



# DIRECT CARE WORKERS ANNUAL TRAINING MODULE

PA Code § 52.21(c)(1)(2)

*Annual Aide Training Curriculum*

*Tel: 866-850-1936*

12 CE Hours

*Developed By WGS Training Services, LLC for*

# **TriMED Healthcare, LLC**

**ACCOUNTABILITY COMPASSION EXCELLENCE INTEGRITY**

# WELCOME

## TO THE ANNUAL IN-SERVICE TRAINING



# MISSION, VISION & VALUES STATEMENT

## MISSION

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

## VISION

To be known and valued for providing the highest standard of in-home care services.

To be the provider of choice in the community.

To be the employer of choice in the community.

To be a financially viable agency.

## VALUES

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

Keeping our client's health, quality of life and well-being central in the design and delivery of services;

Treating and interacting with our clients with respect, dignity, compassion, empathy, honesty, and integrity While recognizing and maintaining confidentiality of client information;

Showing respect for all cultures, religions, ethnicities; sexual orientation, ages, gender and disabilities;

Recruiting, training and retaining competent staff;

Valuing, supporting, recognizing and appreciating our staff who are our greatest asset;

Nurturing a work environment that encourages personal enjoyment and enhances job satisfaction and performance through recognition and reward;

Developing and maintaining positive relationships with the community, including local Home Care and Health Care personnel/organizations;

conducting our business in an accountable and responsible manner;

adhering to the professional code of ethics of the Home Care industry; and,

applying continuous quality improvement measures throughout our Agency.



# ADLs and IADLs: Which activities are important?

Generally, the kinds of activities that are important to the people in a personal care home are organized into two groups:

• **ADLs** – This stands for *Activities of Daily Living*.

• These are the most basic activities necessary for daily life. They include the following:

- Eating & drinking.
- Ambulating – the ability to move about, such as walking with or without devices like canes, crutches, walkers, etc.
- Transferring – the ability to get in and out of bed, a chair or on and off a toilet.
- Taking medications.
- Personal hygiene – bathing or showering, shampooing hair, brushing teeth.
- Bladder & bowel management.
- Positioning and changing positions in a chair or bed.
- Dressing.
- Securing health care.

• **IADLs** – This stand for *Instrumental Activities of Daily Living*.

• These activities are more complex and include:

- Using the telephone.
- Shopping.
- Doing laundry.
- Obtaining and keeping clean clothing appropriate for the season.
- Making and keeping appointments.
- Writing letters or other correspondence.
- Taking part in social and leisure activities.
- Using a prosthetic device – a substitute for a missing body part such as a hand or leg.
- Managing finances.
- Driving or arranging transport.

**STAFF TRAINING:** § 52.21(c)(1)(2). Staff training. (c) A provider shall maintain documentation of the following: (1) Staff member attendance at trainings. (2) Content of trainings.

- §§§ 52.21(d)(1)-(6) as referencing 52.16 and 52.14(t).
- Staff training. (d ) A provider shall implement a standard, annual training for all staff members providing service which contains at least the following:
  - (1) Prevention of abuse and exploitation of participants. (Refer to Webinar slides of October of 2013).
  - (2) Reporting critical incidents.
  - (3) Participant complaint resolution.
  - (4) Department-issued policies and procedures.
  - (5) Provider's quality management plan.
  - (6) Fraud and financial abuse prevention.

1. **(a) Prevention of  
abuse and  
exploitation of  
participants.**

**ANNUAL STAFF TRAINING:**

§ 52.21(c)(1)(2).

# 1. **(a) Prevention of abuse and exploitation of participants.** § 52.16(a)(1)-(6) Abuse.

Definition:

(a) Abuse is an act or omission that willfully deprives a participant of rights or human dignity, or which may cause or causes actual physical injury or emotional harm to a participant including a critical incident and any of the following:

- (1) Sexual harassment of a participant.
- (2) Sexual contact between a staff member and a participant.
- (3) Restraining a participant.
- (4) Financial exploitation of a participant.
- (5) Humiliating a participant.
- (6) Withholding regularly scheduled meals from a participant.

# 1. (b) **PROTECTIVE SERVICES** -see referenced slide attached. ....(compliments the DPW DCW Training Course)

## Protective Services

### AGENDA

- What is the Purpose of This Webinar?
- What is Abuse?
- Protective Services Laws (OAPSA and APS)
- Mandated Reporters
- APS Implementation
- Transition Phase
- Reporting Requirements
- Stop it Before it Happens





# 1. (c)Prevention of abuse and exploitation of participants.

CONTINUED.....(compliments the DPW DCW Training Course)

