

To: Always Care For You New Hires

We need the following documents:

1. Copy of your CNA card, required only if you have a current CNA License
2. Copy of your CPR and First Aid certification
3. Copy of your TB test (PPD Test)
4. Copy of your Social Security card
5. Copy of your Driver License

Mail all documents/timesheets to:

Rhema Housing Inc.

P.O. Box 482

Powder Springs, GA 30127-0482

Pay Period:

Pay period is Bi-weekly on Wednesday

Timesheet:

Timesheet shall be fax, e-mail, or delivered to the main office every Monday by noon for the previous week you worked.

Fax Number 770-485-7627

E-mail address: ac4uall@gmail.com

Employee Signature: _____

Date: _____

Employee Contact Information

Please make sure handwriting is legible

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Mailing Address (If different from above address)

Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Employee Signature: _____

Date: _____

Direct Deposit:

Direct Deposit is a safe, fast, and secure way to receive your payroll. It assures us that you received your funds on the correct date.

Financial Institution:

Please find a financial institution and set-up an account for direct deposit.

THIS IS MANDATORY... (Direct Deposit)

Thank you

Employee Signature: _____

Date: _____

Always Care For You

Rhema Housing Inc.

Payroll Deposit Authorization

This statement services as my authorization for Rhema Housing Inc. to deposit my payroll check into the accounts and for the amounts I have listed below. I understand this requires credit entries and if necessary debits and adjustments for any credit entries in error to my account indicated below. I'm also aware that it is my responsibility to verify funds prior to writing checks. This authority is to remain in full force and effect until you have received written notification from me of its termination in such time and manner to afford you a reasonable opportunity to act on it.

Employee Information:

Name: _____

Address: _____

Phone Number: _____

Social Security Number: _____

Bank Account Information:

Type: Checking Savings

Amount: \$ _____ or Percentage: _____% _____% (of each pay check)

Bank Name: _____

Routing Number: _____

Account Number: _____

*****You must send a voided check for each account or send documents from your financial institution verifying information. Please note, hand written documents WILL NOT be accepted. *****

Effective Date: _____

Signature: _____

Date: _____

Job Duties:

- 1. Assist Client with Personal Care which may include but not limited to other requirements:
Bathing, Hair Care, Oral Care, Skin Care, Shaving, Nail Care “file only”, Dressing, Toileting, Cooking, Light House Keeping.**
- 2. Aide may assist with Preparing Meals and Cleaning the Kitchen.**
- 3. Light Housekeeping may include but not limited: Vacuum, Mop, Dust, Empty Trash, Clean Client Room and Bathroom, etc.**
- 4. Aide may assist in Laundry / Linens.**
- 5. Remind Client to take Medication.**
- 6. Report any changes in Client Condition.**
- 7. Work a Hoyer Lift.**
- 8. See attachment “CNA & PCA Responsibilities”**

Employee Signature: _____

Date: _____

Orientation:

- 1. I acknowledge that I have received a copy of Always Care For You Policies and Procedures.**
- 2. I acknowledge that I have received a copy of Clients Right & Handling of Complaints**
- 3. I acknowledge that I do understand the Long-Term Care and Abuse Reporting Act.**
- 4. I acknowledge that I do know how to use a Hoyer lift.**
- 5. I acknowledge TB Exposure Reporting**
- 6. I acknowledge I have receive procedures for reporting client Progress and Problems to Supervisors**
- 7. Procedures for Handling Emergencies**
- 8. Procedures for Reviewing Employee Job Responsibilities**

Employee Signature: _____

Date: _____

Reporting Misconduct:

Each employee of Always Care For You must read and sign the following statement acknowledging they have read and understand.

1. I _____ have never been showed by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person (client) or to have subjected any person (client) to serious injury as a results of intentional negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application.

