

**Independent Contractors**

**Orientation**

**POLICIES & PROCEDURES MANUAL**

### License # NR

DEFINITIVE CAREGIVERS

NURSE REGISTRY

OFFICE INFORMATION AND PHONE NUMBERS

### AHCA LIC#: NR\_

Office Cell: 954-297-2483

Office Phone: 561-270-4900

Fax Number: 561-931-6522

#### Website: [www.definitivecaregivers.com](http://www.definitivecaregivers.com/)

**Address: DEFINITIVE CAREGIVERS**

**1900 Glades Road, Suite 500-63 Boca Raton, FL 33431**

**Business Hours: 24 hours a day, 7 days a week**

**Staff in-office hours: 9:00 AM – 5:00 PM Monday-Friday**

**Administrator: Andrea Taylor**

**Alternate Administrator: Tekisha Carswell**

**Safety Liaison: Terike Barrowes**

Ongoing communication with the office is essential to providing consistent care. We want to hear from you.

## WELCOME

Welcome to Definitive Caregivers, a Florida licensed Nurse Registry. It is a pleasure to greet you as a new independent contractor. We sincerely hope that your association with Definitive Caregivers will be happy and rewarding.

This manual has been designed to serve as a quick and easy reference of our policies, procedures, and your duties as an independent contractor of Definitive Caregivers. This manual is for informational purposes only. This **contractual relationship** between **Definitive Caregivers**, and its independent contractors may be terminated at any time with or without notice. Policies are subject to change at any time at the discretion of Definitive Caregivers administration. Revisions will be distributed, and confirmation of receipt will be signed by the independent contractor.

You have registered with an agency that provides the highest quality client care in a private home or healthcare facility. Our goal as an agency is to retain and refer professionals who perform their duties requested per the clients’ needs, with friendliness, compassion, dignity, and understanding towards their clients.

Your attitude toward your fellow independent contractors and the clients we serve is as important as the tasks you perform. A positive attitude and supportive behavior make life easier for our clients and for each other.

***If there is something you want to know that is not covered in this manual or you desire more information or details, please feel free to call administration for more information.***

###### “WELCOME ABOARD” INTRODUCTION

Definitive Caregivers was founded in 2018 by Tekisha Carswell & Terike Barrowes.

The increasing needs of our clients and the general population in our area prompted the decision to expand the licensure becoming a Nurse Registry. **We are a professional referral agency and require the same professional standards of the independent contractors we refer.**

**MISSION STATEMENT**

At Definitive Caregivers, it is our goal to insure our clients the best quality and professional home care available. We offer unique and effective services to satisfy individual daily needs. Through mutual trust we will gain respect from the client, family members, and friends to provide reassurance of a most comfortable caring atmosphere which the client deserves.

###### CLIENT RIGHTS

The following “BILL OF RIGHTS” was established to benefit agency clients. Please familiarize yourself with all, of the guidelines.

###### CLIENTS BILL OF RIGHTS

At Definitive Caregivers, it is our commitment to refer to our client’s excellent and professional independent contractors. We strive to match each independent contractor’s level of experience with the client’s needs.

Read through the following “Bill of Rights” our client’s dignity and individuality are always a priority. Client has the right to……….

* Request additional information on any matter that is not fully understood.
* Participate in the development and update of your care plan.
* Assist in developing and maintaining a safe environment.
* Let the agency know when you may want a change to the schedule.
* Let the agency know if your needs change, therefore changing the level of care.
* Request further information concerning anything you do not understand.

As a client of the agency, you have the right to……….

* Receive information of your rights and responsibilities for receiving home care services
* Choose your providers (independent contractors) through the agency.
* Receive a prompt response from the agency when requesting home health care services.
* Be treated in a courteous manner, with respect and dignity by any and all independent contractors through the agency, who enter your home or place or residence.
* Be informed of the name, title and qualifications of anyone providing home health care services to you through the agency.
* Be free of abuse (verbal, physical, mental) exploitation and neglect.
* Not be refused services or have services terminated and be free of discrimination, based on your race, creed, color, religion, national origin, sexual orientation, disability, or age pursuant to Ch. 760. F.S.
* Give informed consent for your services, prior to the start, provided the necessary paperwork is completed.
* Always receive privacy and confidentiality.
* Assess to your records at your request.
* Retain an attorney to advise you of your rights to refuse medical treatment.
* Voice grievances with or suggest changes in services and/or independent contractors without fear of feeling intimidated or discriminated against.
* Report abuse, neglect, or exploitation by calling the toll-free 1-800-96-ABUSE telephone number; report complaints regarding your services to the Agency for Healthcare Administration at 1-888-419-3456; report Medicaid Fraud at 1-888-419-3456.
* Terminate services at your discretion.