## SAFETY MANAGEMENT TECHNIQUES:

- In this module, you will learn about “safe management techniques.” What this means is that when you work with residents who behave in potentially dangerous ways, there are some effective things you can do to ensure their safety as well as your own. In this module you will learn some of these techniques.
- It is common for a resident to become frustrated, depressed, angry or resentful about physical or mental losses he/she may be experiencing. Medications the resident takes may also contribute to difficult behaviors. Residents may express these behaviors towards you directly, or indirectly, by not being cooperative in the care you provide. These behaviors may be distressing, simply annoying or time-consuming, but they could have the potential to become unsafe if not managed correctly. In this module you will identify behaviors that are potentially dangerous and what to do when they occur. You will learn about positive management techniques that protect the resident’s health, safety and well-being. The techniques in this module can be useful during difficult situations.
- **How do you recognize signs of abuse and neglect?**
- Unfortunately, we occasionally read about or hear news reports of abuse and neglect occurring in personal care homes. Residents may abuse one another, staff may abuse residents or residents may abuse staff. By law, signs of abuse and neglect are to be reported. Therefore, you must become knowledgeable about this topic. Abuse can be physical or emotional. Some examples of abuse are:

# 1. (d) Prevention of abuse and exploitation of participants.

## Prohibited techniques:

- In addition to needing to know the positive ways to reduce bad behavior that endangers the resident or others, you need to be aware of activities that are not allowed:
- Locking a resident in a room.
- Using loud noises to scare a resident.
- Pushing or grabbing a resident.
- Giving a resident medicine to make him/her quiet or sleepy.
- Using something like a pillow or tie to keep a resident from moving.
- Holding a resident with your hands so that he/she can't move.



# **1. (e) PREVENTION OF ABUSE: How do you recognize signs of abuse and neglect?**

Continued.....

- Giving too much medicine on purpose.
- Yelling at or threatening with words.
- Harassing a person.
- Using ethnic slurs.
- Sexual harassment.
- Rape.
- Attempted rape.
- Sexual assault.
- Threatening to make a person leave the home.
- Pushing, hitting or shaking.
- Pulling hair or ear.
- Tying a resident to a bed or chair.
- Locking a resident in a room.
- A staff person engaging in any sexual contact with a resident

# 1. (f) Prevention of Abuse- How do you recognize signs of abuse and neglect? Continued.....

- Neglect is the failure to provide necessary care that results in harm to the resident.
- Examples of neglect include:
- Leaving a group of aggressive residents unsupervised.
- A direct care staff person falling asleep while on duty.
- Delaying the normal scheduling of routine medical or dental visits for health maintenance.
- Isolating a resident in their room.
- Leaving a resident unattended by staff for long periods of time.
- Failing to seek medical help when a resident shows symptoms of injury or illness, or if a resident complains of pain.
- Delaying assistance with activities of daily living, such as failure to help a resident with toileting and causing the resident to soil himself/herself.
- What should you do if you see abuse or neglect?
- You should ask your supervisor what the home's procedures are to report suspected abuse or neglect. It is not your responsibility to investigate or confirm the suspected abuse or neglect—only to report what you see. When reporting to your supervisor, it is important to be “objective.” State only what you see or hear, not your interpretation of what you see or what you assume is happening, which is “subjective” information. In other words, just state the facts.
- You may also report suspected abuse or neglect to any of the following:
- DHS regional office. Location and contact information for each of the regional offices can be found online.

# **1. (g) PREVENTION OF ABUSE: What should you do if you see abuse or neglect?**

- You should ask your supervisor what the home's procedures are to report suspected abuse or neglect. It is not your responsibility to investigate or confirm the suspected abuse or neglect—only to report what you see. When reporting to your supervisor, it is important to be “objective.” State only what you see or hear, not your interpretation of what you see or what you assume is happening, which is “subjective” information. In other words, just state the facts.
- DHS complaint hotline. Each personal care home is required to post the Personal Care Home Complaint Hotline number (1-877-401-8835).
- Area Agency on Aging (AAA) office. The phone number is in the blue pages of the phone book and should be posted in a conspicuous place in each licensed facility. A trained professional will either help resolve the issue or contact the proper authority, if necessary.

## 2. (a) **REPORTING CRITICAL INCIDENT**

**ANNUAL STAFF TRAINING:**

§ 52.21(c)(1)(2).



# 2. (a) REPORTING CRITICAL INCIDENT

## PURPOSE:

- To develop a critical incident management policy as part of the quality management system for the services delivered by TRIMED Healthcare, LLC and enhance its effort to obtain OLTL waivers approvals and meet regulatory compliance. This policy has been developed in conjunction with OLTL bulletin:"
- "OFFICE OF LONG-TERM LIVING BULLETIN-ISSUE DATE 04/09/10, EFFECTIVE DATE 04/09/10-NUMBER 05-10-01, 51-10-01, 52-10-01, 55-10-01, 59-10-01;SUBJECT Incident Management Policy for Office of Long-Term Living (OLTL) Home and Community-Based Services Programs-BY Jennifer Burnett, Deputy Secretary Office of Long-Term Living

## POLICY:

- This is a general policy for a critical incident reporting. It is mandatory that Administrators and Employees of TRIMED Healthcare, LLC- in-home care agency-report incidents related to individuals who receive home and community-based services and supports in or from this agency or registry.
- Terminologies: In interpreting this policy, the OLTL bulletin explains that it is important to Distinguish between Complaint and Incidents:

## Complaints:

- "Dissatisfaction with any aspect of program operations, activities, or services received or not received involving Home and Community-Based Services are considered complaints. All complaints should be directed to a participant's Service Coordinator, Care Manager or the supervisor of this employee. When issues are not able be resolved or a participant is not comfortable discussing with their Service Coordinator, Care Manager, or supervisor, the OLTL Quality Assurance Helpline is available at 1 (800) 757-5042. Concerns or complaints about services should not be reported as incidents."

