



# ORIENTATION TO HOME CARE /ASSISTED LIVING SERVICES

**WELCOME**

# Some topics discussed . . . . .

- ❖ Welcome to orientation
- ❖ Mission & Vision statements
- ❖ Equal Opportunity Employer Statement
- ❖ Organizational structure
- ❖ Intro to Medicaid
- ❖ Assisted Living Laws
- ❖ Our services
- ❖ Important policies and documents
  - \* Bill of right
  - \* Complaint / grievance policy and process
  - \* Resident Advocacy services
  - \* Vulnerable adult reporting
  - \* Emergency preparedness plan
  - \* Confidentiality
  - \* Resident Assisted living contract
  - \* Care Plans
  - \* Statement of home care services
  - \* Fall prevention
  - \* Advanced directives

## Orientation to Clinical and written procedures

- incident report
- admission process
- orientation to clients
- person-centered care
- Client Care and Documentation
- Reporting and Documenting
- When to Notify the Nurse

## ❖ Infection control

- TB screening, symptoms and risk assessment
- COVID 19
- Infection prevention and hygiene

## ❖ Human resources

- \* Job Description and Expectations
  - \* professional boundaries
  - \* handling finances
  - \* dress code
  - \* performance evaluation
  - \* initial education & ongoing education
  - \* communication Skills and Barriers
  - \* smoking / cell phone use

# Welcome to Orientation

- \* Today we are going to cover key topics so that you have all the tools you need to be successful at your job!
- \* We will be available to you to answer any questions you may have.

# Mission Statement

- \* To provide quality residential services to persons with disabilities and mental health, creating a supportive and
- \* challenging environment and the opportunity to develop skills essential to functioning as members of a community

# Our Vision

As a licensed assisted living facility dedicated to promoting our client's holistic wellness, we envision ourselves as the top choice provider of exceptional services to adults with mental health and disability in Minnesota.

Our homes will be known and recognized as the industry leader in providing invaluable comfort and support to our residents. This, we hope, will build stronger families and communities.

# Our Vision

Working collaboratively, we aim to achieve outcome-based goals by providing individualized care-plans to our clients. We also treat our clients and their families with the utmost dignity and respect. We continually seek to make things better and strive to maximize the comfort and convenience of our clients.

# Our Vision

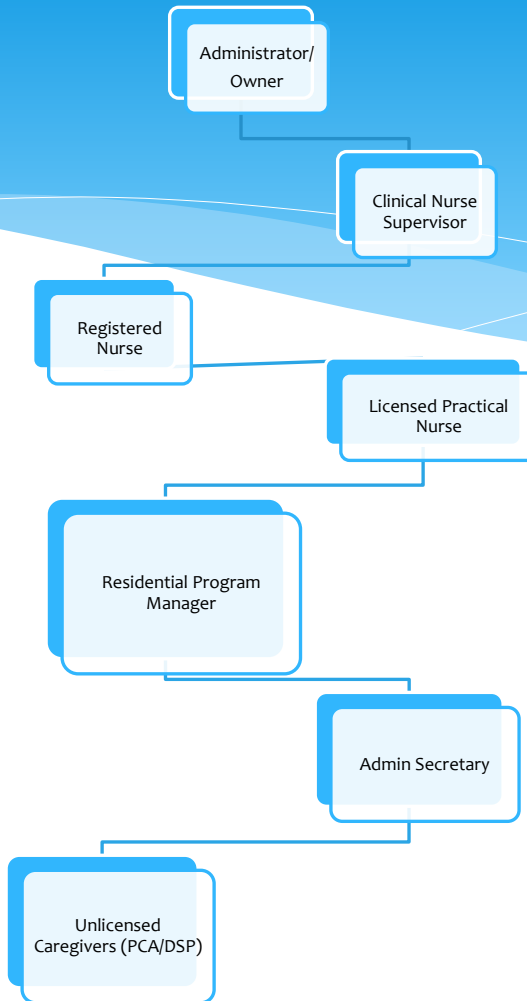
We are also committed to making 24 – Seven Home Care Inc. a great place to work recognizing that you can only get the best from your staff when you give them the best!