###### INDEPENDENT CONTRACTORS RESPONSIBILITIES TO THE CLIENT AND AGENCY

* Notify the office of any change in assigned hours as requested by the client. If you are requested by your client to stay longer than originally assigned, you must communicate with the office. The office will need to confirm with both the caregiver and the client that the request is satisfactory to both parties.
* Treat all clients with dignity and respect.
* **NEVER** leave your client before the end of your assigned shift without calling the agency office first. Never leave the client unattended, the client is paying for your time. (i.e. taking the client to a doctor’s appointment; while the client is being seen by the doctor, do not leave the premises.)
* Independent contractor who sleeps while on duty will have their contract with the agency terminated. This does not apply to live-in cases. If you are scheduled to work overnight, the client is paying for you to remain awake and alert.
* All matters having to do with our relationship and the client are strictly confidential. If you are on a case with a client, do not discuss your other clients while on the case. Disclosing any information regarding the client is a direct violation of HIPPA regulations and the independent contractor’s contract with Definitive Caregivers will be terminated.
* Never ask for or accept a loan from a client. Accepting money, tips, or gifts is prohibited except for gifts “directly” through the Agency.
* Avoid discussing your personal problems with a client. Doing so will terminate your contract with Definitive Caregivers.
* Do not use the client’s phone except to call the agency in an emergency, or at the client’s request. Never give the clients phone number to anyone. You may be contacted through the agency in case of a personal emergency.
* **You are strongly encouraged not to give your home phone number to the client** or their family; they can reach you through the agency office. Furthermore, you are encouraged NOT to take a client to your home**. DEFINITIVE CAREGIVERS will not be responsible for any repercussion that might occur as a result of the independent contractor going against this recommendation.**
* The independent contractor’s words and actions must always be above suspicion. Any contractor who is found to have engaged in any dishonest act or practice shall lose his/her contract with Definitive Caregivers, and appropriate action will be taken.
* The independent contractor shall not discuss finances with the client or become involved in any way with the finances of the client. Specifically, but not limited to, allowing the client to add the independent contractor’s name, or the name of any associated of the independent contractor, on the client’s checking, savings or any other accounts, writing checks for the client, signing the client’s name or receiving a Power of Attorney from the client. Financial involvement of this sort is both unethical and unprofessional and can lead to serious legal problems. Refer any question or comment concerning finances to administration.
* he independent contractor shall never drink alcoholic beverages while on duty. Reporting for duty while under the influence of alcohol will result in immediate termination of the contract with the agency.
* Possessing illicit drugs or reporting to work under the influence of illicit drugs will result in immediate termination of your contract with the agency.
* When on duty in the client’s home, you are responsible for your own meals. The client is not required to provide food for your meals unless specified beforehand. You may join the client for meals if invited but be prepared to furnish your own food. The exception would be if the independent contractor is providing services on a live-in case. Definitive Caregivers request the client supply the independent contractors their meals.

###### REFERRAL STATUS

**PER DIEM:** Referral can be on a per diem (as-needed) or permanent basis. Certified Nurses Assistants (CNA’s) Home Health Aides (HHA’s), Companions and Live-In contractors are referred for private duty in homes.

###### ORIENTATION

All independent contractors who register with Definitive Caregivers are expected to produce or complete all, of the necessary documents required by Florida State Regulatory Agencies. You will then be scheduled for an orientation which includes the following:

* Making sure your file is complete and copies of all required licenses, certificates, records, etc., are current.
* You are given an overview of agency services.
* Review of agency policy and procedure manual. Test given and questions answered.
* Scheduling and availability.
* Review of compensation and accurate documentation of time sheet and weekly notes.
* Independent Contractor agreement reviewed and signed.

###### EQUAL OPPORTUNITY AGENCY

Definitive Caregivers provide equal opportunity to all independent contractors regardless of race, color, religion, sex, national origin, age, marital status, sexual orientation, disability, or other prohibited basis under Federal, State or Local Law.

DEFINITIVE CAREGIVERS believe that all independent contractors should have the right to work in environments which are free from all forms of discrimination. It is our policy to prohibit harassment of any independent contractors by any supervisor, the administration, another contractor, or the client.

Any independent contractor who feels that he or she is a victim of such harassment should immediately report it to administration. All complaints will be promptly and thoroughly investigated by administration.

###### HOURS OF OPERATION

Office Hours – 9:00 a.m. – 5:00 p.m. – Monday through Friday

Telephone Number: 561-270-4900 to reach Definitive Caregivers, personnel

24 Hour On-Call: A nurse is available 7 days a week, including holidays. A staff member will screen the call and contact the Registered Nurse when appropriate.

###### NON-HARASSMENT POLICY

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Any independent contractor who feels that he or she is a victim of such harassment should immediately report it to administration. All complaints will be promptly and thoroughly investigated by administration.

###### DAY LIGHT SAVINGS TIME

So, there is no confusion when the time changes twice each year the following procedure will be followed.

* April…time is advanced one (1) hour.
* Independent contractor’s working fewer hours than scheduled will be compensated

for actual hours worked.

* October…time set back one (1) hour.

Independent contractors will be compensated accordingly for extra hour that’s worked.

###### PROPER PHONE ETIQUETTE

When answering a client’s phone while on duty PLEASE remember that you are a professional independent contractor representing Definitive Caregivers and the proper way to answer the phone is as follows:

“Hello, Smith residence, this is .”

In doing so, the caller whether it is family or friends, will know exactly who they are speaking to when calling the residence.

**HOLIDAYS**

The agency recognizes the following holidays. You will be compensated time and one half if you work on any of the holidays listed.

* New Year’s Day All day
* Memorial Day All day
* 4th of July All day
* Labor Day All day
* Thanksgiving All day
* Christmas Day All day

The holiday rate will start 12:00 a.m., the beginning of the holiday and end at 11:59 p.m., the end of the holiday. If the holiday falls on a Sunday the 12:00 a.m., midnight shift will be compensated in the following week’s pay period. Please ask administration should you have any questions regarding this process.