## Incidents:

- In the course of provision of home and community-based services, an incident is related to the following is considered reportable: TRIMED adheres to the mandatory reporting of the following incidents:
- 1) Death, Injury, or Hospitalization – any incident that occurred as a result of the provision of Home and Community- Based Services or lack of provision of documented services.
- 2) Provider and Staff Misconduct – deliberate, willful unlawful or dishonest activities related to the provision of Home and Community- Based Services.
- 3) Abuse – the infliction of injury, unreasonable confinement, intimidation, punishment, mental anguish, sexual abuse or exploitation on a participant.
- Types of abuse include (but are not necessarily limited to):
- (a) physical abuse (a physical act by an individual that may cause physical injury to a participant);

## 2. (b) REPORTING CRITICAL INCIDENT continued....

### **Notification to Participant:**

- The participant shall receive notification of the results of the investigation and his or her right to challenge the results and/or state that he/she does not agree with the results and will have the ability to include comments/corrections. All information must be provided in a cognitively and linguistically accessible format.
- The participant shall have the right to an unbiased, confidential review process. The participant has the right to have an advocate present during any interview questioning.

### **Confidentiality:**

- All information gathered as a result of an investigation of an alleged incident involving a participant is confidential.
- Guidance for Incidents that are also the subject of an Older Adults Protective Services

#### 1) **Report of Need**

- If a AAA receives an Older Adults Protective Services Report of Need about a participant currently receiving services under the Aging Waiver or Options program, the Older Adults Protective Services Supervisor should notify that participant's Case Manager at the AAA and provide enough information for the Case Manager to write a brief description of the allegations for the Incident Report. The Case Manager submitting the Incident Report should not provide the names of the OAPSA Reporter, cooperating witnesses, or any Alleged Perpetrator, or provide details of the Older Adult Protective Services investigation on the Incident Report. The Incident Report should only communicate the general nature of the allegations, document that the case is being handled by the AAA's Protective Services staff, and note any changes to services, the participant's residence, caregivers, or other issues relevant to Case Management and services that occurred as a result of the Older Adults Protective Services case. If further information about the Older Adults Protective Services case is required for purposes of quality management, OLTL will consult with the Department of Aging's Division of Consumer Protection.
- There is no obligation for AAA Older Adults Protective Services to complete the full investigation required by OAPSA and its regulations within the five business days stated above for reporting on the resolution of the incident.



## 2. (c) REPORTING CRITICAL INCIDENT

continued....

### PROCESS:

It is the responsibility of all employees of the TRIMED Healthcare to report all alleged incidents to the TriMED Supervisor, who will:

- **1) Determine if the incident is Reportable:**
  - A “reportable incident” is defined above. In order to respect individuals’ autonomy, participants have the right to not report incidents. Participants have the right to decline further interventions. If the participant declines further intervention, the investigation process will stop. The participant has the right to have an advocate present during any interviews and/or investigations resulting from an incident report.
- **2) Report Incident:**
  - All other AAAs should electronically complete an Incident Report following the procedures below (see attached form).
  - All other providers: Complete the attached form in electronic format, sign and e-mail the report and any attachments (e.g., additional documentation, written reports sent to other agencies, etc.) to OLTL at: RA-Incident@state.pa.us, within the timeframes outlined under item 3, below.
- **3) Reporting Timeframes:**
  - Within 24 Hours: All incidents where there is an interruption in services or the participant is at imminent risk, direct care staff must notify TriMED Supervisor and within 24 hours of the occurrence of such incident.
  - Within 48 hours: All other incidents - agency staff shall notify TriMED Supervisor who will notify the appropriate OLTL designee(s) within 48 hours.

## 2. (d) REPORTING CRITICAL INCIDENT **continued....**

### **Appropriate agencies for reporting include:**

- I. Office of Long-Term Living (OLTL)
- II. Provider Agency and/or Subcontractor
- III. Service Coordination Agency/ Area Agency on Aging
- IV. Older Adult Protective Services (OAPSA); if the alleged incident involves abuse, neglect or exploitation of an individual age 60 or older
- V. Disability Rights Network of PA (DRN); If requested by the participant, the provider and OLTL will release information about the alleged incident
- VI. Law Enforcement, Fire Department or other authorities as needed

### **Participant Access to Information about Incident:**

- The incident must be disclosed and explained to the participant in a cognitively and linguistically accessible format within 24 hours.
- Follow-up to OLTL:
- A follow-up to the incident report must be forwarded within five days of the initial report to the OLTL HCBS Program manager. The follow-up should provide information related to the disposition of the incident report.
- Employee Removal or Suspension
- : Cases involving an agency and/or participant-directed employee may require the employee to be removed from the program. This includes requiring that the employee have no contact with the participant, or suspending the employee until the investigation is completed. If the employee works for an agency, suspension may be with or without pay based upon the circumstances and the alleged incident and the employment policies of that agency. If the employee works for a participant-directed employer, suspension should be at the discretion of the participant. If the participant suspends the employee, the suspension will be without pay regardless of the circumstances and the alleged offense.