Employee Signature: _____

Date: _____

TB Reporting

**I _____, shall
report immediately any know exposure to tuberculosis and
hepatitis to the Agency, Always Care For You Services.**

Employee Signature: _____

Date: _____

Policies and Procedures

CNA & PCA Responsibilities

The CNA & PCA will assist the client in maintaining good personal hygiene, including, but not limited to the following:

- Morning and afternoon care
- Bed or tub bath or shower
- Bed making and linen change
- Dressing and linen change
- Dressing the client
- Use of bed pan and urinal
- Measuring intakes and output
- Hand and foot care (No nail cutting)
The CNA/PCA is not permitted to clip or cut fingernails or toenails. Consult the RN when a nail problem exists. Metal nail files must not be used. Filing shall be done by using an emery board only.
- Hair care – routine shampoo and setting hair (do not cut hair)
- Oral hygiene – routine including care of dentures
- Shaving (be sure to clean equipment)
- Skin care /back rub (including massage with lotion or use of powder)
Any sign of breakdown should be reported to Case Manager immediately
- Non-sterile dressings or decubitus care as outlined by the RN
- Assisting the client with ambulation including such procedures as:
 - Dangling
 - Transferring from bed to chair and from chair to bed.
 - Assisting with walker.
 - Assisting with the use of ambulation devices; such as walkers, canes, or wheelchairs.
 - Assisting with prescribed Range of Motion (R.O.M.) exercises which the CNA & PCA and the client have been taught by the health professional.
Precautions should be observed to prevent patient from falling.
- Assisting the client with rehabilitative program by following a written home program established by the therapist
- Encouraging physical activity
- Encouraging the client to become as independent as possible, according to the client service care plan
- Attempting to promote client mental alertness through involvement in activities of interest

Initials:_____

Policies and Procedures

CNA & PCA Responsibilities

(Continued)

- **Reporting Progress and Problems to Supervisors**
- **Reporting any change in the client's mental or physical condition, or in his home situation**
- CNA/PCA must report to Administrator, Office Manager, Supervisor Register Nurse and Case Manager immediately by email and phone call any changes in client's health, environment, etc.
- Also, CNA/PCA must document weekly on Service Record progress and problems of their client.
- Administrator must follow up with CNA/PCA to determine necessary changes, if any of services.
- Client, Family, Aide will be notified of any necessary changes. Administrator will communicate will family & client progress, problems and concerns.
- CNA/PCA should do the following:
 - Giving simple and psychological support to the client and other members of the household
 - Establishing a relationship with the client and family which transmits trust and confidentiality
 - Keeping written records as instructed by the client care supervisor
 - Reporting any change in the client's mental or physical condition, or in his home situation to the Case Manager
 - Carrying out his/her assignment as instructed by the Case Manager and reporting to the client care supervisor when he/she is unable to complete the assignment
 - Assisting with maintenance and encouraging proper nutrition.
Including: Marketing no alcohol or cigarettes.
 - Preparing and serving meals. Meals should be prepared following each client's prescribed diet and served in an attractive manner
 - Cleaning the utensils used in preparing and serving meals
 - Washing dishes after the meal
 - Assisting with eating
 - Observing and reporting meal accumulation and food storage or cooking equipment failure
 - Establishing and maintaining a healthy environment, (including)
Assisting with special care procedures related to the patient's physical condition as instructed by the Case Manager within the guidelines as established by the state.

Should the CNA/PCA be requested to perform a task that he/she is not permitted to do or that he/she is not certain about, he/she shall discuss it with the client care supervisor who will make a decision.

Employee Signature: _____ Date: _____

Tasks which ARE NOT PART of the CNA/PCA responsibilities:

- Do not call or discuss patient with physician
- Never discuss one client with another or use the name and address of clients in conversation.
- Never discuss aide's personal problems with clients and/or with client's families.
- Do not do heavy housecleaning (moving heavy furniture).
- Do not care for children in the client's home.
- Do not remain at the client's home in the client's absence.
- Do not sign his/her name as having received a delivery for the client.
- Do not recommend or order equipment; do not borrow equipment from neighbors or client.
- Do not recommend friends for any services (plumbers, beauticians, doctors, exterminators, etc.).
- Do not take orders, sell or buy items or services from the client or client's family.
- Do not care for pets.
- **Do not lend or borrow money from the client or any member of the client's household.**
- Do not smoke in the client's home.
- Do not give the client the aide's home telephone numbers, all arrangements are made through the office.
- Do not give the client's telephone number or address to anyone. If anyone needs to contact the home CNA/PCA the Agency office should be called and then the agency will provide the message to the CNA/PCA.