###### WORK SCHEDULE AND LOCATION

The agency will call you with specific information regarding any new assignment that is offered to you. The assignments will be located within our geographical location of Martin, St. Lucie, Indian River, Palm Beach and Okeechobee counties. A reliable automobile is necessary. **As an independent contractor you always have the option to accept or reject a position**. Definitive Caregivers will call you with a new assignment and give every detail regarding the assignment.

* Are there any pets in the home?
* Does the client smoke?
* Is there lifting or a Hoyer lift?
* Is there excessive cooking?

**When you do accept as assignment, you are expected to complete it!** Only accept an assignment if you are certain you can fulfill **ALL,** of the case requirements. Do not accept a case thinking the client will adapt to your need-the client controls your schedule.

###### \*\*\*\*The client will expect you to report for duty on time! If a situation occurs that prevents you from getting to your assignment on time, call the agency immediately.

This allows the office time to reschedule the shift and/or inform the client that you are running late. Should you frequently cancel assignments, be tardy to assignments, or be absent without notice, you will not be considered for referral. Two incidents of failure to keep an assignment without notifying the office at least four hours in advance of your start time will result in the client reviewing your

referral status and possible removal from the client’s schedule.

\*\*\*\*Please report to your assignment 10 minutes early to receive a report for the independent contractor you will be relieving, if applicable. If not relieving any other independent contractor, please arrive promptly at your scheduled time.

###### TIME SHEETS

In order to record your time worked accurately, Definitive Caregivers provides time sheets in the client’s log book for your use. Only take what you need, be considerate of other independent contractors. **You are required to submit separate time sheet for each client weekly.** If you are with the same client all week, you only need to turn in one-time sheet. Document daily in the Communication Notes what you record on your Weekly Visit/Checklist forms, (i.e., etc.)

* Ate 100% of meals
* Had b/m

**Request time sheet at the office when needed, do not wait until there is only 1-time sheet left**. Your weekly compensation for services will depend on you properly completing the time sheet and weekly note. Please follow the instructions below to avoid any delays.

* Complete the “Week of…” accurately, (Sunday - Saturday)
* Complete your name and client’s name at the top
* Enter the date and day of week (regardless if you work or not), record in/out times, and total # of hours for that shift/day. (Double check your dates for accuracy!) **All minutes must be rounded up to the nearest 15 minutes.**
* Sign your time sheet and ask your client or client’s representative to sign as well! If your client is unable to sign your time sheet, please contact the office immediately.

**TIME SHEET**

**DEFINITIVE CAREGIVERS**

1900 Glades Road, Suite 500-63, Boca Raton, Florida 33431

Tel: 561-270-4900 Fax: 561-931-6522

Week of: 3/01/19-3/07/19 Caregiver Name: Betty Lou Smith Client Name: Bob Palmetto

Time sheet and weekly notes must be handed-in or faxed in no later than **10 AM** **EVERY** **MONDAY** for the prior week.

Caregiver Signature: Client Signature:

* Please submit the Weekly Visit Checklist/Notes to the office with time sheet each week. Paper work and notes regarding each client are, and should be deemed, as part of the time sheet for that week.
* Office will give copies of time sheet in your client’s log book. Please submit a copy to the

office with your weekly note. Independent Contractors should keep a copy of timesheet.

**Definitive Caregivers** address Ph: 561-270-4900 Fax: 561-931-6522

Client Name: Bob Palmetto

 Home Health Aide & CNA cases document in all sections Caregiver Name: \_\_\_ID # \_

 Independent Contractor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Care (check one) CNA HHA\_\_\_\_\_Companion\_\_\_\_\_

Year 20 LPN RN

* Record your notes, no need to write a story. Write clearly and legibly.
* If you make a mistake, cross out and initial. No whiteout!!!
* Record on your Weekly Visit Checklist/Notes if you take your client out **whether in your vehicle or theirs**; please indicate on the back of your notes where you transported the client.

###### COMPENSATION FOR YOUR SERVICES

Definitive Caregivers, work-week starts on Sunday and ends on Saturday. You are compensated bi-weekly. Time sheets are due in the office NO LATER than **10 AM EVERY MONDAY** of the following week. Time sheet may be faxed or dropped off at the office (if time permits). It is your responsibility to make sure the time sheet and weekly notes are received by the office promptly! If your time sheet/weekly note is received late you will not be compensated until the following week or pay period. The office reviews your time sheet and weekly notes for any error or schedule changes that were not into the office to make the corrections. The nature of your correction will not be discussed over the telephone, as you are required to come to the office to

make the corrections. Once your time sheet has been received by the office, it does not leave the office. No one else but you can make the correction to your time sheet or weekly notes no exceptions.

Pick-up time for your pay check is every other Friday from 2:00 p.m. – 4:00 p.m. No compensation will be given prior to Friday. Compensation will be mailed every other Friday. If you wish to pick up your compensation in person, please notify the office and complete the appropriate form. If someone other than you will be picking up your compensation, the individual must provide a valid driver’s license and you must complete the appropriate form authorizing release of your pay check.

You are always compensated for actual hours worked but as an independent contractor, you are not eligible for benefits from the agency. At the discretion and approval of the client, overtime is compensated at time and a-half.

The client sets your schedule! If, there are any changes to the schedule that are not communicated to the office, you will not be compensated for any changes. Overlapping needs to be confirmed by your client or client representative with the office prior to turning in your time sheet/weekly note.

**INSURANCE**

All RN’s, LPN’s, CNA’s, and HHA’s are encouraged to carry a professional liability insurance policy and

are more frequently referred for services. This coverage is very inexpensive and will protect you if an incident should occur while providing services. Please contact the office if you need information on purchasing insurance.