# 2. (e) REPORTING CRITICAL INCIDENT

continued....      SAMPLE FORM

CONSUMER NAME: \_\_\_\_\_

CONSUMER SIGNATURE: \_\_\_\_\_

## INCIDENT REPORT

Date of Report:

Date of Incident:

Time of Incident:

Description of Incident:

Underlying Causes of Incident:

Description of Any Injuries and/or Damages:

Names, Addresses, Phone Numbers and Identities (e.g. Client, Employee, Other) of People Who Witnessed the Incident:

Description of Actions Taken or Planned to Prevent Reoccurrence

Description of Actions Taken or Planned to Compensate (If Any)

Name of Person Completing Form:

Position of Person Completing Form.

# 3. **Grievances/Complaints- Participant Complaint.**

**ANNUAL STAFF TRAINING:**

§ 52.21(c)(1)(2).

# 3.(a) Grievances/Complaints-Participant Complaint Resolution: CONSUMER/ PARTICIPANT

## PURPOSE

To outline the process for addressing participant complaints/grievances to prevent unfair practice, harassment and discrimination against participants in accordance with § 52.18 (f).

## POLICY

TriMED HealthCare, LLC has a process in place for dealing with discrepancies in understanding, importance, direction and breach of practice in order that prompt and equitable resolution of complaints can be promoted in compliance with § 52.18 .

TriMED shall implement a system to record, respond and resolve a participant's complaint.

TriMED's complaint system contains the following:

- (1) The name of the participant.
- (2) The nature of the complaint.
- (3) The date of the complaint.
- (4) The provider's actions to resolve the complaint.
- (5) The participant's satisfaction to the resolution of the complaint.
- (6) The provider shall review the complaint system at least quarterly to:
  - (1) Analyze the number of complaints resolved to the participant's satisfaction.
  - (2) Analyze the number of complaints not resolved to the participant's satisfaction.
  - (3) Measure the number of complaints referred to the Department for resolution.

## PROCEDURES

- All consumers and participants shall have access to grievance/complaint procedures.
- Supervisor shall inform consumers and participants about their right to file a grievance/complaint and their right to be protected from retaliation.
- Consumers and Participants, who intend to file or who file grievances/complaints, shall not:
  - be retaliated against or be discriminated against by other participants; and/or,
  - be coerced or have their actions interfered with by other participants.
- Supervisors shall ensure that participants, who intend to file or who file a grievance/ complaint, are free from fear of retaliation, coercion and/or discrimination.
- The Agency shall utilize the following procedure for grievances/complaints:

## Grievance

- A grievance is a consumer or participant's formal complaint resulting from, but not limited to, working conditions, disciplinary action, dismissal and/or actions taken against the participant which violate:
  - policy or involves an inconsistent application of that policy;
  - state or federal discrimination statutes; and,
  - constitutional rights.

# 3. (b) Grievances/Complaints-Participant

## Complaint Resolution: Consumer/Participant

### PROCEDURES:

- Participants shall prepare a written submission of the grievance/complaint within one week of the incident/issue. The submission shall contain the following information:
  - Name of participant
  - Nature of complaint
  - Date of complaint
  - Providers actions to resolve the complaint
  - Participant's satisfaction to the resolution of the complaint
  - Review the complaint system at least quarterly
  - Analyze number of complaint resolved to the participants satisfaction
- discuss with the Supervisor or Administrator. Complaints do not include personnel actions such as performance evaluations, rates of pay, position re-classifications, or position terminations due to reduction in work force.
- If Supervisor and participant have unresolved issues, after discussion, a written report of the unresolved issues and the original grievance/complaint shall be submitted to the Manager/Administrator.
- Manager/Administrator reviews the grievance/complaint and unresolved issues and responds to the participant within one week.

### GUIDELINES:

- If the Manager/Administrator's involvement fails to bring a resolution to the grievance/complaint, the participant has the right report the matter to the Office of the of the local Area Agency for Aging and OLTL
- Supervisor shall prepare a semi-annual report, which includes a summary of the grievances/complaints received during the previous six months, including their numbers and types.
- Manager/Administrator shall review the semi-annual report and, with input from Supervisor and participant (where appropriate) make corrective changes to offset future complaints/grievances from being files.
- Copies of grievances/complaints and accompanying responses and documentation shall be kept in the Agency office for at least three years.
- Every effort shall be make to keep consumers and participants satisfied to promote successful care delivery.
- Access to the grievance/complaint process shall be a consumer and participant right.
- Participants shall be informed of, and understand, the grievance process during orientation.
- Participants shall be given a forum such as staff meetings to express concerns.

# 3. (c) Grievances/Complaints-Participant Complaint Resolution: Consumer/Participant

## **GRIEVANCE CONTROL:-**

The Supervisor shall record:

- a. Number of complaints not resolved to the participants satisfaction
  - And measure the number of complaints referred to the Department for Resolution.
  - Name of Supervisor to whom the grievance/complaint is first submitted; and,
  - Signature of participant.
- b. Supervisor discusses the grievance/complaint with the participant within one week of receiving it.
- c. Resolution of grievance/complaint shall include:
  - presentation of the facts and/or materials by participants;
  - investigation of the dispute; and,
  - an attempt to find a solution.
- (d) The provider shall develop a QMP when the numbers of complaints resolved to a participant's satisfaction are less than the number of complaints not resolved to a participant's satisfaction.
- (e) The provider shall submit a copy of the provider's complaint system procedures to the Department upon request.
- (f) The provider shall submit the information under subsection (c) to the Department upon request.