Employee Signature: _____ **Date:** _____

CLIENT RIGHTS

- Right to be informed about plan of services and to participate in the planning
- Right to be promptly and fully informed of any changes in the plan of services
- Right to accept or refuse services
- Right to be fully informed of the charges for services
- Right to be informed of the name, business telephone number and business address of the person supervising the services and how to contact that person
- Right to be informed of the complaint procedures and the right to submit complaints without fear of discrimination or retaliation and to have them investigated by the provider within a reasonable period of time, the complaint procedure provided shall include the name, Business address and telephone number of the person designated by the provider to handle complaints and questions
- Right of confidentiality of client record
- Right to have property and residence treated with respect
- Right to receive a written notice of the address and telephone number of the state licensing authority, i.e. the department, which further explains that the department is charged with the responsibility of licensing the provider and investigating client complaints which appear to violate licensing regulations
- Right to obtain a copy of the provider's most recent completed report of licensure inspection from the provider Upon written request, The provider is not required to release the report of licensure inspection until the provider has had an opportunity to file a written plan of correction for the violations, if any identified. The facility may charge the client reasonable photocopying charges
- Right to be advised that the client and the responsible party, if applicable, must advise the provider of any changes in the client's condition or any events that affect the client's service needs.

Employee Signature: _____ **Date:** _____

Policies and Procedures

Time off:

You are required to give a 48 hour notice for a day off and a one week notice for vacation time.

If you are out for an emergency doctor visit, we will need a doctor's note before returning to work. If you are out for any other type of emergency, we will need something to verify your emergency.

Call Outs:

If you have too many call-outs within a period of time, the company will consider termination. Our clients need and depend on our services. Therefore, it is necessary that our staff is at the client's location when scheduled.

Lateness/Tardiness;

If you know that you are going to be late to a client's location, you will need to give a two hour notice.

If it is less than two hours away from your scheduled time please report to your assignment. This will help the company to insure the client receives quality care. Excessive lateness can and will result in termination.

No call/ No show:

If you do not show up for work and you do not call, you shall be removed from your work assignment and recorded as a "no re-hire".

Initials: _____

Policies and Procedures **(Continued)**

Training and survey:

Continuing education for our staff is a requirement. It is important that you complete the required training and survey on-time and submit the required documentation.

If you do not complete the training on-time as required, you may be removed from your current assignment until you complete the training.

E-mail:

Everyone shall be required to have a current e-mail address listed with the main office. It is your responsibility to review your e-mails in a timely manner for any correspondence from Always Care For You. The company will use e-mails as a means of communicating important information to everyone.

Telephone:

Everyone shall be required to have a current telephone number listed with the main office. It is your responsibility to review your voice mail in a timely manner for any correspondence from Rhema Care For You.

Mailing Address Required:

Everyone shall be required to have a current mailing address listed with the main office.

Drug / Alcohol Use:

Always Care For You is a drug free environment. You shall be asked to take a drug test if a supervisor thinks there is a need or the State of Georgia requires a test. Also, alcohol use during work hours or prior to reporting to work shall be considered as a reason for removal from your work assignment

Initials: _____

Policies and Procedures

(Continued)

Direct deposit:

Allow up to 48 hours before contacting the main office for any issues after the payroll deposit due dates. Do not contact the office until 48 hours has elapsed! Also, note that the banking system is closed on holidays. This can delay payroll deposits.

Pay period published scheduled dates:

The published scheduled dates for delivery of your payroll are not guarantee, promise, or certified dates. The published scheduled dates are estimated dates only. The company does not have control over the banking system, holidays, mail system, power outages, computer failure, etc.

Please remember this when you set up your banking plan.