###### PERFORMANCE REVIEW

Independent contractors are evaluated on an ongoing basis. The office relies on client input, punctuality, appearance, reliability, and professionalism when referring. **Independent contractors who are not presenting a professional and neat appearance when with a client referred to them on behalf of Definitive Caregivers, will not be considered for future referrals**. You are encouraged to project a neat and professional appearance as you are representing Definitive Caregivers as well as yourself.

Your punctuality and attendance are a requirement of your client! Our clients depend on caregivers to be there when scheduled wearing a crisp, clean uniform and a smile!!!

###### Due to the nature of our business and the responsibility to our clients, it is IMPERATIVE that you notify the office as soon as possible, if you are unable to report to work!

**INDEPENDENT CONTRACTOR’S FILE**

Definitive Caregivers keeps files on each independent contractor we refer for service. It is your responsibility to keep personal information (address/phone numbers) up to date and all documentation current. We will remind you with a letter well in advance if any licenses, certificates, etc., are up for renewal. If documents are not up to date, your file will be pulled and placed as

“inactive” until you submit updated documents. If you are on a case, you will be replaced. The office

will send 90-day, 60 day, and 30-day reminders as a courtesy.

Any independent contractor may make an appointment to examine his/her file. Some documents may be removed by administration prior to examination consistent with state law. The independent contractor is prohibited from altering amending or modifying the file in any way.

###### PERSONAL VISITS AND PHONE CALLS

Due to the nature of the health care business, your client will not allow for personal visits or phone calls from family or friends while on duty. At the request of the client, cell phones need to be turned off or on vibrate. Absolutely no cell phone usage while driving the client, violation will terminate the independent contractor’s contract. Excessive cell phone usage reported by the client will result in termination of the caregiver’s contract.

###### PERSONAL BELONGINGS

Any personal possessions, purses, etc., are to be stored in a safe area. Definitive Caregivers or our client is not responsible for lost items while on duty. Definitive Caregivers strive to refer independent contractors who always project a professional appearance and image. Please present yourself with neat, clean and well-groomed appearance as a condition of your eligibility for referral. Your client expects you to be dressed in FULL UNIFORM unless otherwise instructed by the client.

###### PROPER ATTIRE:

As a referral agency and as an advertisement for our independent contractors, we do not supply any

“Referred by Definitive Caregivers. Each top thereafter is your expense.

* Clean, pressed, scrub top.
* Clean, pressed, well-fitted scrub pants. Must be solid color.
* Clean, white professional sneaker or nursing shoe with a closed toe.
* Jewelry-small amounts, please. For you and the client’s safety, please no loose or dangling

jewelry.

* Hair to be worn off the collar, neat and clean. Long hair to be tied back. No Crazy hair coloring.
* Prefer no perfume…due to client’s sensitivities and allergies.
* Neatly trimmed fingernails.

**DEFINITIVE CAREGIVERS name badge**. Again, this is advertisement for the independent contractor and should be worn on the lanyard provided or clipped onto your collar or pocket. To be professional this **MUST be visible**! The referral identification/affiliation badge is and remains the sole and exclusive property of Definitive Caregivers prior to receiving your final compensation check.

###### IN REGARD TO HOMEMAKER COMPANIONS, AT THE CLIENT’S REQUEST UNACCEPTABLE ATTIRE:

* Sleeveless garments
* See through skirts or pants
* Lace garments
* High heels

###### SOLICITATION AND DISTRIBUTION

Solicitation of goods and/or services (i.e., cleaning services, Mary Kay, Avon, etc.), for sale by an independent contractor while on duty for Definitive Caregivers is strictly prohibited. Contractors are not allowed to persuade or distribute any written material or literature of any kind while on duty.

###### CONFIDENTIALITY

No independent contractor shall discuss information about their clients on or off work with anyone not affiliated with the agency without Definitive Caregivers expressed written consent. Every person has his/her own right to privacy. Revealing any information about a client can be very damaging and is against the law. Failure to comply will result in termination of your contract with Definitive Caregivers. You are also required to indemnify the agency any loss as a result of your breach of confidentiality including loss to reputation, loss of client accounts and any attorney’s fees incurred by the agency including at the appellate level.

###### DEFINITIVE CAREGIVERS – CLIENT LOG BOOK

As a Florida State requirement, all independent contractors are required to document their activities while on duty. Upon entering the home or place of residence, please locate your client’s Definitive Caregivers log book. Inside, you will find information pertaining to the client’s needs, next of kin, medication, etc., as well as “Weekly Notes and Check off Lists” forms. Complete forms as instructed. Use one form per independent contractor, per week. Turn in notes and time sheet on a weekly basis. Notebook is provided in the back of the book for “Communications Notes.” Please document any vital information that may be needed for the next independent contractor. (Example: Reaction to medications, changes in behavior, or any new signs and/or symptoms.) Communication notes will be collected during friendly visits by a representative of Definitive Caregivers. **YOUR**

######  CLIENT’S LOG BOOK SHOULD NEVER LEAVE THEIR HOME EXCEPT IN AN EMERGENCY OR DOCTORS

**APPOINTMENTS**!

**LICENSE OR CERTIFICATES**

Any independent contractor who is required by law to possess and maintain a valid license or certificate in order to perform an occupation are responsible for furnishing proof of their current status. Copies of all current documents are kept in your file at the office. **ALWAYS CARRY A COPY OF YOUR PROFESSIONAL LICENSE WITH YOU WHILE ON DUTY, INDEPENDENT CONTRACTORS WHO ARE NOT ABLE TO PRODUCE A CURRENT LICENSE CERTIFICATE IF REQUIRED BY LAW WILL HAVE THEIR CONTRACT WITH DEFINITIVE CAREGIVERS TERMINATED IMMEDIATELY.**

###### SAFETY

Definitive Caregivers strives to assure a safe environment for our independent contractors to perform their duties. An inspection of the home is always done initially, however; accidents can happen at any moment. You ethically are responsible for reporting immediately, any and all safety issues you note which could have an impact on the well-being of the client, the client’s guest’s or family members, yourself or any other independent contractor or agency personnel. It is also your responsibility to keep up any and all safety certification training you presently possess.

###### ACCIDENT AND INJURIES

As an independent contractor, you are strongly encouraged to purchase personal liability insurance and professional malpractice insurance.

In addition, since there will be times when you will be transporting a client, it is strongly encouraged you purchase an increased amount of automobile insurance coverage, $1,000,000-3,000,000, is typical and recommended. These policies could prove to be an asset to you, should an incident occur.

In the event of an accident or injury, Definitive Caregivers request the independent contractor call the office immediately and complete an Incident Report Form-located in the Client’s Log Book.

###### DEFINITIVE CAREGIVERS

1900 Glades Road, Suite 500-63 Boca Raton, Florida 33431

Ph: 561-270-4900 Fax: 561-931-6522

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###### Incident Complaint Form

Date:

Name of Independent Contractor:

Name of Client:

Is this report due to an ……? incident/accident complaint

Please describe, in detail, the nature of your report including date, times, locations, persons involved, witnesses, etc.: (if additional space is needed, please use the back of the sheet)

 Continue on back if necessary

Signature:

Client or Independent Contractor

Definitive Caregivers

Administration:

Witness if Applicable

Follow-Up Action Taken:

Continue on back if necessary

By: Date:

###### HEALTH REQUIREMENT

Each independent contractor is required by Florida law to produce a health certificate from a health care professional licensed under Chapter 458, FS, Chapter 459, FS or Chapter 464, FS, stating that you are free of communicable disease and that you can perform the duties associated with your position based upon an examination within the last 6 months. A copy of all state requirements (HIV/AIDS, etc.) is available at the office.

###### PARKING

When on duty in a gated community or condominium, you will need to pay special attention to the parking situation. DO NOT park in any space that is designated for residents only. Find a “Guest” spot or inquire about the appropriate place to park.

The community or Definitive Caregivers is not responsible for any damage or loss sustained to your vehicle or its contents. If your car is towed for any reason, it is your responsibility to pay all charges incurred.

###### SMOKING

Our clients strictly enforce a “NO SMOKING” policy. Smoking in a client’s home or place of residence

is forbidden.

###### GENERAL GUIDELINES

At Definitive Caregivers, we always welcome any suggestions and/or comments you may have. We work as a team and encourage your input. If you have a problem or concern, please feel free to make an appointment for a conference with the administration.

Not everyone has the same interpretation of good conduct, it is necessary to have guidelines for ALL to follow. A violation of any agency policy listed below may result in the termination of your contract with Definitive Caregivers.

* Obtaining referrals using false or misleading information.
* Falsification of any agency documents or records
* Possession of weapons of any kind on client or agency property
* Intoxication use or sale of chemical substances or alcoholic beverages while on duty or reporting to work under the influence.
* Conviction of a felony for a crime involving dishonesty for driving under the influence of a drug or alcohol.
* Gambling while on duty.
* Destruction of Definitive Caregivers property or client’s property.
* Insubordination
* Excessive tardiness or absenteeism. As defined by the client.
* Failure to follow appropriate procedures for reporting tardiness or absenteeism, as defined by the client.
* Fighting or creating a disturbance while on agency or client’s property.
* Poor job performance, as indicated by the client.
* Sleeping on duty or neglecting your duties to the client or the agency.
* Stealing or defacing property of the client, agency, or fellow independent contractor
* Leaving work premises while on duty without prior permission from the client.
* Disclosing confidential information concerning a client or the agency.
* Using abusive or offensive language, being discourteous, threatening, coercing, or otherwise harassing.
* Falsifying your time sheet or filling out someone else’s time sheet.
* Any abuse, neglect, or mistreatment of a client, no matter how minor!
* Inappropriate conduct involving clients, including soliciting gratuities, and discussing personal problems.
* Violating the non-compete clause of your contract, specifically soliciting or obtaining employment directly from a client with the agency for a period within one (1) year of termination of your contract with the agency or one (1) year of establishing a contract with the agency, whichever is longer.

###### NURSE ON –CALL

Any CNA or HHA providing health services in a private home will have access to a Nurse during service hours. Should an emergency arise that requires communication with an RN or LPN, please phone the main office number **561-270-4900**. Your call will be answered immediately, or you will receive a call back within 20 minutes. Please state the following if leaving a voice message.