## **FORMS:**

- Complaint and Grievance Form – Consumer/Participant

### 3. (d) Grievances/Complaints-Participant

## Complaint Resolution: Consumer/Participant

#### COMPLAINT/GRIEVANCE FORM

Complainant's:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Description of Complaint/Grievance:

Specify the location of Complaint/Grievance (if applicable)

Specify what you think should be done to resolve the Complaint/Grievance.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date



# 3. (e) Grievances/Complaints-Participant Complaint Resolution:

## EMPLOYEE

### POLICY

TriMED HealthCare, LLC has a process in place for dealing with discrepancies in understanding, importance, direction and breach of practice in order that prompt and equitable resolution of complaints can be promoted.

### DEFINITIONS

#### 1. **Complaint**

A complaint is a concern which an employee wants to discuss with his/her Supervisor in an effort to resolve the matter. Complaints do not include personnel actions such as performance evaluations, rates of pay, position re classifications, or position terminations due to reduction in work force.

#### 2. **Grievance**

A grievance is an employee's formal complaint resulting from, but not limited to, working conditions, disciplinary action, dismissal and/or actions taken against the employee which violate:

- a. policy or involves an inconsistent application of that policy;
- b. state or federal discrimination statutes; and,
- c. constitutional rights.

### PROCEDURES

1. All employees shall have access to grievance/complaint procedures.
2. Supervisor shall inform employees about their right to file a grievance/complaint and their right to be protected from retaliation.
3. Employees, who intend to file or who file grievances/complaints, shall not:
  - a. be retaliated against or be discriminated against by other employees; and/or,
  - b. be coerced or have their actions interfered with by other employees.
4. Supervisors shall ensure that employees, who intend to file or who file a grievance/ complaint, are free from fear of retaliation, coercion and/or discrimination.
5. The Agency shall utilize the following procedure for grievances/complaints:
  - a. Employees shall prepare a written submission of the grievance/complaint within one week of the incident/issue. The submission shall contain the following information:

## 4. **DEPARTMENT ISSUED POLICIES & PROCURES.**

### **ANNUAL STAFF TRAINING:**

§ 52.21(c)(1)(2).

# 4. (a) DEPARTMENT ISSUED P-POLICIES & PROCEDURES

## PURPOSE

- To Ensure compliance of Agency Provider with Chapter 55 PA Code sec 52.14.14 ( c )

## POLICY

- TriMED Healthcare, LLC ensures compliance with chapter 55 PA Code §§ 52.14(c). Ongoing Responsibilities of Providers. As referencing 52.11(a)(5)(i)-(xii). (c) TriMED shall implement the policies under § 52.11(a)(5). 52.11(a)(5)(i) Compliance with this chapter. (iii) Compliance with the Americans with Disabilities Act (42 U.S.C.A. §§ 12101-12213). (v) Staff member training. Policy must be in accordance with this chapter and any licensing requirements that the applicant is required to meet. (vi) Participant complaint management process. (vii) Critical Incident Management. Policy must be in accordance with this chapter and any licensing requirements that the applicant is required to meet. (viii) Quality Management. Policy must be in accordance with this chapter and any licensing requirements that the applicant is required to meet.

## PROCEDURES

- As referencing 52.11(a)(5)(i)-(xii).
- (c) A provider shall implement the policies under § 52.11(a)(5). 52.11(a)(5)(i) Compliance with this chapter.
- (iii) Compliance with the Americans with Disabilities Act (42 U.S.C.A. §§ 12101-12213). (v) Staff member training.
- Policies will be in accordance with this chapter and any licensing requirements that the applicant is required to meet.
- (vi) Participant complaint management process.
- (vii) Critical Incident Management. Policy must be in accordance with this chapter and any licensing requirements that the applicant is required to meet.
- (viii) Quality Management. Policy must be in accordance with this chapter and any licensing requirements that the applicant is required to meet.

# 4. (a) DEPARTMENT ISSUED POLICIES & PROEDURES

## PURPOSE PROCEDURES:

- To provide a systematic process for regulation compliance through an overall annual Agency evaluation.

## POLICY:

- TriMED Healthcare, LLC requires that its Manager/Administrator conduct an annual evaluation to assess the extent to which the Agency's operations and services are adequate, effective and efficient and are in compliance with regulation.

## DEFINITIONS

### Evaluation

- An evaluation shall mean the review and assessment of an agency's/company's operations, services and regulation compliance.

## PROCEDURES

1. Manager/Administrator shall conduct an annual evaluation of the Agency's performance and practices in relation to its regulations, goals, mission, vision and values.
2. The evaluation shall consist of a documentation review, including, but not limited to, the following:
  - a.Mission Statement;
  - b.Policies and Procedures Manual;
  - c.Client Files including:
    - i.service plans;
    - ii.service agreements,
    - iii.progress notes; and,
    - iv.assessments.