Mobile Phone, iPhone, iPad, Laptop Computers, Tablets

These devices interfere with productivity and are distracting to others. Always Care For You requires all employees and independent contractors to perform their duties in a professional manner. Cell phone, mobile phones, iPhone, iPad, Laptop computers, and Tablets shall be on vibrate or OFF until break time, lunch, or an emergency. You can use the devices while on duty to communicate with the Rhema Care For You office and perform activities for your client. Abuse or excessive use of these devices while on duty will be considered a reason for termination

Initials: _____

Policies and Procedures

(Continued)

Time Sheets:

Time sheets shall be submitted to the Main office no later than Noon on Monday. If your time sheets are late or incorrect, your payroll can be delayed until the next scheduled pay period.

CNA License, CPR certification, TB Test

You are required to provide the main office with your current CNA License, CPR certification, and TB Test

Dress code and hair:

You are required to dress with professional attire when on duty. Also, hair shall be neat. Men facial hair shall be neat. You shall not wear head wrap, bandanna on your head, or caps turned around.

Politics and Religion

It is against the State of Georgia policies and Always Care For You policies for caregivers to discuss political views and religion with clients.

**All policies shall be enforced by the supervisors or the office managers.
Violation of policy shall be cause for removal from your assignment**

Employee Signature: _____

Date: _____

Attention All PCA:

Notification of Online Training

It is mandatory for all PCA's to logon to Always Care For You website and take the Continuing Education Training Classes.

All PCA's are REQUIRED to complete 12 hours of continuing education by Georgia Department of Human Resources.

Always Care For You has valuable information to enhance the knowledge of our employees.

We are asking all PCA to review training.

To access training: [Go to www.rhemacareforyou.com](http://www.rhemacareforyou.com)

Click on Staff Training for this Year

Password: rhema

To access training for New Staff: Click on New Staff

Password: rhema

Our system does notify us that you have completed your training.

Employee Signature: _____

Date: _____

Transportation Form:

In consideration for any transportation provided by Always Care For You/Rhema Inc., C&D Transportation. Hereby **INDEMNIFIES (RELEASES)** Always Care For You/Rhema Inc... C&D Transportation, its staff, and all employees for all liability for personal injury (including wrongful death) or property damage in which is caused, in the whole or part, by any transportation provided by Always Care For You/Rhema Inc... C&D Transportation.

And forever discharge Always Care For You/Rhema Inc... C&D Transportation, Its staff, and all employees jointly and severally from any and all actions, Causes of actions, Claims and demands for, Upon or by reason of any damage, Loss or injury. Which hereafter may be sustained by participating in transportation or activity?

The release extends and applies to covers, and includes all unknown, unforeseen, unanticipated, and well as those now disclosed and known to exist. The provisions of any state, federal, local, or territorial law or state providing substance that releases shall not extend to claims, demands, injuries, or damages which are known or unsuspected to exist at this time, to the person executing such release, are hereby expressly waives.

____ I hereby agree on behalf of my heirs, executors, administrators, and assigns, to indemnify Always Care For You/Rhema Inc... C&D Transportation, its staff, and all employees.

____ Understands this agreement and has agreed that neither he/she, nor his/her heirs or personal representatives will be able to sue Always Care For You/Rhema Inc. C&D Transportation, its staff, or all employees for any injury or damage.

____ I the undersigned give permission for Always Care For You Staff to use my "our" vehicle ONLY but not limited to errands.

_____	_____	_____
Print Name of Participant	Signature of Participant	Date
_____	_____	_____
Print Name of Witness	Signature of Witness	Date

No Soliciting Agreement:

All employees must sign an agreement that they will not solicit directly or indirectly Always Care For You clients for a competing business, their own personal business, or ask a Rhema Care For You client to change providers for their personal benefit.

******Note:**

Always Care For You nurses soliciting directly or indirectly Always Care For You clients for a competing business, their own personal business, or asking a client to change providers for their own personal gain will be considered as exploitation of a client.

The Department of Human Resources, State of Georgia, has stated that they will investigate all allegations that a caregiver (Nurse, CNA) is involved in exploitation of a client.

If the allegations are found to be true, the situation will be reported to the State of Georgia Licensing Board. This person may lose their medical license.

Employee Signature: _____

Date: _____