# Equal Opportunity Employer

*We do not discriminate against race, color, religion, age, gender, sexual orientation, disability (mental or physical), communicable disease or place of national origin.*

# 24 – Seven Home Care Inc Org Chart

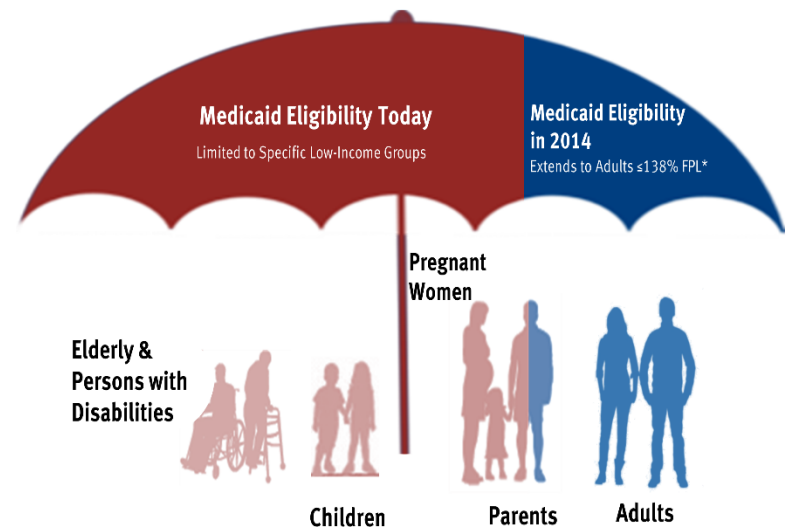


All staff work together to serve the residents of 24-Seven Home Care

- \* Medical Assistance (MA), the Minnesota's Medicaid program is available to children, parents and caretakers, pregnant women, people age 65 or over, persons who are blind or have disabilities, and most recently, adults without children, who meet the program's income and, if applicable, asset standards.

- \* Since we provide services to mainly adults with disability and mental illness, MA pays for our services and regulates these services through the DHS/MDH

### The ACA Medicaid Expansion Fills Current Gaps in Coverage



NOTE: The June 2012 Supreme Court decision in *National Federation of Independent Business v. Sebelius* maintained the Medicaid expansion, but limited the Secretary's authority to enforce it, effectively making the expansion optional for states. 138% FPL = \$15,856 for an individual and \$26,951 for a family of three in 2013.

# Licensed by the State of Minnesota

- \* As an Assisted living provider, we provide support for adults with disability and mental health challenges.
- \* We are surveyed by the Minnesota Department of Health.



Minnesota  
Department  
of Health

# **ORIENTATION TO HOME CARE/ASSISTED LIVING REQUIREMENTS**



# Licensed Assisted Living Statute

Review handout:

“Overview of the Assisted living Statute  
144G”

*Refer to statute document provided by Care providers of Minnesota*



# The Services We Provide

- \* Professional services include
  - \* Services of a Registered Nurse
  - \* Medication Management
  - \* Behavioral support services
- \* Home Health Aides Services under the supervision of an RN include
  - Bathing Grooming
  - Toileting
  - Medication assistance
  - Meal Planning and Preparation
  - Assistance with Transfers
  - Etc.

# The Services We Provide

- \* **Homemaking and Companionship**
  - \* Assistance with outings in the community
  - \* Kitchen and Bathroom Clean-Up
  - \* Linens and Laundry
  - \* Light Housekeeping
  - \* Community Transportation and Errands
  - \* Socialization
- \* Currently, most of our services are provided in our homes and in the community.
- \* ***Please refer to statement of home care services***



# When Caring for Your Residents

Be aware of:

- \* The Bill of Rights
- \* Resident Complaints/Grievance
- \* Resident Advocacy Services
- \* Vulnerable Adults/Children
- \* Emergency Procedures/Preparedness
- \* Confidentiality
- \* Resident's assisted living contract





# Homecare Bill of Rights

Review handout:

“Minnesota Home Care Bill of Rights”

*(a sample of the bill of right is provided in your orientation packet)*

***You are responsible to follow and support these  
rights for your residents***

# Resident Complaints



Review the Handouts:  
Complaint/ Grievance Form and Grievance  
Policy

# Client Advocacy Services

Review Handout: Advocacy Services

\* (*Ombudsman*)

# Reporting Maltreatment

- \* **Possible** Abuse/Neglect
- \* Mandated Reporter
- \* Internal Reporting
- \* External Reporting



**MAARC (Minnesota Adult Abuse Reporting Center): 844-880-1574.**

# Confidentiality and Respect

- \* Resident Privacy

- \* Keep body parts covered; do not expose genitals unnecessarily

- \* Care of Resident Property

- \* Ask for permission before going into closets, drawers, cupboards
  - \* Don't look through residents' belongings without their permission and direction
  - \* Ask permission before reorganizing or moving items around

- \* Respect of the resident

- \* Confidentiality for the resident and all personal information.

