Jane Doe
(Caregiver's Signature)

Jane Doe
(Print First Name, Last Name)

1/3/2020
(Last Date of Service Week; MM/DD/YYYY)

APPENDIX A

Caregiver's Ten Commandments

I will always be on time to care for my patient.

I will always respect the dignity of my patient.

I will always stay current with and follow my patient's Plan of Care.

I will always ensure my patient takes medication on time.

I will always leave my patient in responsible hands before leaving.

I will always adhere to my patient's dietary needs.

I will always be compassionate to my patient.

I will always communicate respectfully with my patient.

I will always be aware of my patient's needs in case of an emergency.

I will always communicate changes in my patient's condition promptly.

APPENDIX B

Accessible Home Health Care **Patient Interaction Policy**

All Franchisees, caregivers and corporate/field staff of Accessible Home Health Care are required to be in full compliance with the following company policies as it relates to their interactions with our Patient's care and affairs:

We must never:

- **Physically or verbally abuse a Patient**
- **Borrow money or any property of a Patient**
- **Access any financial instruments or accounts of the Patient**
- **Use a patient's property for our personal use**
- **Accept monetary or other gifts from the Patient**
- **Disclose any information of or about the Patient**
- **Violate any aspect of HIPPA laws**
- **Be a party to perpetrating health/insurance fraud**

We have "Zero Tolerance" for any violation of the above; a violation will result in immediate termination of your relationship with Accessible Home Health Care.