- d.Personnel Files;
  - e.Administrative Files;
  - f. Payroll Files;
  - g.Quality and Risk Management - policies and processes;
  - h.Infection Control practices;
    - i.confirmation of compliance with:
      - i.local/state/federal rules and regulations;
      - ii.licensing;
      - iii.insurance;
      - iv.Workers' Compensation;
      - v.health and safety; and,
      - vi.labor requirements.
  - j.Number of home care workers currently employed including:
    - i. full time;
    - ii.part time;
    - iii.casual; and,
    - iv.on call.
    - k.staff turnover rate;
    - l.number of clients served; and,
    - m.number of hours of service provided.
3. A summary of the findings shall be prepared in a report with recommendations made for each problem area requiring more attention.
  4. The Manager/Administrator shall act upon the recommendations, as determined appropriate.
  5. The evaluation report will be kept on file the Agency office.

# 5. (a) Provider's Quality Management Plan.

## PURPOSE

- To ensure that quality improvement processes and activities are regularly conducted for ongoing agency and client service improvement.

## POLICY

- TriMED HEALTHCARE, LLC is committed to delivering quality services and promotes a philosophy of continuous quality improvement throughout. The Agency
- develops and implements quality improvement processes and activities, which are used to monitor performance and evaluate and improve the delivery of client services.

## DEFINITIONS

- 1. Continuous Quality Improvement
- Continuous Quality Improvement (CQI) is an organizational process in which personnel identify, plan, and implement ongoing improvements in service delivery. CQI provides a vital way to assess and monitor the delivery of services to ensure that they are consistent with an agency's policies & procedures and home care principles & best practices.

## PROCEDURES

- 1. The Manager/Administrator shall be responsible for establishing, maintaining and implementing a continuous quality improvement system/plan.
- 2. All employees shall:
  - i. be involved in CQI;
  - ii. Receive orientation and training related to CQI; and,
  - iii. Bear a responsibility for CQI.
- 3. Clients, families and employees shall be involved in decision-making, regarding quality improvement activities.
- 4. When issues are identified, employees shall be consulted and corrective action shall be taken to resolve the problem or issue.
- 5. Regular staff meetings shall be held and information shall be shared to ensure that an acceptable level of quality control is maintained.
- 6. The effectiveness of any corrective actions taken shall be evaluated by the Manager/ Administrator, using feedback from everyone involved.
- 7. Activities used in maintaining quality control shall include, but not be limited to, the following:

## 5. (b) Provider's Quality Management Plan. – continued....

### a. Human Resource Management

- i. All candidates for employment shall be carefully screened prior to hiring including conducting a criminal background check on them.
- ii. Clients shall receive service and care from employees who have the necessary knowledge, training, experience, skills and qualifications to provide safe, ethical and effective service.

### b. Supervision

- i. All homecare workers shall be supervised on a regular basis, which includes in-home assessments of practical skills when delivering personal care services.
- ii. Assessments shall be performed on a semi-annual basis and more frequently, if necessary.

### c. In-home Visits

Supervisor shall make regular, in-home visits to all clients, who receive personal care, to:

- i. Review the service plan;
- ii. Determine effectiveness of service; and,
- iii. Determine client satisfaction.

**8. Internal quality monitoring activities include, but are not limited to, the following:**

### a. Client Complaints and Incident Reports

**These shall be reviewed on a regular basis to:**

- i. Ensure that quality control measures have been taken;
- ii. Ensure that correct processes were followed; and,
- iii. Measure staff judgment and performance.

**A summary incident log form shall be used to categorize various types of incidents.**

### b. Client Satisfaction Survey

- i. A questionnaire shall be sent to all clients requesting feedback on their satisfaction with the Agency's services.
- ii. The information submitted shall be analyzed and corrective actions shall be taken if it is determined that client services are in need of improvement, as perceived by the client.

### c. Client Record/Documentation Audit

# 6. (a) FRAUD & FINANCIAL ABUSE PREVENTION.

**ANNUAL STAFF TRAINING:**

§ 52.21(c)(1)(2).

# 6. (a) Fraud & Financial Abuse Prevention

## PURPOSE

1. To define the legal activities employees must not become involved in when providing client care.
2. To ensure clients' finances and property are properly safeguarded, documented and accounted for;
3. To prohibit Agency or registry from allowing a consumer to client to endorse a check to the home care agency or registry.
4. To protect clients and employees; and,
5. In the case of misuse, to provide direction in the investigation and reporting of alleged misuse.

## POLICY

TriMED HealthCare, LLC has strict criteria, **policies** and **procedures** involving a client's finances/ property legalities and recording clients' financial transactions for managing

client's property: i.e. Employees shall not partake in the following, which include, but are not limited to:

1. Accepting Power of Attorney for a client, client's representative, family or other responsible person associated with the client;
  2. Becoming an appointee or have any legal involvement with the client, client's representative, family or other responsible person;
  3. Assisting a client in making out his/her will;
  4. Becoming beneficiaries of a client's will. If an employee suspects he/she is a beneficiary of a client's will, that suspicion shall be reported to the Supervisor; and,
  5. Becoming an Executor of a client's will.
- Another form of abuse is "financial abuse." This involves taking property or money from a resident or encouraging a resident to hand over his/her assets. Residents have the right to protection of their money and property.