- \* No resident information can be shared with others who are not on the health care team
  - \* The resident will let the nurse know what family members may receive information.

- \* Never ask to borrow any money or property



# Policy on Confidentiality

- \* HIPAA protects the resident's right to privacy. **It is the LAW!**
- \* Do not share information regarding residents, their families, their medical conditions, their financial situations or anything that would be considered personal and confidential with anyone but other staff caring for the residents.
- \* Violation of the HIPAA Law may result in a personal lawsuit.

Review Handouts and Educare Notes: Privacy of Protected Health Information Policy and Client Confidentiality

# Emergency Preparedness

- \* We have identified a plan for our residents related to what should be done during an emergency. You may ask your supervisor at anytime the level of assistance required for your residents
  - \* **Able to ambulate/exit independently**
  - \* **Requires stand by assistance to ambulate/exit room**
  - \* **Unable to ambulate/exit - requires equipment, such as wheelchair**
- \* **PLEASE CHECK THE EMERGENCY PREPAREDNESS PLAN**







# Emergency Preparedness

Review Emergency  
Preparedness Manual

# Fire Safety

When arriving in the building,  
note

- \* Location of fire extinguishers
- \* Location of smoke detectors
- \* Evacuation Route
- \* Location of phones



# Fire Safety



**R**escue anyone in immediate danger of the fire

**A**larm: Pull the nearest fire alarm and call 911

**C**ontain fire by closing all doors in the area of the fire

**E**xtinguish small fire. If not, Evacuate the area and close the door

# Policy on How to Handle Emergencies

In case of a life-threatening emergency:

- \* Always call 911 first
- \* Stay with the resident until the ambulance arrives
- \* Call the office; we will immediately notify the closest family member.





# Emergencies in the Home

Review Handout: Emergency Procedures/  
How to Use 911



# Falls Prevention

- \* Use appropriate precautions to prevent falls
- \* Check the **Care Plan** for specific falls precautions/instructions
- \* Be aware of environmental risks: steps, scatter rugs, raised carpeting, ice and snow, cords in the pathway, clutter, pets and/or wet floors
- \* Understand resident specific concerns: weakness, visual problems, poor balance
- \* Notify the RN if resident concerns are noted with walking or balance
- \* Understand the use of safety equipment: gait belt, walker, cane, wheelchair, grab bars, handheld shower head, or other adaptive equipment
- \* Help the resident **FOCUS** on all tasks – avoid distractions

# Falls

## When encountering a resident who has fallen

1. **Calmly ask, “Are you OK? What happened?”** If no response or new disorientation, do not move him and call 911.
2. **Ask, “Where does it hurt?”** If there is a serious injury, do not move him and call 911. .
3. **Ask the resident to move each arm and leg.** If he is unable to move an extremity, do not move him and call 911.
4. **If the resident appears to be uninjured:** assist him or her to a sitting position. Look for open areas, bleeding, swelling, redness and areas of pain.



# Falls

## When encountering a resident who has fallen

- 5. Assist the resident to a comfortable location.**
- 6. If the vital signs are within normal range for the resident, position him or her safely and comfortably and recheck his or her status and vital signs in 30 – 60 minutes.**
- 7. Note the cause of the fall and implement steps to avoid future falls.**





# Falls

## When encountering a resident who has fallen

8. **Document** the fall according to your agency's protocols.
9. **Fill out an Incident Report.**
10. **If the resident is sent to the emergency room** because of a serious injury, contact your RN Supervisor who will provide guidance on contacting family members and give you any other instructions.

***If you are unsure about any findings,  
call your RN Supervisor***

# **ADVANCE DIRECTIVES**



\* Should you need information about anything related to the group home, clients and your responsibility:

- Ask your supervisor
- Refer to your orientation packet
- Refer to the comprehensive homecare policy resource manual in the office.