* + Full name
	+ Day and time
	+ Clients name
	+ Nature of your concern

###### Of course, if you have an emergency that demands immediate attention, dial 911.

**EMERGENCY MANAGEMENT PLAN**

|  |  |
| --- | --- |
| **DEFINITIONS:** |  |
| Natural Disasters | Damage to Facility | Industrial Disasters |
| Loss of Personnel | Terrorist Threats | Communication System Failure |

**NOTIFICATION**

In the event of any emergency in which public roads do not close, Definitive Caregivers will continue to provide care to its clients in their homes. Independent contractors will be contacted via home phone, cell phone, or voice mail. Definitive Caregivers has developed an emergency plan to continue services for our active clients in the event of an emergency. We will make every effort to ensure that all clients who need continuing care receive it through Definitive Caregivers independent contractors.

###### YOUR RESPONSIBILITY

All persons referred for contact who care for persons registered pursuant to FS. 252.355 must include in the client record, a description of how care will be continued during a disaster or emergency that interrupts the provision of care in the client’s home. It shall be the responsibility of the person referred for contract to ensure that continuous care is provided.

All staff and independent contractors who would have been scheduled for work during a declared emergency must report to work as specified, if roads are passable. It is your responsibility to keep in touch with the agency office each day or as instructed. It is also your responsibility to maintain up-to-date information on your client’s needs including medications, supplies and equipment. If your client MUST go to a special needs shelter, he/she will be informed of what to take with them. Definitive Caregivers attempts to find volunteers to provide services to clients who must evacuate to special needs shelters.

Following this plan will decrease the likelihood of service disruption. The agency will close if the county and/or city close public roads.

The Emergency Management Plan is reviewed annually with all active independent contractors and clients. Independent contractors will be required to sign an acknowledgement indicating they have reviewed the Plan.

###### CONCLUSION

This manual is intended only to be a working guide for independent contractors. It is not a contract between the agency and any of its independent contractors. Furthermore, none of the statements in this manual should be considered a promise or guarantee. Due to the changing demands of Definitive Caregivers, we have the right to change policies and procedures at any time. We will keep you informed of any changes/updates which may affect you.

###### CERTIFIED NURSING ASSISTANT AND HOME HEALTH AIDE (59A – 18.0081)

The certified nursing assistant (C.N.A.) and the home health aide shall:

1. Be limited to assisting a patient in accordance with Section 400.506(6)(b), F.S.;
2. Be responsible for documenting services provided to the patient or client and for filing documentation with the nurse registry on a regular basis. These service logs will be stored by the nurse registry in the client’s file. The service logs shall include the name of the patient or client and a listing of the services provided;
3. Be responsible for observing appearance and gross behavioral changes in the patient and reporting these changes to the patient’s health care surrogate or other person designated by the patient and the nurse registry or to the responsible facility employee if staffing in a facility;
4. Be responsible to maintain a clean, safe and healthy environment, which may include light cleaning and straightening of the bathroom, straightening the sleeping and living areas, washing the patient’s dishes or laundry, and such tasks to maintain cleanliness and safety for the patient;
5. Perform other activities as taught and documented by a registered nurse, concerning activities for a specific patient and restricted to the following:
6. Assisting with the change of a colostomy bag, reinforcement of dressing;
7. Assisting with the use of devices for aid to daily living such as a wheelchair or walker;
8. Assisting with prescribed range of motion exercises;
9. Assisting with prescribed ice cap or collar;
10. Doing simple urine tests for sugar, acetone or albumin;
11. Measuring and preparing special diets;
12. Measuring intake and output of fluids; and,
13. Measuring temperature, pulse, respiration or blood pressure.
14. Be prohibited from changing sterile dressings, irrigating body cavities such as giving an enema, irrigating a colostomy or wound, performing gastric irrigation or enteral feeding, catheterizing a patient, administering medications, applying heat by any method, or caring for a tracheotomy tube.
15. For every CNA, a nurse registry shall have on file a copy of the person’s State of Florida

certification.

1. For every home health aide registered with the nurse registry since May 4, 2015, a nurse registry shall have on file a certificate or documentation of successful completion of at least forty hours of home health aide training, pursuant to Section 400.506(6)(a), F.S., from a public vocational technical school or a non-public postsecondary career school licensed by the Commission on Independent Education, Florida Department of Education.
2. Individuals who earn their CNA certificate in another state must contact the Florida Certified Nursing Assistant office at the Department of Health to inquire about taking the written examination prior to working as a CNA in Florida, pursuant to Chapter 464, Part II, F.S.
3. Home health aides registered with the nurse registry since the effective date of this rule who complete their training in another state must provide a certificate of completion of home health aide training from a public vocational technical school or a career education school that is licensed in that state.
4. CNAs and home health aides referred by nurse registries must maintain a current

cardiopulmonary resuscitation (CPR) certification from an instructor or training provider that is approved to provide training by the American Heart Association, the American Red Cross, or the Health and Safety Institute, and that provides CPR training in which the student is required to demonstrate, in person, that he or she can perform cardiopulmonary resuscitation.