# 6. (b) Fraud & Financial Abuse Prevention

## PROCEDURES

1. Financial transactions, conducted on behalf of clients, may include:
  - a. Assisting with household budgeting;
  - b. Payment of bills;
  - c. Collection of pensions or other cash benefits; and,
  - d. Purchasing household goods.
  - e. Agency or registry is prohibited from allowing consumer to endorse a check over to the home care agency or registry.
2. Employees shall not have access to clients' bank accounts, credit cards or other financial information.
3. Wherever possible, clients shall be allowed/encouraged to handle their own finances/property.
4. When clients are not able to handle their own finances/property, a relative, friend or responsible person should be appointed to do so, preferably by the client.
5. Only when there are no other alternatives, and all other options have been reviewed, shall the Agency be involved in handling finances/property.
6. Employees shall handle clients' finances/property only when these activities have been specified in their Service Plan.
7. Employees shall never be permitted to know clients' account numbers or pin numbers.
8. If employees become aware that a client is keeping a large amount of cash at home, they shall report the details to the Supervisor.
9. Employees may pick up a mentally capable client's monies, including pension checks and personal checks etc. from external mail sources such as off-site postal boxes or post offices only when the activity is specified in the Service Plan. In these situations, Supervisor shall give authorization and document this approval in the client's file.

# 6. (c) Fraud & Financial Abuse Prevention

## PROCEDURES Continued .....

10. Employees shall never pick up a mentally incapable client's off-site mail.
11. Employees shall pay clients' bills only when the activity is specified in the Service Plan.
12. Employees shall deliver monies and/or checks to the client as soon as possible after the transactions have been completed. Employee shall never take monies/checks to their own homes or keep them in their possession over night.
13. When shopping for clients, employees shall:
  - a. Obtain client's input regarding which store(s) to shop at;
  - b. Consult with the client regarding items to purchase, sizes, brand names, amounts, etc.
  - c. Consider the client's dietary needs, religious restrictions, cultural preferences and item cost (to ensure value for money);
  - d. Request receipts for all transactions, which shall be given to the client;
  - e. Confirm that monies and receipts are correct before leaving the cashier;
  - f. Keep client's money separate from their own;
  - g. Not shop simultaneously for other clients or for themselves, when shopping for one client. However, employees may complete the shopping for one client and then shop for another client before delivering purchases to clients. Each client's money shall be kept separate from the others. And,
  - h. Not use their own bonus card to collect points on items the client has paid for, even if the client does not have or does not use a bonus card.
14. Employees shall utilize the Agency's Financial Transactions Record for recording financial details and obtaining the client/client's representative's signature once the transaction has been documented and the unspent monies have been given to him/her.

# 6. (d)Fraud & Financial Abuse Prevention

## Continued...

Receipts or documentation of all transactions and purchases paid with the clients' funds must be recorded on the Agency's Financial Transactions Record, which shall include:

- a. client's name;
  - b. employee's name;
  - c. date;
  - d. amount of money employee received from the client. The amount should be counted out and confirmed with the client. Where practical, the client should confirm his/her agreement with a signature.
  - e. list of items purchased or money collected;
  - f. total amount spent or total amount collected;
  - g. change given back to the client. Employee shall count out the amount being returned and confirm it with the client. Where practical, the client should confirm his/her agreement with a signature.
- Financial Transaction Records shall be kept in the client's home and taken to the Agency, when completed, where they will be retained for the mandatory period of time:
17. Employees may obtain cash amounts for clients up to and including \$50.00. Any requests for amounts in excess of \$50.00 shall be authorized by the Supervisor.
  18. Employees shall not simultaneously obtain cash for themselves when obtaining cash for clients.
  19. Employees shall not use a client's telephone for personal reasons except for emergency purposes or for calling the Supervisor.
  20. Employees shall not assume responsibility for looking after clients' valuable items.
  21. Employees shall not eat the client's food and/or drink their beverages.

# 6. (e)Fraud & Financial Abuse Prevention

## Continued...

In respect to computers, employees shall not:

- a. Use the client's computer for personal reasons;
  - b. Attempt to solve problems with the client's computer; and/or,
  - c. Give directions to the client on how to solve computer problems.
23. Employees shall never borrow anything or lend anything to a client.
  24. Employees shall never buy anything or sell anything to a client.
  25. Employees shall never incur a liability on behalf of a client (e.g. borrow money to give to a client or charge an item for the client to the employee's credit card/ debit card, etc.
  26. Employees shall never involve clients in gambling activities such as giving opinions on, or purchasing tickets for, lotteries, betting pools, etc.
  27. Employees shall never arrange for members of their own families to do paid work for clients.
  28. Employees shall be diligent when handling clients' finances/property. Failure to do so may result in disciplinary action and/or notification of law authorities.

# APPENDIX I COMMUNICATION

**ANNUAL STAFF TRAINING:**

§ 52.21(c)(1)(2).