# **ORIENTATION TO CLINICAL AND WRITTEN PROCEDURES**

# Incident Report

**An incident is anything that has happened that is not consistent with the agency's normal operation.**

**Incident Reports need to be completed for all incidents.**

The first person to discover the incident:

1. Calls the home health office to report it as soon as possible
2. Starts the Incident Report, completing as much of it as possible
3. Returns the Incident Report to the office within 48 hours.

**Review Handout: Incident Report**

# The Admission Process

When a referral is received

- \* The Intake is processed
- \* The Nurse visits the resident and completes a pre-assessment prior to the resident moving into the house
- \* Once the resident moves – in, a complete assessment is done within 5 days.
- \* Based on the assessment the Nurse completes a care plan with the resident's input; each care plan is unique to the individual we serve



# Orientation to Clients

- \* Our clients are mostly young adults with mental health and disabilities.
- \* We currently have 7 clients (5 in the Regent home and 2 in the Cambridge home).
- \* Our care model use the principles of person-centered planning and service delivery.
- \* *Please make sure to read summary of each resident history and care plans (office)*

# Person-Centered Care

- \* Every resident is unique, and their care must be tailored to their specific needs
- \* Involved in their everyday plan
- \* Choice should be respected
- \* Allowed to make their decisions
- \* Maintain independence and dignity
- \* Support individual preferences, daily needs, and activities
- \* Be in the driver's seat



# Client Care and Documentation

- \* Read the Plan of Care for each resident each time you work
- \* Follow and do all tasks listed in the Plan of Care
- \* Any changes in condition **MUST** be reported to the RN
- \* Document **EVERYTHING** that you completed
- \* Follow your job description



# Reporting and Documenting

- \* The Care Plan provides specific information for what should be done during your shift
  - \* All cares should be completed as indicated on the Care Plan
  - \* Everything on the Care Plan must be addressed as either done or a reason not done
  - \* If the resident asks you to do something not listed on the Care Plan, **do not do it**
- \* Documentation must be specific, clear, legible, and include facts without opinions
- \* The role of the home health aide **is not** to diagnose or decide on a course of treatment
- \* The role of the home health aide **is not** to call the family with change in condition

# Documentation



Review Handouts: Care Plan, Orientation  
Signature Sheet and Charting Forms

# Observing, Reporting and Documenting

- \* The caregiver is the “eyes, ears, and nose” of the nurse
- \* The caregiver sees the resident more regularly than the nurse and can pick up on changes earlier
- \* The caregiver’s responsibility is to identify a concern, change or refusal and notify the RN
- \* The caregiver should gather as much detail as possible before calling the nurse, such as vital signs, specific symptoms or statements from the resident, such as nausea, pain, rashes, etc.

# When to Notify the Nurse

- \* **Any change in condition**
  - \* Change in mental status
  - \* Activity levels drastically change
  - \* Change in bowels (constipation, diarrhea, black or tarry stools)
  - \* Loss of appetite
  - \* Sleep pattern or behavior is out of the norm
  - \* Change in skin color or temperature
- \* **Complaints of chest pains**

# When to Notify the Nurse

- \* **Signs of a Stroke**

- \* F – Face drooping
- \* A – Arm weakness
- \* S – Speech difficulties
- \* T – Time to call 911

- \* **Swelling** of legs and feet or other generalized area

- \* **Falls** – If a resident cannot get up on his own, call 911

- \* **Skin breakdown**, cuts bruises, red or open areas or lumps

- \* **Refusal of care or medication by the resident**



# When to Notify the Nurse

She needs you to be the eyes and ears in the home

- \* Notify the nurse when your resident has a scheduled or unscheduled visit to the physician or hospital
- \* Notify if/when you make an error (especially with medications)
- \* Notify if you are unsure about something
- \* If in doubt, **CALL**. It is better to have too much communication than not enough

*The nurse will not be aware of the changes unless you as the caregiver lets the nurse know of the changes*



# Notify the Nurse

- \* When you do **not** do something that was on the care plan
- \* When the patient/family asks you to do something that is **not** on the care plan
- \* When the care plan needs to be **changed**

***You may not change the care plan without talking with the nurse!***





# Communication Skills and Barriers

- \* To verbally understand and be understood by the resident
  - \* If the resident and aide speak different primary languages, the aide needs to clearly enunciate words and speak at a reasonable slow pace
- \* To show respect for the resident
  - \* Be sensitive to cultural views of direct eye contact as some cultures feel this is disrespectful while other cultures feel it shows interest and attention
  - \* Understand culturally appropriate implications for verbal/nonverbal interaction
  - \* Call the resident by the proper name; don't use "Honey," "Sweetie" or "Grandma" unless the resident specifically requests it
  - \* Ask if there are special actions you should take such as using a particular soap or shampoo or the location for a favorite picture

# Communication

- \* Use proper English in the residence
- \* Be respectful and caring at all times with a focus on resident-centered care
- \* No curse words are allowed by staff
- \* No verbal abuse is allowed toward residents or staff; please notify the administrator if verbal abuse is observed



# Charting Examples

1. “Mr. Smith complained of chest pain. I think he had a heart attack. M. Jones”
2. “Client complained of stomach pain. TPR 98.4, 72, 16. BP 120/70. RN notified and instructed to give prn Maalox (see also MAR). Client stated relief of discomfort within 30 minutes. Mary Jones, Caregiver”
3. “Caregiver from morning shift left dirty dishes in the sink and didn’t wash the laundry. MJ”
4. “Mr. Smith seemed to be having an insulin reaction. I checked his blood sugar (not on care plan) and called his doctor with the results. The nurse at the clinic told me to have him lower his morning insulin from 10 units to 8 units”



# Job Expectations

Review and Sign Job Description  
and Employee Handbook

# Job Expectations



- \* Arrive on time
- \* Introduce yourself
  - \* Make eye contact
  - \* Shake your new resident's hand and that of any other family member
  - \* Address your resident by his/her last name unless asked to do otherwise

# Job Expectations

- \* If you are ill or have another emergency preventing you from working, call 2 hours before your shift.
- \* You may not leave the residence until the next shift has arrived
- \* Allow time for a shift to shift report
- \* You are allowed 2 15-minute breaks during your shift and 30 minutes for lunch; you may not leave the building if you are working alone

# Job Expectations

- \* Prepare for the shift. Make sure you know what you will be doing at the **beginning** of the shift!
- \* Review the care plan
- \* Check all residents at least hourly during your shift
- \* Review the daily tasks and ask the resident if he/she has any specific goals for your shift
  - \* “It looks like today I am supposed to do \_\_\_\_\_”
  - \* “Is there anything else you want to accomplish today?”



# Job Expectations

- \* Make a personal connection with the resident
  - \* Find an object or picture in the room and ask about it
  - \* Notice something that the resident may need help with and offer without being asked
- \* Plan with the resident in what order you will do your daily tasks.
  - \* This should be resident driven when possible.
  - \* Make sure to give yourself time to complete the tasks.



# Job Expectations

- \* Be respectful, even if the resident isn't
  - \* Everyone deserves to be treated with respect
  - \* Do not argue with the resident
  - \* Your problems are not your resident's problems so leave your problems at the door
  - \* If a resident or family member does not treat you with respect, contact your supervisor
- \* Behave professionally; you are at work
  - \* The use of cell phones or other devices is prohibited unless used for an emergency, during breaks or after your work is completed
  - \* Make sure to complete all assigned tasks. If you are unable to complete a task, make sure to document why it was not completed and what actions you took.

# Job Expectations

- \* When your shift is over:
  - \* If your client requires 24 hour supervision, do not leave until your replacement arrives.
  - \* Say goodbye to the residents prior to leaving
    - \* “It was nice to meet you”
    - \* “Thank you for working with me”
    - \* “I look forward to working with you again”
    - \* “Is there anything you wish I had done differently?”
  - \* Be sure you have completed all documentation.

# Job Expectations

**Do not cut toe or fingernails for the resident who is a diabetic or on blood thinners**

*This could be potentially dangerous or life threatening.*

# If You Run into a Problem

- \* On rare occasions, you may experience difficulty in providing care in the residence.
- \* If conditions, the resident's behavior or family issues make it difficult to provide care, please call the nurse.

***Remember, if we do not know about the situation,  
we cannot provide solutions***

# Professional Boundaries



- \* Your relationship with your residents should be professional at all times
- \* You may **not** visit your resident after he or she is discharged
- \* You may **not** have any unauthorized visitors in the home
- \* You may **not** give out your personal phone number
- \* Do **not** discuss your personal problems

# Handling Finances



- \* No employee may serve as a resident's representative or handle financial affairs for residents
- \* Employees may not be a Power of Attorney, Guardian or Conservator for residents for any purpose
- \* When appropriate as determined by the RN, an employee may assist a resident with budgeting, including paying bills and purchasing personal goods.
  - \* The employee must provide the resident or responsible party with receipts for all transactions and purchases made with the resident's funds.
  - \* If no receipt is available, the transactions must be documented on the flow sheet or progress notes.
- \* Employees may not borrow a resident's funds or personal or real property, nor in any way convert a residents property to the possession of a staff member

# Policy on Dress Code



- \* Company t-shirt and navy blue pants
- \* Avoid dangling earrings and jewelry that could get caught or cut your resident
- \* Always wear your name tag
- \* Avoid very long nails

# More on Dress Code



- \* Proper shoe wear is required; clean athletic shoes are best.
- \* Your shoe must have a closed toe and closed heel.
- \* Avoid crocs, sandals and flip flops.



# TB Prevention

- \* OSHA is the governing agency that requires home care workers to complete a TB test. ***It is a requirement of your job.***
- \* On hire, the test must be a 2-step series or a single blood test.
- \* Following the first year, the employee only has to complete a screening questionnaire.

**Review Handout: Tuberculosis Prevention**

# Smoking Policy

- \* If you smoke, **DO NOT** smoke in the residence. Our agency policy prohibits this.
- \* Some residents may be allergic or sensitive to smells.
- \* Residents may smoke outside in the designated area.



# Cell Phone Policy

**NO**   
**CELL PHONES!**

- \* When you are working, you must have your cell phone off or on vibrate
- \* Any cell phone use should be for an emergency and should be away for residents/guests
- \* You may use your cell phone on breaks

# Supervisory Supports/visits

- \* A RN will be available 24-7 either in person or via phone.
- \* RN will evaluate how the resident is responding to the care and how satisfied the resident is with our home care services.
- \* The RN will also want to talk with you about the care plan and how the resident is doing.
- \* The RN will want to see you perform a delegated task from the care plan (such as administering a medication or providing a treatment).

# Supervisory Visit Process



- \* After watching the delegated task, the RN will take time to talk with the resident.
- \* If you have sensitive issues that should not be discussed in front of the resident, arrange a time to talk with the RN in the office or on the phone after you complete your assignment.
- \* Please remember that you are not allowed to discuss other residents in front of your current resident.

# Performance Evaluations

- \* You will receive an annual performance evaluation.
- \* Your performance evaluation will discuss your job effectiveness and adhering to agency expectations.
- \* It will also provide a chance to identify any educational needs, areas for improvement and your goals.



# Policy Additions and Changes

- \* We reserve the right to add policies and change existing policies as needed.
- \* You will be notified of policy changes prior to their implementation

# Ongoing Education

As a home care staff member, you are required to complete annual ongoing education in the following areas:

- Emergency Preparedness
- Reporting of maltreatment of adults or minors
- Review of Home Care Bill of Rights
- Review of policies and procedures related to home care services
- Infection control techniques used in the home
- Dementia



# Human Resource

1. To get paid for holiday pay, you must work your scheduled shifts / days before and after the holiday.
2. No PTO currently
3. No Health insurance
4. 401k

**Thank you for joining our team!**



**Home Care  
Consultants, LLC**

# 24 - Seven home Care Inc Appendix

1. Other documents that may be included in an employee record include:
  - Completed employee application
  - Resume (when provided)
  - Proof of I-9 compliance
  - Completed W-4
  - Verification that reference checks were completed prior to hire
  - Record of annual training on A Workplace Accident and Injury Reduction (AWAIR) program
  - Record of Minnesota Employee Right to Know Act (MERTKA) training upon hire
  - Record of HIPAA training upon hire
  - Record of Vulnerable adult prevention and reporting/ abuse and neglect prevention plan training
  - Information regarding employee benefits provided or elected
  - Other records deemed appropriate
  - Proof that written notice was given to employee upon start of employment that contains information as required by MN Wage Theft Law