1. Licensed practical nurses and registered nurses that are licensed in Florida or another state may work as home health aides. Also, persons who have completed the licensed practical nurse or registered nurse training from a public school, college, or university or a licensed nonpublic career education school or college in Florida who are not yet licensed may work as home health aides.
2. A certified nursing assistant may work as a home health aide.
3. C.N.A.s and home health aides referred by nurse registries may assist with self-administration of medication as described in Section 400.488, F.S.
4. Home health aides and C.N.A.s assisting with self-administered medication, as described in Section 400.488, F.S., shall have received a minimum of 2 hours of training covering the following content:
5. Training shall cover state law and rule requirements with respect to the assistance with self- administration of medications in the home, procedures for assisting the resident with self- administration of medication, common medications, recognition of side effects and adverse reactions and procedures to follow when patients appear to be experiencing side effects and adverse reactions. Training must include verification that each C.N.A. and home health aide can read the prescription label and any instructions.
6. Individuals who cannot read shall not be permitted to assist with prescription medications.
7. Documentation of training on assistance with self-administered medication from one of the following sources is acceptable:
8. Documentation of 2 hours of training in compliance with subsection 59A-8.0095(5), F.A.C., from a home health agency if the home health aide or C.N.A. previously worked for the home health agency;
9. A training certificate for assisted living facility staff in compliance with Section 429.52(6), F.S.;
10. A training certificate for at least 2 hours of training from a career education school licensed pursuant to Chapter 1005, F.S., and Rule Division 6E, F.A.C., by the Department of Education, Commission for Independent Education;
11. Documentation of at least 2 hours of training by a provider approved by the Florida Board of Nursing, Department of Health.
12. Documentation of the training must be maintained in the file of each home health aide and

C.N.A. who assists patients with self-administered medication.

1. In cases where a home health aide or a C.N.A. will provide assistance with self-administered medications as described in Section 400.488, F.S., and paragraph (e) below, a review of the medications for which assistance is to be provided shall be conducted by a registered nurse or licensed practical nurse to ensure the C.N.A. and home health aide are able to assist in accordance with their training and with the medication prescription and the medication is not required to be administered by a nurse. If the patient will not consent to a visit by the nurse to review the medications, a written list with the dosage, frequency and route of administration shall be provided by the patient or the patient’s health care surrogate, family member, or person designated by the patient to the home health aide or CNA to have reviewed by the nurse. The patient or the patient’s surrogate, guardian, or attorney in fact must give written consent for a home health aide or C.N.A. to aid with self-administered medications, as required in Section 400.488(2), F.S.
2. The trained home health aide and C.N.A. may also provide the following assistance with self- administered medication, as needed by the patient and as described in Section 400.488, F.S.:
3. Prepare necessary items such as juice, water, cups, or spoons to assist the patient in the self- administration of medication,
4. Open and close the medication container or tear the foil of prepackaged medications,
5. Assist the resident in the self-administration process. Examples of such assistance include the steadying of the arm, hand, or other parts of the patient’s body to allow the self-administration of medication,
6. Assist the patient by placing unused doses of solid medication back into the medication container.
7. The nurse registry is not obligated to monitor, manage or supervise a certified nursing assistant or home health aide pursuant to Section 400.506(19), F.S. The nurse registry is not obligated to review patient or client records per Section 400.506(20), F.S., but the nurse registry is not prohibited from reviewing records and may do so. In the event of violation of Section 400.488, F.S., or other state laws that comes to the attention of the nurse registry, the nurse registry shall take the actions specified in Section 400.506(19), F.S.

*Rulemaking Authority 400.488, 400.497, 400.506 FS. Law Implemented 400.488, 400.497, 400.506 FS. History–New 1-27-94, Amended*

*12-24-00, 8-10-06, 3-15-07, 5-4-15, 2-8-16.*

###### Assistance with Self-Administration of Medication (Certificate Required) (400.488)

* + 1. For purposes of this section, the term:
			1. “Informed consent” means advising the patient, or the patient’s surrogate, guardian or attorney in fact that the patient may be receiving assistance with self-administration of medication from an unlicensed person.
			2. “Unlicensed person” means an individual not currently licensed to practice nursing or medicine who is employed by or under contract to a home health agency and who had received training with respect to assisting with the self-administration of medication as provided by the agency rule.

Patients who can self-administer their own medications without assistance shall be encouraged and allowed to do so. However, an unlicensed person may, consistent with a dispensed prescription’s label or the package directions of an over-the-counter medication, assist a patient whose condition is medically stable with the self-administration of routine, regularly scheduled medications that are intended to be self-administered. Assistance with self-medication by an unlicensed person may occur only upon a documented request or by a written informed consent of a patient or the patient’s surrogate, guardian, or attorney in fact. For purposes of this section, self-administrated medications include both legend and over-the counter oral dosage forms, topical dosage forms, and topical ophthalmic, optic, and nasal dosage forms, including solutions, suspensions, sprays, and other inhalers.

* + 1. Assistance with self-administration of medication includes:
			1. Taking the medication, in its previously dispensed, properly labeled container, from where it is stored and bringing it to the patient.
			2. In the presence of the patient, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container.
			3. Placing an oral dosage in the patient’s hand or placing the dosage in another container and

helping the patient by lifting the container to his or her mouth.

* + - 1. Applying topical medications
			2. Returning the medication container to proper storage
			3. Keeping a record of when a patient receives assistance with self-administration under this section.
			4. Assistance with self-administration does not include:
				* Missing, compounding, converting or calculating medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.
				* The preparation of syringes for injection or the administration of medications by any injectable route.
				* Administration of medications through intermittent positive pressure breathing machines or a nebulizer.
				* Administration of medications by way of tube inserted in a cavity of the body.
				* Administration of parenteral preparations
				* Irrigations or debriding agents used in the treatment of a skin condition.
				* Rectal, urethral, or vaginal preparations.
				* Medications ordered by the physician or health care professional with prescriptive authority to be given “as needed”, unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person.
				* Assistance with the self-administration of medication by an unlicensed person as
				* described in this section does not constitute administration as defined in s. 465.003.
				* The agency may by rule establish procedures and interpret terms as necessary to administer this section.

###### HOMEMAKERS OR COMPANIONS (59A-18.009)

The homemaker or companion shall have evidence of training in topics related to human development and interpersonal relationships, nutrition, shopping, food storage, use of equipment and supplies, planning and organizing of household tasks and principles of cleanliness and safety.

1. The homemaker shall have the following responsibilities:
2. To maintain the home in the optimum state of cleanliness and safety depending upon the

client’s and the caregiver’s resources;

1. To perform the functions generally undertaken by the natural homemaker, including such duties as preparation of meals, laundry, and shopping;
2. To perform casual, cosmetic assistance, such as brushing the client’s hair, assisting with

make-up, filing and polishing nails, except for clipping nails for diabetic patients;

1. To stabilize the client when walking, as needed, by holding the client’s arm or hand; and,
2. To report any unusual incidents or changes in the patient’s or client’s behavior to the

person(s) designated by the client.

1. The companion shall have the following responsibilities:
	1. To provide companionship for the patient or client;
	2. To provide escort services such as taking the patient or client to the health care provider;
	3. To provide light housekeeping tasks such as preparation of a meal or laundering the client’s

personal garments;

* 1. To perform casual, cosmetic assistance, such as brushing the client’s hair, assisting with make- up, filing and polishing nails, except for clipping nails for diabetic patients;
	2. To stabilize the client when walking, as needed, by holding the client’s arm or hand; and,
	3. To report any unusual incidents or changes in the patient’s or client’s behavior to the

person(s) designated by the client.

Definitive Caregivers shall ensure that homemakers and companions understand the needs of the patients or clients to whom they are being referred and are able to recognize those conditions that need to be reported to the nurse registry office.

1. Homemakers and companions shall be responsible for providing to patient and nurse registry copies of any documentation which reflects the services provided. This will be stored by the nurse registry in the client’s file. The nurse registry is not obligated to review patient or client records per Section 400.506(20), F.S., but the nurse registry is not prohibited from reviewing the records and may do so.

*Rulemaking Authority 400.497, 400.506 FS. Law Implemented 400.497, 400.506 FS. History–New 2-9-93, Amended 1-27-94, 12-24-00, 5-*

*4-15.*

###### Registered Nurse and Licensed Practical Nurse (59A.18.007)

The registered nurse and the licensed practical nurse shall:

1. Be responsible for the clinical records for their patients. The clinical records shall be filed with the nurse registry, for each patient or client to whom they are giving care in the home or place of residence. Clinical notes and clinical records related to care given under a staffing arrangement are maintained by the facility where the staffing contract is arranged;
2. Be responsible for maintaining the medical plan of treatment with clinical notes and filing the initial medical plan of treatment, any amendments to the plan, any additional order or change in orders, and a copy of the clinical notes at the office of the nurse registry.

*Rulemaking Authority 400.497, 400.506 FS. Law Implemented 400.497, 400.506 FS. History–New 2-9-93, Amended 1-27-94,*

*12-24-00, 5-4-15.*

**DEFINITIVE CAREGIVERS**

#### 1900 Glades Road, Suite 500-63 Boca Raton, Florida 33431

**Ph: 561-270-4900 Fax: 561-931-6522**

##### ANNUAL REVIEW OF THE EMERGENCY MANAGEMENT PLAN

I, have

Received and reviewed a copy of the Comprehensive Emergency Management Plan for Definitive Caregivers. I further acknowledge understanding of my role as an independent Contractor in providing continuous care during a declared emergency.

Print Name

Signature

Date

#### DEFINITIVE CAREGIVERS

**1900 Glades Road, # 500-63 Boca Raton, Florida 33431**

**Ph: 561-270-4900 Fax: 561-931-6522**

##### ACKNOWLEDGEMENT OF POLICY MANUAL

I,

PRINT NAME

I have read and fully understand the Florida Statues and Rules given to me and hereby acknowledge that all requirements, CEUs and training to maintain my license/certification are current.

I acknowledge the revised manual that I received includes “Clients’ Rights” and “Responsibilities to

the Client” as well as an overview of the Emergency Management Plan.

I acknowledge all matters having to do with Definitive Caregivers and the Client I am referred to, are strictly confidential. I further acknowledge that disclosing any information regarding the client is a direct violation of HIPPA.

I agree to all the terms and conditions stated in the manual as set forth by Definitive Caregivers administration and the State of Florida.

Print Name

Signature

Date

# CERTIFICATE OF PHYSICAL EXAMINATION

DEFINITIVE CAREGIVERS

**1900 Glades Road, # 500-63 Boca Raton, Florida 33431**

**Ph: 561-270-4900 Fax: 561-931-6522**

The State of Florida, through health and Rehabilitative Services, requires that all employees have medical examination conducted by a licensed Physician or Nurse Practitioner (pursuant to section 381.0011(4). Our accreditation process also requires TB testing and/or chest x-ray. Please return as soon as possible. The exam / test must be completed within the last six (6) months prior to employment.

Independent Contractor Name: Date of exam:

TB Skin Test (PPD) Date: Reading Date: Result:

Chest X-Ray Date: Results:

Physical Examination:

This certifies that the above contractor was given a physical examination on the above date, appears to be in good health, and does not have any limitation in performing their duties. The Independent Contractor appears to be free from apparent signs or symptoms of a communicable disease including tuberculosis which would jeopardize the health of any person under the care of Definitive Caregivers.

Signature of Physician/ARNP /PA Date

Name of Physician/ARNP /PA (stamp)