# **(a) IMPROVING COMMUNICAITON**

- This section describes ways to build positive relationships with residents. The first step in trying to understand how a resident behaves is to try to identify the reason behind the behavior. Ask yourself, “What does the resident need?” Is it to be heard? Is it to feel in control? For example,
- A resident who is hostile and uncooperative while you try to assist with dressing or toileting may be feeling a loss of personal privacy or independence.
- An angry resident may refuse to eat his food and throws his food on the floor because no one involved him in making his food choices and he feels a loss of control over his daily life.
- A resident who becomes agitated because others are talking about her when she sees them looking at her and smiling as they talk may be experiencing a sensory loss of hearing.
- A resident who used to be outgoing and friendly but is now quiet, may be having a bad reaction to a change in medications.
- The next step is to follow basic principles of effective communication.

# **(b)Improving communication** — continued...:

- Face the resident, lean forward slightly, get to the resident's level and make eye contact. Eye contact is when one looks directly at an individual's eyes. When you do this, you send a message that you are interested in what the resident is saying. Gently touching the resident's hand or arm, when appropriate, may also help you get the resident's attention.
- Listen carefully to the resident, limiting your own comments. You can show interest by nodding and saying things like "I see," "Oh," "Mm," "how about that" and "Uh-huh." Check for understanding by repeating back what you have heard her say. This will help you learn how she seems to feel about the situation at the moment.
- We all like to be acknowledged and appreciated. Look for what a resident does well and let them know you appreciate it. Give attention to good behaviors and ignore bad behaviors. Being consistent in how you respond is important for getting the bad behavior to stop.
- Acknowledging a resident's good behavior will help you build a positive relationship with that resident. For example, when Mary uses polite language in the dining room rather than swearing, praise her and tell her how much you enjoy talking with her. Words of praise help the resident feel capable and cared for.



# **(c) Improving communication** — continued...:

- A good technique to use when you are caring for a resident who is not always in touch with reality is to direct the resident from a bad behavior to a good behavior. You do this by distracting the resident from his/her bad behavior. For example, if a resident becomes upset while waiting for a family member to visit, you can acknowledge his/her feelings about the visitor not coming, and then try to get the resident involved in an activity with other residents. Or you might ask him/her to help you with something you are doing while waiting.
- The techniques noted above can be effective tools for helping to prevent violence. It is impossible, however, to always avoid conflict whenever a group of people is living together. Anne and Frank might fight over who gets to sit in the lounge chair. Tom might accuse Harry of using his shaving lotion. A group of residents might be unhappy about the activity schedule.
- A safe management technique that you can use to try to create a “win-win” situation and help residents feel heard, valued and respected is the process that gives each person the chance to be heard and understood. Here are the steps:
  - Separate residents when it can be done safely. Ask everyone to sit down to discuss the problem.
  - Use “I” statements rather than statements beginning with “you.”
  - Allow each person to express his/her opinion or feelings while others listen.
  - Offer ideas to satisfy each resident’s needs or concerns.
  - What do you do when a resident’s behavior becomes violent?
  - When a resident is in a crisis and out of control, your primary concern is safety. Your employer will provide you with specific techniques for handling violent behavior. These principles about violent behavior are important for you to remember:



## **(d) Improving communication** — continued....:

- Violent behavior is usually not planned and not under the resident's control. To help
- ensure everyone's safety, you should:
- Quickly remove other residents and staff from the area.
- Call for extra help when needed.
- Get something such as a table between you and the aggressive resident.
- Try to get any potential weapons out of reach.
- Once you begin interacting with an out-of-control resident, you become part of the action. Act calmly and composed, even if you don't feel that way. Never shout or yell or try to grab or hold the resident. This will only escalate the situation.
- The time to learn how to handle violent behaviors is before anything happens, not while in the middle of it. If you work with residents who go into crisis, ask your employer to teach you specific techniques for handling violent situations.
- Resist the urge to control the situation. Trying to control an aggressive resident will only lead to more anger and danger.
- Ask open-ended questions rather than "yes/no" questions. For example, say, "How is your day going?" rather than "Are you having a good day?" Ways to start open-ended questions are using: "How" "What" "Could" and "Would."
- Use "I" rather than "you." For example, when Sheila starts screaming when someone turns on the TV, you can begin by saying to Sheila "I see that the TV upsets you." "I" messages have a gentle tone and calming effect. They are especially important when working with residents with dementia who are sensitive to the "feeling tone" of the environment. When you use "I" messages, you show consideration for other people's wants or needs. "You" messages sound like the person is being blamed or shamed for their behavior and can cause people to become agitated and angry. An example of a "you" statement with Sheila is "You shouldn't be sitting next to the TV if you don't like it." Notice how the "I" statement suggests concern for Sheila and the "you" statement suggests that Sheila has caused the problem.

**You will receive a Certificate of Completion on Completion of this Course.**

# QUESTIONS



**ANNUAL STAFF TRAINING:**

§ 52.21(c)(1)(2)





# Certificate of Completion

THIS ACKNOWLEDGES THAT

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HAS SUCCESSFULLY COMPLETED  
THE ANNUAL TRAINING FOR DIRECT WORKER COURSE  
12 CE HOURS

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WSG TRAINING SERVICES – TRAINING SPECIALIST

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DATE: