

Healthwin

Rebuilding Lives With Care Since 1908
St. Clair Darden Health System

Adult Volunteer Application

General Information

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip Code

Home Phone: () _____ Alternate Phone: () _____

Date of Birth: _____ Male Female

Email address: _____

Availability to Help

Please check the days and times you are most available to volunteer,

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Qualifications

Have you volunteered here before? Yes No

Have you been convicted of, pled guilty to, or received a suspended sentence for a felony or misdemeanor other than a traffic violation within the last five years? Yes No

If yes, please explain: _____

Why do you want to volunteer at Healthwin?

What do you hope to gain from your experience?

Education & Experience

(Please circle the last year completed)

Grade School 6 7 8 High School 1 2 3 4 College 1 2 3 4

Last School Attended: _____

Degree Earned: _____

Are you currently employed? Yes No

Name of employer: _____

Address: _____

Street

City

State

Zip Code

Please list any special skills, certifications, qualifications, volunteer work or military service which you feel may be helpful in considering your application. _____

References

Please list two references who are **not** relatives.

Name: _____ Relationship: _____

Address: _____ How long have you know this person? _____

Daytime Phone: _____

Name: _____ Relationship: _____

Address: _____ How long have you know this person? _____

Daytime Phone: _____

Healthwin is hereby authorized to check references as supplied to verify the above information. I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. If the information provided in this document is found to be untruthful, I understand that I will be released from the volunteer program.

I understand that I will not be paid for my services as a volunteer, and that filling out an application for the program does not guarantee acceptance into a volunteer position.

Volunteering means commitment to a definite program. Because I am promising to work without salary does not change the fact that other people depend on me. Before I commit my time, I will consider the main obligations which every volunteer should honor as conscientiously as if I were receiving wages. Obviously, failure to do so will negate my usefulness by creating extra work and anxiety for others instead of helping those who rely on me.

Applicant's Name (Please print) _____

Applicant's Signature _____

Date _____

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TB RISK ASSESSMENT for Volunteers

Used to assess the development of symptoms suggestive of tuberculosis during a shortage of
TB testing solution

(Yes/No)

Persistent Cough for more than 3 weeks _____

Coughed up Blood in the last 12 mo. _____

Fever of Unknown Origin _____

Night Sweats _____

Unexplained Weight Loss
(more than 10 lbs. in 2mo.) _____

Exposed to an active case of TB _____

Date _____ & Results "____"mm of last TB Skin Test

If symptoms are present, the individual shall be evaluated immediately with a chest x-ray.

Schedule Chest X-Ray

Date _____ Results _____

I hereby certify that the above named individual is free from T.B. disease in an infectious stage and to be in compliance with local health laws and regulations(re: T.B.).

Signed _____
(Healthcare Professional's Signature)

Date _____

NAME: _____
(Volunteer)

Date _____

Initiated: 6/2013

Healthwin Specialized Care "A Little about You"

Name: _____
(Please print)

What clubs or organizations do you belong to?

- 1) _____
- 2) _____
- 3) _____

Check Interests:

INTERESTS:	Have Done	Can Lead	Can Assist
Art Class			
Bible Study and Devotions			
Bowling			
Card Making			
Cards: _____ (Specify game)			
Ceramics			
Checkers			
Chess			
Church (Help transport residents)			
Crafts			
Crocheting, Knitting, Sewing			
Decorating facility for events			
Entertain (Sing, play instruments or dance)			
Exercise			
Fishing			
Gardening			
Group (Sensory, Memory, etc.)			
Jewelry making			

Manicures			
Mass (Help transport residents)			
Movies (Watch with residents)			
One-on-One Visits			
Outings (Group)			
Parties (Help with)			
R. C. Modeling			
Reading to a resident			
Wii			
Woodworking			
Writing for a resident			

Occasionally we need individuals that can speak a foreign language. Please list any language(s) and fluency.

- 1) _____
- 2) _____
- 3) _____

If you have any ideas for activities, please share them with us.

Very Important Information

Welcome

We are glad that you have joined the Healthwin team of volunteers. Healthwin's long history of excellence and compassionate care has made us a leader in providing programs and services for older adults. We are confident that you will do your part in continuing Healthwin's commitment to quality and concern for the whole person. In the eyes of the community and residents, you are Healthwin. What you say and do will affect, positively or negatively, people's perceptions of Healthwin. We encourage you to take seriously your work, striving to do your best. You have the skills to succeed.

We look forward to working with you and trust that your volunteer experience will be filled with many rich and meaningful times.

Philosophy of Healthwin

Mission Statement

Our Mission is to enhance and assist those we serve to achieve their desired physical, mental and spiritual potential and to rebuild, through compassionate care, purposeful and meaningful lives.

Purpose Statement

Our Purpose is to enhance through Volunteers the quality of life of those residents they serve through their music, laughter, conversation and friendships.

Introduction to Handbook

We intend the items outlined in the Volunteer Handbook to provide a general overview of Healthwin's policy and procedures. They are a summary, neither an exhaustive listing nor exact wording of particular Healthwin policies and procedures. The policies and procedures are in the process of continual revision. Healthwin may change, alter, add or eliminate a policy or procedure anytime with, or without, notice.

Job Description – (Pertains to full-time adult volunteers)

A written job description for your position is available for you and provided to you at the time of your placement. If you have not received a copy of a job description, check with the Volunteer Coordinator and ask for a copy. The coordinator will notify you of any changes in your job description. We invite you to propose to your supervisor suggestions of your own. Healthwin will hold you responsible for functioning within the guidelines of your job description.

Volunteer Coordinator/Supervisor

The Volunteer Coordinator is responsible for overseeing Healthwin's volunteer program, including: the recruitment of competent, committed volunteers,

orientation and ongoing volunteer development, providing systems for volunteer management, and recommending needed changes in volunteer policy.

Your volunteer coordinator is your direct report. She is interested in your well-being, your growth and development, and your effectiveness in the organization. She invites your ideas and suggestions.

Healthwin Volunteer Policies

Attendance

Healthwin expects all volunteers to work as scheduled. If a volunteer is unable to report to work as scheduled, the volunteer is asked to do the following:

1. Personally notify the Volunteer Coordinator.
2. The volunteer is requested to provide a minimum of two (2) hours advance notification of any unplanned absence, unless circumstances prevent otherwise.

Volunteers who have difficulty in participating as scheduled will be asked to review their assignments with the Volunteer Coordinator.

Recording Hours

Healthwin is required to keep a log of all volunteers volunteering. Please sign in when you arrive and when you leave each time you volunteer. The Volunteer sheet is located at the switchboard.

Hours are collected and recorded daily by the Volunteer Coordinator. These hours are used for reporting and community education purposes, among other ways. Hour sheets are kept on file by the Volunteer Coordinator after they have been recorded in the computer.

Telephone Usage

While volunteering we ask that you do not use your cell phones to make or receive personal calls, except in the case of an emergency.

TB Tests

Due to the shortage of TB testing solution all volunteers are required to fill out a TB Risk Assessment form. This form is used to assess the development of symptoms suggestive of Tuberculosis. If symptoms are present, the individual will be evaluated immediately with a chest x-ray.

Dress Code

Business Casual is the general acceptable attire for the entire facility. Dresses and skirts must be of a suitable length for you to perform your duties modestly. Dresses or tops with spaghetti straps and halter-tops are not allowed. There should be no bare midriff. Capri pants are acceptable. Shorts must be knee length.

Name badges should be clearly visible at all times.

Friday's are Jean Day. Jeans are allowed in all departments with a casual top, printed t-shirts or sweatshirt on this day only. If jeans are not worn then you must follow the normal dress code requirements for your Department.

Tennis shoes and recreational sandals are permitted. We discourage the wearing of flip flops. (Flip Flops are not sanitary and can cause injuries to those wearing them while transporting someone in a wheelchair.)

Gifts

Occasionally Healthwin residents or family members may offer gifts to volunteers whose services they particularly appreciate. This can become a problem. Therefore, it is the policy of Healthwin that volunteers should not accept gifts in kind nor in cash from residents or family members.

If you experience a problem in this area, or have questions regarding the appropriateness of a gift, do not hesitate to consult your Volunteer Coordinator.

Pertinent Facts about You

Certain relevant facts about you must be kept on file with the Volunteer Coordinator. Although much of this information is gathered at the time you began volunteering, these facts may change. It is the volunteer's responsibility to keep their pertinent facts data up-to-date. Please immediately report to the Volunteer Coordinator any changes, such as:

- Name
- Address
- Phone Number
- Criminal Conviction after beginning volunteering at Healthwin

Safety and Security

It is Healthwin's policy to provide a safe and secure living and working environment for residents, staff, volunteers and visitors. Healthwin is committed to full compliance with all current health, safety and environmental laws, and the development and implementation of the best policies and procedures to provide such conditions. Healthwin's policy is aimed at prevention.

Safety is everybody's business. Every volunteer is equally responsible for his or her own safety as well as for others in the workplace. Safety must be a primary concern in every aspect of planning and performing all Healthwin activities. We want to protect our volunteers against preventable injury or illness in the workplace to the greatest extent possible.

A Healthwin Safety Committee meets monthly to assess pertinent issues and reviews any complaints. The committee also conducts regular inspections of

Healthwin work areas. Any volunteer who has a safety or security concern should talk to their supervisor.

Fire Plan

When you hear a "Code F – Fire" three times by the Switchboard Operator you are going to assist staff in securing the residents in a safe area. You will then join those residents and remain there until you here an all clear. If the staff needs your assistance please help them by taking residents to their room or to the activity they were participating in.

If you are in an area that is near the fire, please start removing residents from that area immediately. Staff will be there to direct and assist you.

If you are not involved in an activity, please go to the lobby until you here an all clear.

Tornado Warning

In the event that a Tornado Warning is announced on the Civil Service Radio, the Switchboard Operator will immediately contact the Administrator. The Switchboard Operator will announce over the Paging system, "Code D – Tornado Warning" three times.

Each department has their own responsibility to assist its members of each department. For example, if you are assigned to the activity department stay with the activity aide and help her check the library, activity kitchen, and great room. The same goes with the therapy department and beauty shop. Follow the instructions of the person in charge.

Personal Affairs of Volunteers

Volunteers are asked, insofar as possible, to keep their personal affairs separate from Healthwin. Volunteers taking part in civic, religious, political, and other community affairs should be careful to do so as private citizens not as representatives of Healthwin, unless it is a role which has been requested by the organization.

Smoking on Premises

It is the policy of Healthwin that residents, family, volunteers and visitors may smoke ONLY in the designated smoking area. The designated smoking area is located at the rear exit of the building which is by the employee parking lot. **At no time is a student to smoke while volunteering for Healthwin.**

If an adult Volunteer wants to sit with a resident while he/she smokes that volunteer must sign a statement. Please see the Volunteer Coordinator before assisting any resident.

Solicitation

Solicitation of Healthwin employees by persons not employed by Healthwin is not permitted. Volunteers may not solicit other volunteers for any purpose

during working time or in working areas unless prior approval has been granted by the Volunteer Coordinator.

Discrimination/Harassment

It is against the policy of Healthwin for any employee or volunteer, whether a manager, supervisor, or co-worker, to harass another employee or volunteer. Prohibited harassment occurs when verbal or physical conduct defaming or showing hostility toward an individual because of his or her race, color, religion, gender, national origin, age, or disability, or that of the individual's relatives, friends, or associates, creates or is intended to create an intimidating, hostile, or offensive working environment; interferes or is intended to interfere with an individual's work performance; or otherwise adversely affects an individual's volunteer opportunities.

Harassing conduct includes, but it not limited to:

- Epithets, slurs, negative stereotyping, or threatening or hostile acts, which relate to race, color, religion, gender, national origin, age, or disability.
- Written or graphic materials that defames or shows hostility or aversion toward an individual or group because of race, color, religion gender, national origin, age, or disability and that its placed on walls, bulletin boards, or elsewhere on Healthwin's premises, or that is circulated in the work placement.

Any volunteer who believes he or she has been harassed in violation of this policy should report the conduct immediately to the Volunteer Coordinator.

A thorough and impartial investigation of all complaints will be conducted in a timely and confidential manner. Under no circumstances will Healthwin tolerate any retaliation against an individual for making a complaint in good faith under this policy. Any employee or volunteer who has been found, after appropriate investigation, to have harassed another employee or volunteer in violation of this policy will be subject to disciplinary action up to, and including, termination.

In-services - (Pertains to full-time adult volunteers)

Volunteers are encouraged to continually grow in their knowledge and skills. One way Healthwin provides for this is by offering in-services at least quarterly. A record of attendees is kept at each in-service and these are also recorded in each volunteer's file.

Grievance - (Pertains to full-time adult volunteers)

A grievance exists when a volunteer states that a policy has been violated or is alleged to have been violated. The volunteer and the Volunteer Coordinator should attempt to reach an agreement. If, however, repeated attempts at resolution fail, the volunteer should meet with the Volunteer Coordinator for additional assistance in resolving the issue.

Insurance Statement-(Pertains to full-time adult volunteers)

Volunteers are not eligible for Healthwin's worker's compensation benefits. You are a volunteer, not an employee. In the event of an injury while volunteering on behalf of Healthwin, the volunteer is encouraged to file with his or her own insurance policy.

Performance Appraisal - (Pertains to full-time adult volunteers)

Supervisors contact the Volunteer Coordinator with comments or written appraisals of volunteers as needed. The Volunteer Coordinator meets with volunteers as needed to review their volunteer performance and elicit their feedback. Periodic surveys are completed by supervisors and volunteers to help access the quality of performance of the volunteers and the Volunteer Program.

Resignation and Termination- (Pertains to full-time adult volunteers)

We hope you will be with us for a long time, but if you ever choose to end your volunteering with us, it is anticipated that you will give the Volunteer Coordinator as much notice as possible.

If the volunteer's decision to resign is based on a situation that could be corrected, the volunteer is encouraged to discuss it with the Volunteer Coordinator before making a final decision.

At the time of volunteer resignation, Volunteer Coordinator will meet with the volunteer to conduct an exit interview. At that time, details of the reason for leaving will be discussed.

Healthwin reserves the right to eliminate any volunteer assignment at any time, with or without notice. These assignments may be entirely eliminated, or assumed by a Healthwin employee. In this event, Healthwin will make an effort to find a suitable replacement assignment for any displaced volunteer.

Involuntary Dismissal

Reasons for immediate involuntary separation from the organization include, but are not limited to, the following examples:

1. Theft, attempted theft, or destruction of property of employer, visitor, resident, or other employee.
2. Dishonesty or falsification of any Healthwin records.
3. Abuse of resident, i.e., battery, neglect, exploitation.
4. Reporting to volunteer under influence or in possession of intoxicants, use of illegal drugs on the premises or possession of firearms or illegal contraband on the premises.
5. Revealing confidential information regarding resident, facility or other employee in violation of the confidentiality policy.
6. Gross misconduct.

Access to Volunteer Files (Pertains to full-time adult volunteers)

Files on each volunteer are kept by the Volunteer Coordinator. These files contain the volunteer application, interest logs, signed release forms (where applicable), a copy of the volunteer's drivers license, (or in the case of a minor – a copy of a school ID) any letters of reference, TB test records, past volunteer hour logs, any disciplinary action forms and other similar items.

It is the policy of Healthwin to permit all volunteers to have access to their volunteer file except that they may not see materials provided to Healthwin on a confidential basis. For example, letters of reference contained in their file would be considered confidential.

A volunteer may examine the records in his or her personnel file by contacting the Volunteer Coordinator or designee. These files are property of Healthwin Specialized Care and may not be removed without the written permission of the Volunteer Coordinator.

Equal Volunteering Opportunity

Healthwin provides equal opportunity to volunteer for everyone regardless of age, sex, color, race, creed, national origin, religious persuasion, marital status, sexual orientation, political belief, or disability that does not prohibit performance of essential job functions. All matters relating to volunteering are based upon ability to perform the job, as well as dependability and reliability.

Youth/Child Volunteers

Volunteers of all ages are welcome at Healthwin. However, in order for persons aged 18 and under to volunteer, a signed permission slip is required from the parent/guardian.

Children must be at least 14 years of age to volunteer without parent/guardian supervision. Children aged 13 and under who are accompanied by their parent of guardian may assist with volunteering under constant supervision.

My signature below is my acknowledgement that I have received a copy of the Orientation Handbook and agree to read and comply with all Healthwin policies and procedures as they pertain to volunteers. I have been given the opportunity to ask questions and have had them answered to my satisfaction.

I have been in-serviced on the following topics:

- Attendance
- Recording Hours
- Telephone Usage
- TB Test
- Dress Code
- Gifts
- Pertinent Facts about You
- Safety and Security
- Fire Plan
- Tornado Warning
- Personal Affairs of Volunteers
- Smoking on Premises
- Solicitation
- Discrimination/Harassment
- In-services
- Grievance
- Insurance Statement
- Performance Appraisal
- Resignation and Termination
- Involuntary Dismissal
- Access to Volunteer Files
- Equal Volunteering Opportunity
- Youth/Child Volunteers

Name (Print Please)

Signature

Date:

Volunteer Coordinator

Healthwin

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- Involuntary Dismissal
- Access to Volunteer Files
- Equal Volunteering Opportunity
- Youth/Child Volunteers

Name (Print Please)

Signature

Date:

Volunteer Coordinator

HEALTHWIN Volunteer Training Manual

Dementia - Dementia is an umbrella term to describe brain function loss. There are multiple different types of dementia, most common is Alzheimer's, but there is also vascular dementia, alcoholic dementia, and organic dementia to name a few. Certain diseases can also lead to dementia, such as, Huntington's disease, Parkinson's disease, and multiple sclerosis.

Retrogenesis- your mind is put in reverse.

Five stages of dementia:

Stage 1-early stage:

Forgets recent events, names, numbers, loses things, trouble handling money, impaired judgment

Stage 2-early middle stage: functional ability range-early adolescence to eight years

Forgets address, repeats stories, forgets how to do familiar routine, difficulty making decisions

Stage 3- middle stage: functional ability range-seven to five years of age

Forgets day/week/month, forgets names of younger family members, forgets majors aspects of current life, needs help choosing proper clothing, needs reminders/assistance bathing, difficulty recognizing familiar objects

Stage 4-late middle stage: functional ability-five to two years of age

Forgets minute to minute experiences, can only do simple one step tasks, unable to care for personal needs, incontinent, and identifies with earlier life, hallucinations, and behavior problems

Stage 5- late stage: functional ability- from 15 months to newborn

Incontinent, bedridden, cannot talk/smile/hold up head, inability to feed self

CVAs/Head Traumas:

CVA (stroke) and head traumas are also frequently related to dementia. CVAs and head trauma can damage the brain enough that a person is diagnosed with a form of dementia.

For those who have had strokes often have limited to no movement on one side of the body. You will most often notice this with a resident's arm/ hand movement. Take this into consideration when working with a resident. For example, do not put a cup or other supplies on the resident's affected side.

Why Sensory Activities:

Having the ability to participate in an activity is important for everyone. Who wants to sit in a room and do nothing all day but stare at a wall? Dementia takes away one's ability to initiate an activity. Even worse, dementia takes away many of the skills needed to participate in activities. It has taken away their ability to communicate, their ability to feed themselves, and their ability to ambulate. But the senses are the last to go. How do you comfort a crying baby? You hold them and sing to them and speak loving words. Also, sensory stimulation has shown a decrease in agitation, restlessness and sleep

disturbances among those with dementia. Finally, studies show increase social interaction can lead to decrease in depression.

Interacting with Dementia Residents:

- Each resident will be able to interact at a different level. Until you are able to get to know how well the resident communicates please keep a few things in mind.
- Give them time to respond - This is especially true for those who have had strokes. They need more time to find the word they want to use. If they have not responded in over a minute try to rephrase the question/comment.
- Enter the resident's world. Your reality will often be different from a resident's reality. You might be living in the current year and they are living in 1953 or 1937.
- Never correct a resident's reality. Do not tell the resident: "your mom is not waiting for you. Your mom's been dead for years." This will only create heartache and confusion.
- Keep it simple. Do not ask complicated questions. Yes/no questions are great. Even when speaking to the resident keep your statements short.
- Non-verbal residents - Some resident are not able to respond verbally or if they do the response is nonsensical. Watch for facial expressions and gestures to know what the resident needs.
- Cueing - If you have ever babysat younger children you will be familiar with cueing. With some residents you will need to tell them what to do and encourage them to do it. Example: "Open your eyes Mary." "Look at me Mary." "Mary pick up the ball." "Mary squeeze the ball." If she does not squeeze the ball, demonstrate and then repeat command. If she still does not then provide hand over hand assistance. Offer encouragement- "Great job Mary." "You have the prettiest eyes Mary."
- Small Responses are Big Responses - For those in the advanced stages of dementia simple responses such as a smile following a simple command (squeeze my hand, look at me) and responding appropriately with a word are big responses.
- Everything is food - If you are doing an activity that involves small parts, monitor the residents closely. Very quickly the bead or small part can end up in the resident's mouth.

The Don'ts 101:

- Do not give food to a resident
- Do not give liquids to a resident
- Do not transfer a resident
- Do not take a resident to the bathroom
- Do not talk down to the resident or treat the resident like a child
- Do not call the resident by affectionate nicknames (i.e. honey, sweetie)
- Do not talk about the resident as if the resident cannot hear you
- Do not sit or lean on a resident's bed

The Do's 101:

- Do treat the resident like a person
- Do smile and then smile some more
- Do sanitize your hands frequently - Sanitation is available throughout the building in both wipes and foam
- Do knock on closed doors and wait for an answer before entering a resident's room. (Do not enter a room that is posted "ISOLATION" or "WPIMD and SKIN PRECAUTIONS" OR "NO VISITORS". There are times that residents prefer a time of privacy. There are other instances, such as medical condition, that the physician will order isolation and contacts with the resident will be limited to a few staff members. This will be done in the interest and safety for all.
- Do leave a room immediately and quietly if a Physician or a Nurse desires to see or treat a resident. The resident will need to be afforded privacy at this time.

Skin Issues:

- Thin skin - Some of the residents have such thin skin that their skin will tear with even mild pressure. This is something you really only need to worry about if you are rubbing the resident's hands and arms with lotion or provide hand over hand assistance. Staff will keep you informed on who has thin skin.
- Just in case....Accidents happen. If you do witness or cause a skin tear, let the volunteer coordinator or activity staff know ASAP.
- Jewelry - To help prevent skin tears, remove any jewelry on your hands or wrists. Also keep your nails well manicured (file jagged nails).

Transporting Residents:

- Make sure the residents hands are in his/her lap and away from the wheel.
- Make sure the residents feet are on the feet rests if the wheelchair has feet rests.
- If a resident is leaning funny in the wheelchair, do not move resident. Let nursing staff know so they can adjust the resident. Come back and check on the resident after care has been provided.
- Always push a resident forward, do not pull the resident backwards except when getting on elevators or getting out of close quarters.
- When taking a resident on the elevator do not leave them facing the back wall. Make sure they are turned around and facing the doors.
- When you bring a resident back to his/her room, make sure they can reach the call light.
- Some residents are a fall risk and should not be left alone in his/her room. If you are not familiar with the resident, ask the nurses staff where the resident should go.

Inviting Residents to an Activity:

- Introduce yourself to the resident
- Invite vs. Tell - Some residents are able to make an activity decision. Yes I want to go or no I do not. For others, they are not able to make a decision. You will learn who falls into which category. For the "tell" category, introduce yourself and then

tell them "it's time for exercise" or "we are going to go listen to music" and then just take them to the activity.

- Strong Encouragement - Some residents, who are able to accept or decline an invite, need extra encouragement to go. Tell them how much fun he/she will have. Let them know if they do not like the activity they can leave.
- Resident Request - Often when you go to invite someone to an activity, you will encounter resident needs. The resident will tell you I need to go to the bathroom or make another request. If you can fulfill the request (turning on the TV, picking something off of the floor) then please do. If it is a bathroom request or a transfer request then explain that you cannot but that you will turn the call light on. Make sure you turn the call light on before you leave the room.

Alarms:

What they are - If a resident is a fall risk alarms are attached to the wheelchair and/or bed. There are a couple of different alarm options. For the wheelchair, they can have a sensory pad and/or a belt. If they try to stand up the sensory pad will go off. If they take off their belt, the alarm will go off.

What to do - If you are doing a group activity and someone's alarm goes off, do not panic. Some of the alarms are rather sensitive and all the resident has to do is shift his/her weight and the alarm goes off. Other residents fidget with the belt and need to be redirected to keep the belt on. If the resident stands up, attend to the resident. Tell them to sit down. Ask them if they need something. If they do not follow verbal commands, place one hand on the residents shoulder, another on the wheelchair and just apply a little pressure to encourage the resident to sit down. Continue to provide verbal cues until the resident is seated.

Falls:

If for some reason a resident falls while in an activity, do not touch them. Get in contact with a staff person immediately. You can call the front desk, activity staff, or the volunteer coordinator.

Activity Ideas for small groups and sensory groups - If you have a talent or have another idea that is not listed, feel free to run it by the Volunteer Coordinator. You are not limited to the items listed below. Some of the items listed are not appropriate for some groups. Use your best judgment.

Music - We participate in sing -a-longs with the residents. When you are gathering for an activity, you want to turn on some music so the residents have something to listen to while they wait. The CD's /DVD's are stored in the great room and activity office. The CD players are in the activity kitchen. The residents do not care if you can sing or not, they just want the attention you give them while serenading them.

Craft/art - Craft items can be found in the activity kitchen and the back room of the activity kitchen. We have a little bit of everything (jewelry making, foam craft sets, scrapbooking, construction paper, card making, etc.).

Exercise - Residents love to do ball tosses. We have beach balls and balloons you can fill up for ball tosses. We also have a wheelchair basketball game. Items can be found in the back room of the activity kitchen.

Reminisce - We have a large collection of reminisce magazines. You can read to the residents and show them the pictures. Ask them questions about their own lives. Items can be found in the activity kitchen's back room.

Sensory boxes - These boxes are in the back room of the activity kitchen. We have a beach box, Christmas box, jungle box and music box. We also put together boxes as needed. The idea with the sensory boxes is to hit as many senses as we can by focusing on a certain topic.

Hand massage - We have sensory lotion in the activity office (perfumed lotion from Bath and Body). Make sure to sanitize your hands between residents. You can also heat up some water and use washcloths to wash their hands before applying the lotion. Make sure to use one washcloth per person.

Puzzles - We have a variety of puzzles in the great room. The residents prefer puzzles under 100 pieces.

Games - We have cards, dice, and multiple board games you can use with the residents. Everything may be found in the great room.

Activity Areas - We have multiple activity areas and each activity is scheduled to a room. The sensory/small groups usually take place in the great room, West I solarium, East I, East II or the West II solarium.

In case of an emergency: Contact extensions - Volunteer Coordinator ext. 288- Activity Staff ext. 204

Try to reach a nurse. There is to be someone from the nursing staff on the floor at all times. If you see someone flag them down and tell them you need help. Press "O" to reach the receptionist. The receptionist will call for help. The reception area is staffed from 8am-8pm, Monday through Sunday.

Documenting - If it is not documented, it never happened. Everything in healthcare must be documented. If you take the time out of your day to come do an activity, you deserve to get credit for your time. The only way we can do that is if you document what you did while you were here. Prior to doing a small group/sensory group, you need to come to the activity office and get a small group sheet. These sheets are kept in a binder on the shelf, the binder is labeled "small group". Make sure you fill out the sheet. Also make a note on the sheet of residents you invited but they refused or were resting in bed. Before you leave for the day, make sure you turn the sheet in to activity staff or leave at the front desk for activity staff.

Set up and Clean up - For each activity you will need to do some set up and clean up. Make sure you give yourself enough time to set up before the activity is scheduled to start and then clean up before you leave.

Medicine and Sugar Tests - It is not uncommon for a nurse to stop you from taking a resident to an activity to give the resident medication or check blood sugar. If the nurse is tending to the resident right away you can wait for the resident. If it will be a few minutes feel free to leave the resident with the nurse, gather others and then come back for the resident.

State Rules/Guidelines - We have to be in compliance with state rules and guidelines. One of the many rules is that we need to spend time with each resident in a small group or sensory group. What we want to avoid is for a resident to come to a small group and not receive any attention. Some residents will be easier to interact with than others. Just do your best.

Volunteer Training Sign-off Sheet

I, _____ attended the volunteer training program on _____. Staff went over, in detail, the outline listed below. I was provided with the outline during training so I could take notes. I was given time to ask questions and express concerns. I also know that I can ask questions at any time.

What is dementia?

- Dementia
- Retro genesis
- Affects on mind and body

What is CVA/Head Traumas?

- Medical definition
- Affects on mind and body

Why sensory activities

Interacting with Dementia Residents

- Give time to respond
- Enter the resident's world
- Never correct a resident's reality
- Keep it simple
- Non verbal
- Cueing
- Small responses
- Try to eat things

The Don'ts 101

- Do not give food to a resident
- Do not give liquids to a resident
- Do not transfer a resident (bed to chair)
- Do not take a resident to the restroom
- Do not talk to the resident like a child
- Do not call the resident honey or sweetie
- Do not talk about the resident as if the resident cannot hear you
- Do not sit or lean on resident's bed

The Do's 101

- Treat the resident like a person
- Smile and then smile some more
- Sanitize your hands frequently
- Location of sanitizers
- Knock before entering a resident's room

Skin Issues

- Thin skin
- What to do in case of skin tear
- Remove jewelry from hands and wrists

Transporting Residents

- Hands in lap and feet on rests
- Sitting crooked
- Push resident forward
- Elevators
- Call lights
- Fall risk residents

Inviting Residents

- Introduce Self
- Invite vs. Tell
- Strong Encouragement
- Resident Request

Alarms

- What they are
- What to do
- Falls

Activity Ideas for small/sensory groups

- Music
- Crafts
- Exercise
- Reminisce
- Sensory boxes
- Hand Massage
- Puzzles
- Games

Activity Areas

In case of an emergency

- Contact extensions
- Try to reach a nurse
- Dial zero-operator

Documenting

- Set up and Clean up
- Meds and Sugar test
- State Guidelines

Volunteer Signature

Date:

Volunteer Coordinator's Signature

Date:

Healthwin

Rebuilding Lives With Care Since 1908
St. Clair Darden Health System

CONFIDENTIALITY STATEMENT

I understand and agree that in the performance of my duties as a volunteer of this healthcare facility, I must hold ALL resident medical information in the strictest of confidence.

I understand that a violation of any resident's rights to privacy or confidentiality of their medical information may result in punitive action against me, possibly immediate dismissal of volunteer.

I understand that I must be aware, at all times, of resident's rights to privacy, including when I am away from my designated area, such as when I am in the dining room or break room, in the hallways, or in any other part of the health care facility.

If I have access to computers within the health care facility, I will only access them for legitimate business purposes. In addition, I will not leave the computer screen unattended for any length of time, so as to allow other unauthorized access to medical information. I will not, under circumstances, divulge my computer password (allowing access to the computer system) to anyone at any time.

When I stop volunteering at this facility, I also understand that I still have a continued responsibility to uphold all resident rights to privacy. This means that I will not divulge confidential information about any resident at the facility, regardless of whether I am volunteering there or not.

Signature of Volunteer

Date

Signature of Volunteer Coordinator

Date

Healthwin

Rebuilding Lives With Care Since 1908
St. Clair Darden Health System

Volunteer Photographic Release

As the Volunteer Representative, I understand that the Volunteer has the right to refuse the taking of a photograph at any time. Recognizing that right, I/we hereby authorize Healthwin to photograph and use pictures of the Volunteer for the following purpose(s):

- Photographs necessary for identification.
- Facility brochure or other Facility advertisement.
- Internal Facility functions, e.g., birthdays, and special events.
- Other (specify) _____

Signature of Volunteer: _____

Date: _____

Witness Signature: _____

Date: _____

HEALTHWIN SPECIALIZED CARE
DEPARTMENTAL POLICY AND PROCEDURE

POLICY TITLE: HIPAA Compliance

RECOMMENDER: Human Resources

SCOPE OF PRACTICE: All Departments

SECTION: Human Resources

	<u>SIGNATURE</u>	<u>DATE</u>	<u>TITLE</u>
APPROVED BY:	_____	_____	Executive Team
	_____	_____	_____
CONCURRENCES:	<input checked="" type="checkbox"/> All Departments <input type="checkbox"/> Administration <input type="checkbox"/> Activities <input type="checkbox"/> Business Office <input type="checkbox"/> Housekeeping <input type="checkbox"/> Laundry <input type="checkbox"/> Maintenance <input type="checkbox"/> Marketing/Admissions <input type="checkbox"/> MDS <input type="checkbox"/> Medical Records	<input type="checkbox"/> Nursing <input type="checkbox"/> Nutritional Services <input type="checkbox"/> Quality of Life <input type="checkbox"/> Respiratory Care <input type="checkbox"/> Restorative <input type="checkbox"/> Switchboard <input type="checkbox"/> Social Services <input type="checkbox"/> Staff Development <input type="checkbox"/> Therapy <input type="checkbox"/> Human Resources	<input checked="" type="checkbox"/> Orientation policy

POLICY:

It is the policy of this facility to protect resident protected health information. **(PHI includes oral, recorded, paper, or electronic information relating to a resident's physical or mental health, services rendered or payment of those services in the past, present, or future)** from unauthorized use, access to, or release.

Resident data must be protected when it contains personal information that connects the resident to his or her medical record including:

- The individual's name or address
- Telephone numbers
- Electronic mail addresses
- Medical record numbers

HIPAA Compliance Policy

Initiated: July 1, 2009

Revised: November 1, 2011

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- Full face photographic images
- Social Security or other identification numbers
- Physician's personal notes
- Billing information

Examples of PHI include:

- Resident care plans
- Weekly wound or skin logs
- Admissions and referral forms
- Restraint logs
- Incident reports

PROCEDURE:

Unauthorized Use, Access, or Release of Information

1. Our facility will not condone the unauthorized use, access to, or release of protected resident health information as defined by current HIPAA rules and regulations.

Reporting Violations

2. Personnel who suspect or who have knowledge of violations of our HIPAA policies and procedures must promptly report such information to the Healthwin Compliance Officer or to the Anonymous Compliance Legal Line at 1-800-808-3198.

Whistleblower Exception

3. PHI may be disclosed under the whistleblower exception. Under that exception, disclosure to a health oversight agency or public health authority authorized by law to oversee the conduct of the facility is permissible if you have a good faith belief that the facility:
 - I. Is engaged in unlawful conduct.
 - II. Is in violation of professional or clinical standards.
 - III. Is endangering its residents, workers, or the public.

PHI may also be disclosed under the Workforce Member Crime Victim exception. Under this exception, you may disclose PHI to a law enforcement official if:

- I. You are the crime victim.
- II. The PHI is about the criminal suspect.
- III. The PHI is limited to name and address; date and place of birth; social security number; ABO blood type and Rh factor; type of injury; date and time of treatment; date and time of death (if applicable); and a description of distinguishing physical

characteristics, including height, weight, gender, race, hair and eye color, presence or absence of facial hair, scars, and tattoos.

Complaints

4. Individuals may submit complaints related to Healthwin's HIPAA Compliance Officer regarding the privacy policies and procedures and the Privacy Rule to the Healthwin Compliance Officer. Complaints may also be submitted to the Secretary of the U.S. Health & Human Services Department.

HIPAA Policies and Procedures

5. Policies and procedures governing the protection of resident information are outlined in our HIPAA Compliance Manual. A copy of such manual is located in the HR Director's office.

**Healthwin Specialized Care
Volunteer Acknowledgement**

HIPAA Compliance Policy

I have been given a copy of the HIPAA Compliance Policy effective July 1, 2009. I have been encouraged to ask questions regarding this policy and I have a complete understanding of this policy.

Volunteer Signature

Date

HEALTHWIN SPECIALIZED CARE
DEPARTMENTAL POLICY AND PROCEDURE

POLICY TITLE: Compliance Program

RECOMMENDER: Administration

SCOPE OF PRACTICE: All Departments

SECTION: Administration

	<u>SIGNATURE</u>	<u>DATE</u>	<u>TITLE</u>
APPROVED BY:	_____	_____	Executive Team
	_____	_____	Executive Team
CONCURRENCES:	<input checked="" type="checkbox"/> All Departments <input type="checkbox"/> Administration <input type="checkbox"/> Activities <input type="checkbox"/> Business Office <input type="checkbox"/> Housekeeping <input type="checkbox"/> Laundry <input type="checkbox"/> Maintenance <input type="checkbox"/> Marketing/Admissions <input type="checkbox"/> MDS <input type="checkbox"/> Medical Records	<input type="checkbox"/> Nursing <input type="checkbox"/> Nutritional Services <input type="checkbox"/> Quality of Life <input type="checkbox"/> Respiratory Care <input type="checkbox"/> Restorative <input type="checkbox"/> Switchboard <input type="checkbox"/> Social Services <input type="checkbox"/> Staff Development <input type="checkbox"/> Therapy <input type="checkbox"/> Human Resources	<input checked="" type="checkbox"/> Orientation policy

PURPOSE/REQUIRED STANDARDS:

As required by the Affordable Care Act, Healthwin is required to have in operation a compliance and ethics program that is effective in preventing and detecting criminal, civil, and administrative violations and in promoting quality of care consistent with all laws and regulations. The mission of Healthwin is to care for and improve the health of our residents with compassion and a special concern for the underserved, poor, and elderly as outlined in our Mission Statement.

Healthwin Mission Statement

Our mission is to enhance and assist those we serve to achieve their desired physical, mental and spiritual potential and to rebuild, through compassionate care, purposeful and meaningful lives.

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Our Vision

Healthwin will be the provider of choice for residents, physicians, and employees in this region. Our decisions and actions will be resident-centered, compassionate, and of the highest quality. Our care will be supported by a highly- trained and committed workforce, advanced technology, and strong teaching programs.

Our Core Values

Justice: Respecting the dignity of all persons

Service: Extending ourselves to heal and comfort our community

Stewardship: Utilizing our resources to realize the maximum benefits to our patients, employees, and the larger community we serve

Dignity: Respecting the inherent value of each person

Excellence: Pursuing only the highest standards of quality in all that we do

Integrity: Demonstrating open, honest, and sincere behavior in all our interactions

POLICY:

The Compliance Program

Healthwin is committed to the highest standards of ethics, honesty, and integrity in pursuit of its mission. Members of the Board, the Executive Team, members of senior management, employees, members of the medical staff, volunteers, vendors, independent contractors, and others representing Healthwin are expected to adhere to these standards of conduct in the discharge of their duties. The Healthwin Compliance Program ("Program") demonstrates the commitment to ethical conduct and compliance by setting forth guidelines for conduct designed to prevent and detect violations of law, and by encouraging compliance by providing support, training, and educational resources to assist Healthwin in fulfilling its responsibilities. The Program is designed to assist and facilitate Healthwin in fulfilling its compliance responsibilities by creating a non-retaliatory reporting environment and a process to monitor compliance efforts and documenting the expectations for members of the Healthwin community in the performance of their responsibilities at Healthwin.

Organizational Structure

Healthwin has a Compliance Committee (CC), chaired by the Compliance Officer (CO) comprised of members of senior management necessary to support and assist the CO in assisting Healthwin in fulfilling its duties and obligations under its Compliance Program. The CO reports on Healthwin's compliance activities to the Healthwin Board, which has ultimate oversight responsibility for the Program.

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The Compliance Committee

The CC is comprised of members of senior management of Healthwin. Management will be invited to attend when appropriate, specifically, for example, Manager of Health Information Management, Patient Account Representative, Technology Support and Operations.

The CC has oversight responsibilities for the compliance activities of Healthwin and assists in fulfilling its legal compliance obligations, providing support for functions related to Healthwin operations and activities. This Committee provides a forum for discussion of compliance-related issues and the status of action plans developed to resolve those issues. The CC oversees the following areas of compliance activity:

- Informing, training, and educating the Healthwin community about the Healthwin Code of Conduct ("Code") and ethical obligations under that Code
- Monitoring compliance activities, including policies, procedures, training and education programs
- Serving as a resource to Healthwin on matters of compliance, legal and regulatory changes, and assessing and identifying areas of risk
- Maintaining the anonymous hotline managed by an independent outside vendor for confidential reporting of compliance matters
- Assisting operational units in developing corrective action plans
- Recommending and reviewing disciplinary action for violations of the Code
- Creation of a non-retaliatory environment for free and open reporting and discussion of compliance issues and concerns

The CC advises the CO and assists in the development and implementation of the Compliance Program. The duties and responsibilities of the CC include:

- Assisting in the development of a risk-based compliance plan that addresses regulatory compliance with all governing bodies and regulatory agencies, including but not limited to: Centers for Medicare & Medicaid Services (CMS), Department of Social Services (DSS), Department of Public Health (DPH), and Office of Inspector General (OIG).
- Delegating primary responsibility for compliance with standards and regulations of the Department of Labor (DOL), Internal Revenue Service (IRS), Drug Enforcement Administration (DEA), and Quality Improvement Organizations (QIO).
- Coordinating efforts, communication, and reporting between the CO, and the CC, and compliance management in operating departments to ensure effective monitoring and reporting. Within the various departments of the facility, management will have day-to-

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day oversight and responsibility to ensure that internal controls over compliance are in place and working effectively.

- Maintaining a non-retaliatory system to solicit, evaluate, and respond to complaints and problems.
- Periodically reviewing the results of monitoring and auditing activities performed by internal audits and Compliance.
- Periodic reviewing the Code of Conduct policies and procedures as well as other compliance related policies as requested. Approves appropriate additions, deletions and/or revisions as recommended by the CO and CC. Ensuring all officers, directors, and employees are familiar with the Code of Conduct through training and educating and fulfilling their duties for completing the annual disclosure statement.
- Monitoring compliance education activities and scope and providing input to the overall content of annual training. In addition, Healthwin departments may consult with the CO regarding general and specialized compliance training sessions based on department requirements.
- Periodically conduct a compliance effectiveness performance assessment to identify inherent business risks and evaluate internal compliance controls necessary for an effective compliance program. The assessment may include an evaluation of policies and implementing procedures; the accuracy of medical coding and billing; and the level of employee awareness regarding compliance programs. From the assessment, the CC will approve recommendations for improvement and support the implementation of those actions.

The Compliance Committee consists of the following members:

- Administrator
- Chief Clinical Officer
- Chief Financial Officer
- Compliance Officer
- Director Business Office
- HIM Manager
- Medical Director
- Therapy Consultant

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Board of Directors

The Compliance Officer reports directly to the Healthwin Board of Directors. The Board receives at least quarterly briefings from the Compliance Officer on areas of significant compliance risk. The Board also receives guidance on compliance from the Compliance Committee.

Document Retention

All documents will be maintained for a period of time, consistent with state or federal laws and Healthwin policy.

Policies and Procedures

All applicable policies and procedures related to the Compliance Program or any federal healthcare rule or regulation, applicable to Healthwin's business shall be reviewed and revised as necessary.

HEALTHWIN Code of Conduct

The following areas are covered in the Healthwin Code of Conduct:

- How to report violations of the standards
- Non-retaliation for reporting of compliance issues or concerns
- Following all federal healthcare program rules and regulations
- Compliance with the law
- Providing excellent patient care
- Preparing and submitting accurate claims
- Protecting confidential information
- Adhering to anti-referral and health care fraud and abuse legislation
- Not accepting inappropriate gifts or gratuities
- No inappropriate gifts to patients, physicians, and vendors
- Avoiding conflicts of interest
- Following antitrust regulations
- Keeping accurate and complete records
- Protecting the environment
- Providing a safe workplace
- Not tolerating harassment or discrimination
- Appropriately using assets

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- Protecting access to information systems
- Adhering to intellectual property laws
- Privacy and security of confidential patient, employee, and business information collected and maintained by Healthwin

Healthwin's Code of Conduct provides the guiding standards of conduct for all members of the Healthwin community, and sets forth Healthwin's commitment to good practices and compliance with applicable laws and regulations. Senior management is responsible for ensuring that the Code of Conduct is observed by all members of the Healthwin community under their direct and indirect supervision.

Statement of Receipt and Acknowledgment

Healthwin employees and contracted individuals shall acknowledge receipt of the Healthwin Code of Conduct ("Code") and acknowledge individual responsibility for knowing and adhering to the Code during general orientation and annually.

Compliance with the Law

Healthwin is committed to compliance with all applicable laws, rules, and regulations. It is the responsibility of each member of the Healthwin community to follow, in the course and scope of his/her employment at, or affiliation with, Healthwin, all applicable laws, rules, regulations and policies, and to maintain an educational, healthcare and business environment that is committed to integrity and ethical conduct.

Kickbacks

Healthwin is committed to following federal and state anti-kickback laws and regulations. When someone who can influence Healthwin purchasing decisions takes money or anything of value from a vendor, it may be considered a kickback and is illegal. Additionally, members of the Healthwin community should be aware that if someone refers a patient to another provider and receives something of value in exchange, it may be considered a kickback. Anti-kickback rules also apply to the recruitment of physicians, referrals of patients by physicians and other providers to Healthwin, and the acquisition of physician practices.

Market Competition

Healthwin is committed to complying with state and federal antitrust (monopolies) laws and regulations. Healthwin policy and business practices prohibit setting charges in collusion with competitors, certain exclusive arrangements with vendors, and the sharing of confidential

information with competitors. Additionally, members of the Healthwin community are prohibited from sharing confidential information with competing providers, such as salaries or charges for services rendered.

Purchasing

All purchasing decisions shall be made either without any conflicts of interest or with full disclosure of any conflict with ultimate decision being made by someone without a conflict. Any concerns about the legality of a proposed transaction, such as inducements offered by a vendor or supplier, should be discussed with the supervisor, or the CO.

Conflict of Interest

Healthwin is committed to following and enforcing its Conflict of Interest policy. All members of the Healthwin community should avoid potential or perceived conflict of interest. Any concerns about a proposed transaction that may involve inducements offered by a vendor, supplier, or a business relationship with a company that is connected with you or a family member, should be discussed with the CO.

Screening to Ensure Eligibility to Participate in Federal Health Care Programs

All employees, medical staff members, contractors, and vendors providing services to Healthwin shall comply with all applicable laws and Healthwin policies, including not using any person of entity that has been excluded from participation in Federal health care programs. The organization reviews at least once per year all employees, medical staff members, and contractors and vendors of the organization against Medicare exclusion lists. A similar scan is run for all new employees and vendors of the organization prior to hiring these individuals to provide services to the organization.

Environment

Healthwin is committed to complying with all applicable environmental laws and maintaining all necessary environmental permits and approvals. Environmental compliance includes the proper handling, storage, use, shipment, and disposal of all materials that are regulated under any applicable environmental law. If any employee has knowledge that a spill, release, or discharge of any material regulated pursuant to an applicable environmental law has occurred, the employee shall immediately report such an event in accordance with the Healthwin Safety Manual to ensure the necessary actions are taken. Necessary action may include evacuating employees, reporting such event to a governmental authority, if required, pursuant to any environmental law, and containing and cleaning up any such spill, release, or discharge. Employees should also report any other violations of applicable environmental law of which they have knowledge that could endanger the health and safety of other individuals.

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Confidentiality

Healthwin is committed to the appropriate protection of confidential information. The organization is required under HIPAA rules and regulations to protect the confidentiality of patient protected health information. Many members of the Healthwin community have access to various forms of sensitive, confidential, and proprietary information. Healthwin policy prohibits seeking, disclosing or giving of such information, including confidential information, except as allowed or required by law.

Controlled Substances

Healthwin prohibits the unlawful possession, use, manufacture, or distribution of illegal drugs and alcohol. Healthwin prohibits the unlawful possession, use, manufacture, or distribution of illegal drugs and alcohol on its property or as part of any Healthwin sponsored activity. Additionally, members of the Medical Staff, including those who maintain Drug Enforcement Agency (DEA) registration, shall comply with all federal and state laws regulating controlled substances.

Discrimination

Healthwin is committed to the principles of equal employment and affirmative action. Healthwin does not discriminate on the basis of race, color, religion, sex, national or ethnic origin, age, disability, sexual orientation, or military service in administration of educational policies, programs, or activities; its admission policies; scholarship and loan programs or other institution-administered programs; or employment. The Human Resources Department (HR) has responsibility for monitoring affirmative action and assisting with application and interpretation of laws that impose those obligations on Healthwin.

Any member of the Healthwin community who experiences harassment or discrimination on the basis of sex, race, color, religion, national origin, age, disability, or sexual orientation should immediately seek assistance from HR. HR either receives, or is informed of, all complaints of unlawful discrimination raised within the Healthwin community and assists in the resolution of those complaints. Healthwin prohibits retaliation against members of the Healthwin community who, in good faith, make complaints of harassing or discriminatory conduct.

Response to Investigation

Healthwin is committed to cooperating with government investigators as required by law. If an employee receives a subpoena, search warrant or other similar document, referring to any

Healthwin entity, before taking any action, the employee shall immediately contact Healthwin's Administrator and CO, Healthwin's Administrator and CO are responsible for authorizing the release or copying of documents. If a government investigator, agent, or auditor comes to Healthwin, a supervisor, the CO, or the Administrator may be contacted prior to an employee cooperating with such investigator, agent, or auditor.

Compliance Training

Healthwin is committed to providing compliance training and education with applicable laws, rules, and regulations. All employees and contracted individuals of the organization will receive compliance training each year, specifically related to the Code of Conduct and Healthwin's compliance program. Employees in specific departments or job functions such as billing, coding, nursing, and physicians, may receive, as needed, additional specific training each year related to compliance and their job function.

Billing and Claims

Healthwin is committed to charging, billing, documenting, and submitting claims for reimbursement for Healthwin services in the manner required by applicable laws, rules, and regulations. All employees should know and carefully follow the applicable rules for submission of bills and claims for reimbursement on behalf of Healthwin. If employees know or suspect that a bill or claim for reimbursement is incorrect, they are required to report it immediately to their supervisor or to the CO. If Healthwin becomes aware of any overpayments, the overpayments shall be repaid to the contractor or other payer in accordance with federal and state law and applicable rules and regulations. Remedial action shall be completed as required.

Patient Referrals

Healthwin is committed to the lawful referral of Healthwin patients to services outside Healthwin for the delivery of appropriate patient care. If a referring physician, or his/her immediate family member, has an ownership or investment interest in, or a compensation arrangement with, the entity to which a patient is referred, and payment for the referred services will be made from a federal or state health care program, such as Medicare or Medicaid, a federal law, commonly referred to as the "Stark Law," may prohibit the referral. No Healthwin physician shall refer a patient for services in violation of the law. If a physician has questions about referrals, he/she should consult with the CO or the Administrator.

Reportable Event

If the organization becomes aware of any reportable event, such as reimbursement overpayment, or criminal activity, it shall be reported as required under federal or state law.

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Cost Reporting

Healthwin files a cost report with the Medicare program each fiscal year, which includes fiscal, statistical, and operational information about the facility. Healthwin has taken steps to ensure the completeness and accuracy of the information which is submitted in these filings.

Disciplinary Action

All members of the Healthwin workforce community carry out their duties pursuant to Healthwin policies, and as required by law. Healthwin workforce members may report violations of local, state or federal laws, rules or regulations to the CO, a supervisor, Administrator, or HR. No retaliation or disciplinary action shall take place based upon a good faith report of a compliance issue or concern. Failure to report know violations may result in disciplinary actions up to and including termination. Disciplinary actions shall abide by all substantive and procedural protections applicable to the Counseling and Corrective Action Policy and Termination Policy or other applicable Healthwin policies and procedures.

Reporting Compliance Concerns

Healthwin is committed to following local, state and federal laws, rules and regulations. The CO shall ensure that the hotline is available to report potential violations. Healthwin workforce members are required to report to the CO, a supervisor, or the hotline any potential Healthwin job-related criminal conduct or other situation that may endanger the health and safety of any individual. All persons making reports are assured that such reports will be treated confidentially and shared with others only on a bona fide need-to-know basis. Healthwin will take no adverse action against persons making reports in good faith and prohibits retaliation against persons who make reports in good faith. False accusations made with the intent of harming or retaliating against another person may subject the accuser to disciplinary action up to and including termination.

Members of the Healthwin community wanting to report a violation or a potential problem may contact the CO [574-272-8945] or the confidential hotline at [1-800-808-3198].

Acknowledgment of Compliance

Policy reference: All employees, contractors, volunteers, and medical staff are required, as a condition of employment (or other identified relationship), to comply with the Code of Conduct, Ethics, & Compliance Guide and the Compliance Program Policy. Responsibilities are listed in the Code of Conduct, Ethics, & Compliance Guide and the Compliance Program Policy. This form acknowledges receipt of the Code of Conduct, Ethics, & Compliance Guide and the Compliance Program Policy and commitment to comply.

My signature acknowledges receipt of the Code of Conduct, Ethics, & Compliance Guide and the Compliance Program Policy including the commitment to follow the Code and Compliance Program Policy:

Printed Name

Signature

Date

Department

Please check the most appropriate:

- Employee
- Volunteer
- Board of Directors
- Medical Staff
- Contractor (please identify: _____)
- Other (please identify: _____)

This form will be collected following the New Employee Orientation, and is required to be in your personnel file as a condition of employment. The Code of Conduct, Ethics, & Compliance Guide and the Compliance Program Policy will be acknowledged on an annual basis as part of our corporate compliance plan.

BILL OF RESIDENT RIGHTS

Our facility will protect and promote each of the following rights:

Exercise of Rights.

1. You have the right to exercise your rights as a resident of the facility and as a citizen or resident of the United States.
2. You have the right to be free of interference, coercion, discrimination, or reprisal from the facility in exercising your rights.
3. If you are adjudged incompetent under the laws of this state by a court of competent jurisdiction, your rights will be exercised by the person appointed under state law to act on your behalf.
4. If you are not adjudged incompetent by a state court, any legal surrogate designated according to state law may exercise your rights, to the extent provided by state laws.

Notice of Rights and Services.

5. You have the right to be informed prior to or upon admission and during your stay both orally and in writing in a language you understand of your rights and all rules and regulations governing your conduct and responsibilities during your stay in the facility.
6. You have the right, upon oral or written request and 24-hour notice (excluding weekends and holidays), to have access to all records pertaining to you, and upon request and two working days advance notice, to purchase photocopies of all such records.
7. You have the right to be fully informed in language you understand of your total health status including, but not limited to your medical condition.
8. You have the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive such as a living will or a durable power of attorney for health care, recognized under state law relating to the provision of health care when you are no longer able to make decisions.
9. You have the rights to be informed in writing at the time of admission to the facility, or when you become eligible for Medicaid, of items and services that are included in nursing facility services under the Medicaid program in this state and for which you may not be charged. You also have the right to be informed of those other items and services that the facility offers and for which you may be charged, the amount of charges, and to be informed when changes are made to items and services paid for and not paid for by the Medicaid program in this state.
10. You have the right to be informed before or at the time of admission and periodically during your stay of services available in the facility and of charges for those services including any changes for services not covered under the Medicare program or by the facility's per diem rate.
11. You have the right to file a complaint with the State Survey and Certification Agency concerning abuse, neglect, and misappropriation of property in the facility and non-compliance with the advance directive requirements.
12. You have the right to be informed of the name, specialty, and way of contacting the physician responsible for your care.
13. Except in a medical emergency or if you have been adjudged incompetent, you have the right to be informed immediately whenever.
 - a. You are involved in an accident which results in injury and could require physician intervention.
 - b. A significant change occurs in your physical, mental, or psychosocial status.
 - c. There is a need to alter treatment significantly.
 - d. A decision is made to transfer or to discharge you from the facility.
 - e. A change in room or roommate assignment occurs.
 - f. There is a change in your rights under federal or state law or regulations.

You also have the right to have your attending physician consulted regarding the above (except e. and f.) and to have your legal representative or interested family member notified promptly.

Resident Funds.

14. You have the right to manage your financial affairs and the facility may not require that you deposit your personal funds with the facility. The facility may not impose a charge against your personal funds for any item or service for which payment is made under Medicare or Medicaid (except for applicable co-insurance and deductible amounts). The facility may charge you for requested items or services that are more expensive than or in excess of covered services. A description of the manner of protecting personal funds is contained in the Policy on Protection of Resident's Funds.

Free Choice.

15. You have the right to choose a personal attending physician.
16. You have the right to be fully informed in advance about care and treatment and of any changes in the care of treatment that may affect your well-being and to participate in planning care and treatment or changes in care and treatment, unless you have been adjudged incompetent or found to be incapacitated under state law.

Privacy and Confidentiality.

17. You have the right to personal privacy and confidentiality of your personal and clinical records. Personal privacy includes privacy in accommodations, medical treatment, written and telephone communications, personal care, visits and meetings of family and resident groups, but this does not require facility to provide a private room.
18. You have the right to approve or refuse the release of personal and clinical records to any individual outside the facility.,
except:
 - a. When you are transferred to another health care institution; or
 - b. When record release is required by law.

Grievances.

19. You have the right to voice grievances with respect to treatment or care that is, or fails to be furnished, without discrimination or reprisal for voicing the grievances. You have the right to prompt efforts by the facility to resolve grievances you may have, including those with respect to the behavior of other residents.

Examination of Survey Results.

20. You have the right to examine the results of the most recent survey of the facility conducted by federal or state surveyors and any plan of correction in effect with respect to the facility. The facility will either post the results or a notice of their availability in a place readily accessible by you.
21. You have the right to receive information from agencies acting as client advocates and to be afforded the opportunity to contact these agencies.

Work.

22. You have the right to refuse to perform services for the facility. You have the right to perform services for the facility if you choose to do so and agree to the work arrangement described in the plan of care. The facility will document the need or desire for work in your plan of care. The plan will specify the nature of the services performed and whether voluntary or paid. Compensation will be at or above the prevailing rates.

Mail.

23. You have the right to privacy in written communication including the right to send and promptly receive mail that is unopened and to have access to stationery, postage, and writing implements at your own expense.

Access to Facility/Visitation Rights.

24. You have the right to receive visitors and the facility must allow access to you for any such visitors at any reasonable hour.
25. You have the right and the facility must allow access to you for any such visitors at any reasonable hour.
 - a. Any representative of the Secretary of the Department of Health and Human Services.
 - b. Any representative of the state.

- c. Your individual physician.
- d. The state long term care ombudsman.
- e. The agency responsible for the protection and advocacy system for developmentally disabled individuals.
- f. The agency responsible for the protection and advocacy system for mentally ill individuals.
- g. Immediate family or relatives, subject to your right to deny or withdraw consent at any time.
- h. Others, including any entity or individual that provides health, social, legal, or other services to you, subject to your right to deny or withdraw consent at any time.

Telephone.

26. You have the right to reasonable access to the private use of a telephone.

Personal Property.

27. You have the right to retain and use personal possessions including some furnishings and appropriate clothing, as space permits, unless to do so would infringe upon the rights to health and safety of other residents.

Married Couples.

28. You have the right to share a room with your spouse if you live in the same facility and you both consent to the arrangement.

Self-Administration of Drugs.

29. You have the right to self-administer drugs if the interdisciplinary team has determined, for you individually, that this practice is safe.

Admission, Transfer, and Discharge Rights.

30. You have the right to remain in the facility and not be transferred (including transfers to a bed outside the certified facility) or discharged from the facility unless:
- a. The transfer or discharge is necessary for your welfare and your needs cannot be met in the facility.
 - b. The transfer or discharge is appropriate because your health has improved sufficiently so you no longer need the services provided by the facility.
 - c. The safety or health of individuals in the facility is endangered.
 - d. You have failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) your stay at the facility.
 - e. The facility ceases to operate.
31. When transfer or discharge occurs for any of the above-referenced reasons, you have the right to have the reason for the transfer or discharge documented in your medical record (except 30.e) and to have written notice of the reason given to you and your family member or legal representative in a language and manner you and they understand. This notice will include: the reason for the transfer or discharge, the effective date of the transfer or discharge, the location to which you are being transferred or discharged, a statement that you have to appeal the action to the state agency designated by the state for such appeals, and the name, address, and telephone number of the state long term care ombudsman.

For residents with developmental disabilities, the notice will include the mailing address and telephone number of the agency Responsible for the protection and advocacy of developmentally disabled individuals established under Part C of the Developmental Disabilities Assistance and Bill of Rights Act.

For nursing home residents who are mentally ill, the notice will include the telephone number of the agency responsible for the Protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.

You also have the right to be provided by the facility with sufficient preparation and orientation to insure safe and orderly transfer or Discharge from the facility.

32. You have the right, without effecting your eligibility or entitlement to Medicaid benefits, to refuse a transfer to another room within the facility, if the purpose of the transfer is to relocate you from:

- a. that part of the facility, if any, that is Medicare-certified to a noncertified part of the facility: or
- b. that part of the facility that is not Medicare-certified to the Medicare-certified part of the facility (if any).

Resident Behavior – Facility Practices.

33. **Restraints.** You have the right to be free from any physical restraints or psychoactive drugs which are used for the purpose of discipline or convenience and are not required to treat your medical symptoms. Restraints may only be imposed:
- a. To ensure your physical safety or the physical safety of other residents.
 - b. Only upon the written orders of a physician. The orders must specify the duration and circumstances under which restraints are to be used, except in emergency circumstances specified by the Secretary, until such order could reasonably be obtained.
34. **Abuse.** You have the right to be free from verbal, sexual, physical and mental abuse, corporal punishment, and involuntary seclusion.

Healthwin

Rebuilding Lives With Care Since 1908
St. Clair Darden Health System

Resident's Rights Acknowledgment

I have been instructed in Resident's Rights and understand my responsibilities in upholding them as a volunteer of Healthwin Specialized Care. I also acknowledge that any infraction of Resident's Rights can result in my immediate termination.

Volunteer Signature: _____ Date: _____

HEALTHWIN SPECIALIZED CARE
DEPARTMENTAL POLICY AND PROCEDURE

POLICY TITLE: Sexual Harassment

RECOMMENDER: Human Resources

SCOPE OF PRACTICE: All Employees and Volunteers

SECTION: Human Resources

	<u>SIGNATURE</u>	<u>DATE</u>	<u>TITLE</u>
APPROVED BY:	_____	_____	Administrator
	_____	_____	_____
CONCURRENCES:	<input checked="" type="checkbox"/> All Departments <input type="checkbox"/> Administration <input type="checkbox"/> Activities <input type="checkbox"/> Business Office <input type="checkbox"/> Housekeeping <input type="checkbox"/> Laundry <input type="checkbox"/> Maintenance <input type="checkbox"/> Marketing/Admissions <input type="checkbox"/> MDS <input type="checkbox"/> Medical Records	<input type="checkbox"/> Nursing <input type="checkbox"/> Nutritional Services <input type="checkbox"/> Quality of Life <input type="checkbox"/> Respiratory Care <input type="checkbox"/> Restorative <input type="checkbox"/> Switchboard <input type="checkbox"/> Social Services <input type="checkbox"/> Staff Development <input type="checkbox"/> Therapy <input type="checkbox"/> Human Resources	<input checked="" type="checkbox"/> Orientation policy

PURPOSE/REQUIRED STANDARDS:

Sexual harassment is an unlawful employment practice in violation of Title VII of the Civil Rights Act and is defined as unwelcome sexual advances, requests for sexual favor or other verbal or physical conduct of a sexual nature. It is the policy of Healthwin that sexual harassment will not be tolerated.

POLICY:

Harassment, including sexual harassment, is contrary to basic standards of conduct between individuals and is prohibited by Equal Employment Opportunity Commission and state regulation. It will therefore, constitute a violation of company policy for any employee/volunteer to engage in any of the acts or behavior defined below, and such misconduct will subject an employee/volunteer to corrective action up to and including immediate discharge.

Sexual Harassment

Initiated: December 20, 2005

Revised:

Page 1 of 2

Employees/Volunteers who feel they have been discriminated against on the basis of sex, or sexually or in any manner harassed, should immediately report such incidents following the procedure described below without fear of reprisal. Confidentiality will be maintained to the extent permitted by the circumstances.

In furtherance of Healthwin's policy to provide each employee/volunteer with a work environment free from sexual harassment, Healthwin requires that all personnel avoid any action or conduct which could be viewed as sexual harassment, including:

- Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature
- Making threats of reprisal explicitly or implicitly a term or condition of employment/volunteering
- Using coercive sexual behavior to control or affect the career, salary or performance review of another employee/volunteer
- Unreasonably interfering with work performance or creating an otherwise offensive working environment

PROCEDURE:

Any employee/volunteer who has a complaint of sexual harassment at work should immediately bring the matter to the attention of their Supervisor, Volunteer Coordinator or Human Resources. All complaints will be handled with the utmost discretion and receive a thorough investigation.

Sexual Harassment

Initiated: December 20, 2005

Revised:

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**Healthwin Specialized Care
Volunteer Acknowledgement**

Sexual Harassment Policy

I have been given a copy of the Sexual Harassment Policy effective December 20, 2005. I have been encouraged to ask questions regarding this policy and I have a complete understanding of this policy.

Name

Date

HEALTHWIN SPECIALIZED CARE
DEPARTMENTAL POLICY AND PROCEDURE

POLICY TITLE: Abuse Reporting and Investigation

RECOMMENDER: Administration

SCOPE OF PRACTICE: All Staff

SECTION: Abuse and Neglect

	<u>SIGNATURE</u>	<u>DATE</u>	<u>TITLE</u>
APPROVED BY:	_____	_____	Executive Leadership
	_____	_____	Executive Leadership
CONCURRENCES:	<input checked="" type="checkbox"/> All Departments <input type="checkbox"/> Administration <input type="checkbox"/> Activities <input type="checkbox"/> Business Office <input type="checkbox"/> Housekeeping <input type="checkbox"/> Laundry <input type="checkbox"/> Maintenance <input type="checkbox"/> Marketing/Admissions <input type="checkbox"/> MDS <input type="checkbox"/> Medical Records	<input type="checkbox"/> Nursing <input type="checkbox"/> Nutritional Services <input type="checkbox"/> Quality of Life <input type="checkbox"/> Respiratory Care <input type="checkbox"/> Restorative <input type="checkbox"/> Switchboard <input type="checkbox"/> Social Services <input type="checkbox"/> Staff Development <input type="checkbox"/> Therapy <input type="checkbox"/> Human Resources	<input checked="" type="checkbox"/> Orientation policy

PURPOSE:

To establish guidelines for policies and procedures that prohibit mistreatment, neglect, and abuse of resident and misappropriation of resident property, and to assure the residents will be free of verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion by implementing procedures for screening, training, prevention, identification, investigation, protection and reporting/response to all allegations of abuse.

POLICY:

It is the policy of this facility that allegations of abuse be reported and thoroughly investigated. It is also the policy of this facility to prevent overtaxing employees by monitoring and attempting to prevent "burnout" of staff for their well-being and the safety of residents in their care.

Abuse Reporting And Investigation

Initiated: 5/15/01

Revised: 10/06/2010, 10/21/10, 12/1/10, 10/24/11, 9/18/12, 2/22/13

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PROCEDURE:

1. The facility will not permit a resident to be subjected to abuse by anyone, including staff members, other residents, consultants, volunteers, and staff of other agencies serving the resident, family members, legal guardians, sponsors, friends, or other individuals.
2. To assist the facility in defining incidents of abuse the following definitions are provided:
 - a. **Abuse:** "The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish". This also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. This presumes that instances of abuse of all residents, even those in a coma, cause physical harm, or pain or mental anguish
 - b. **Verbal abuse** - any use of oral, written, or gestured language that includes disparaging and derogatory terms to resident or family, within hearing distance, to describe resident, regardless of age, ability to comprehend, or disability. Rudeness expressed to a resident may be regarded as verbal abuse.
 - c. **Sexual abuse** - includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.
 - d. **Physical abuse** - hitting, slapping, pinching, kicking etc., including controlling behavior through corporal punishment
 - e. **Involuntary seclusion** – separation of resident from other residents from (or in) his/her room against resident's will or the will of responsibility party. (NOTE: Temporary monitored separation from other residents will not be considered involuntary seclusion and may be permitted when used as a therapeutic intervention to reduce agitation as determined by the Medical Director and/or Director of Nursing, and such action is consistent with resident's care plan.)
 - f. **Mental abuse** - includes, but is not limited to, humiliation, harassment, threats of punishment, or withholding of treatment or services.
 - g. **Neglect** - Failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness.
 - h. **Misappropriation of Resident Property** – The deliberate misplacement, exploitation or wrongful, temporary or permanent, use of a resident's belongings or money without the residents consent.
 - i. **Crime:** Section 1150B (b) (1) of the Social Security Act provides that a "crime" is defined by law of the applicable political subdivision where a LTC facility is located. Long Term Care facilities must coordinate with their local law enforcement entities to determine what actions are considered crimes within their political subdivision.
 - j. **Law Enforcement:** Section 2011 (8) of the Social Security Act as the full range of potential responders to elder abuse, neglect, and exploitation including:

Abuse Reporting And Investigation

Initiated: 5/15/01

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police, sheriffs, detectives, public safety officers; corrections personnel; prosecutors; medical examiners; investigator; and coroners.

- k. **Exploitation:** The term "exploitation" is defined in section 2011 (8) of the Social Security Act as fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including a caregiver or fiduciary, that uses the resources of an elder for monetary or personal benefit, profit, or gain, or that results in depriving an elder of rightful access to, or use of, benefits, resources, belongings, or assets.
- l. **Serious Bodily Injury:** an injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; or requiring medical intervention such as surgery, hospitalization, or physical rehabilitation.
- m. **Willful:** An intentional act (in contrast to an accidental or involuntary act) done by one who is or should be aware of the act's consequences.
- n. **Injury of unknown source:** When both the source of the injury was not observed by any person or the source of the injury could not be explained by the resident; and the injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incidence of injuries over time.
- o. **Immediately:** As soon as possible, but ought not exceed **2 hours** if reasonable suspicion of a crime or serious bodily injury has occurred, or **immediately** after discovery of the incident for all other seasons of an unusual occurrence.

- 3. Staff is trained to recognize the signs and symptoms of abuse and neglect. Any staff member who has knowledge of or reasonable cause to believe a resident has been or is being abused, or has knowledge a resident has sustained a physical injury which is not reasonably explained by the history of injuries provided in the medical record, is obligated to make an immediate oral report to their nurse supervisor, and the Administrator. Any staff member who has knowledge of any reasonable suspicion of a crime that has occurred, and has not reported immediately within **2 hours**, may be subject to civil money penalties not to exceed \$200,000.00. If the resident sustained a serious injury from the crime the employee had knowledge of or a reasonable suspicion of and did not report to the appropriate entities, the employee may be subject to civil money penalties not to exceed \$300,000.00. Any staff member has the right to report reasonable suspicions of a crime directly to the ISDH and/or to local law enforcement without retaliation occurring.

The following are some examples of reportable incidents. When in doubt, staff should always report.

- a. Signs of Physical Abuse
 - Welts/Bruises
 - Abrasions or lacerations

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- Fractures, dislocations or sprains of questionable origin
 - Black eyes or broken teeth
 - Improper use of restraints
 - Sexual exploitation
 - Rape
 - Excessive exposure to heat or cold
 - Involuntary seclusion
 - Multiple burns or human bites
- b. Signs of Physical Neglect
- Malnutrition and dehydration
 - Poor hygiene
 - Inappropriate clothing (soiled, tattered, poor fitting, lacking, inappropriate for season)
 - Decayed teeth
 - Improper use/administration of medication
 - Inadequate provision of care
 - Caregiver indifference to resident's personal care and needs
 - Failure to provide privacy
 - Leaving someone unattended who needs supervision
- c. Possible signs/symptoms of psychological abuse/neglect
- Resident clings to abuser/caregiver
 - Paranoia
 - Depression
 - New or increasing confusion or disorientation
 - Withdrawal
 - Inconsistent injury explanation
 - New or more frequent expressions of low self esteem or self worth
 - Anger
 - Suicidal ideation
4. A Resident Incident Investigation Form will be used for documenting the progress of the investigation.
5. All incidents of abuse or suspected abuse must be reported immediately to the Administrator, as well as the resident's responsible party. An immediate investigation must begin and the findings of such investigation will be reported to the Administrator as the investigation unfolds. If the incident is a reasonable suspicion of a crime, the Administrator or designee will contact the ISDH and law enforcement by telephone or fax or by e-mail immediately within 2 hours or immediately upon determining a situation exists or existed that is reportable under the ISDH guidelines for reporting unusual occurrences. In addition to reporting occurrences to the ISDH, reports shall be made to the Adult Protection Agency and the local Ombudsman. The SDOH will receive a final report of the investigation within five (5) working days of the occurrence.
6. Should the investigation reveal that suspected or actual abuse occurred; the report must include, but is not limited to:

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- a. Name of resident involved
 - b. Date and time incident occurred
 - c. Circumstances surrounding incident
 - d. Where incident took place
 - e. Name of any witnesses
 - f. Name(s) of person(s) charged with committing the act
 - g. Recommendations for corrective action; and
 - h. Other information that may be requested or appropriate.
7. All reports of abuse will be investigated by law enforcement agencies designated by the State licensing agency to handle such complaints (i.e., Attorney General).
 8. Should the investigating agency determine through its investigation process that abuse has occurred, such agency will notify the person(s) implicated in the act that:
 - a. He/she will have thirty (30) days to request a hearing to present evidence, either in person, in writing, or through witnesses to refute allegations.
 - b. He/she may have an attorney present at the hearing.
 - c. In the event it is determined that he/she did not neglect, abuse, and/or misappropriate resident property, all hearing records and investigation reports will be destroyed, and the individual and facility will be notified of such action.
 - d. In the event he/she is found to have neglected, abused or misappropriated resident property, the findings of the hearing will be reported to the individual, facility Administrator and to the state registry within thirty (30) days.
 9. Inquiries concerning abuse reporting and investigation should be referred to the Administrator and/or Director of Nursing.
 10. Employees are counseled during orientation regarding the symptoms of "burnout," which may include:
 - a. Irritability
 - b. Inability to concentrate
 - c. Generalized fatigue, regardless of sleep status
 - d. Increasing forgetfulness
 - e. Physical ailments, such as, but not limited to, stomach upset, headache, muscle tension
 - f. Feelings of depression and/or hopelessness
 - g. Inability to adequately perform familiar tasks
 - h. Loss of interest in work or pastimes
 11. Employees are encouraged to do the following to prevent "burnout" from occurring:
 - a. Receive adequate rest/sleep
 - b. Participate in appropriate relaxation and exercise befitting employee's interests and level of conditioning
 - c. Take assigned breaks and lunch periods
 - d. Participate in diversional activities outside of work, which are dissimilar to job duties
 - e. Establish trusting relationship with another for ventilation of feelings and feedback
 - f. Participate in activities which promote enjoyment and laughter

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12. Employees are strongly urged to report symptoms or feelings of "burnout" to their supervisors.
13. Employees are not to work more than seventeen (17) hours in one day and are not to work double shifts on more than three (3) consecutive days.
14. If employee wishes to work more than three (3) double shifts in any one-week period, permission must be obtained from the Director of Nursing or Administrator.
15. Not less than annually, the facility will provide educational programs related to the care and well-being of staff. Examples of this type of program may include healthy lifestyles, relaxation techniques for caregivers, coping with stress, communicating feelings in a positive manner, etc.
16. If an employee suspects "burnout" in another employee, he/she is to report this suspicion to the supervisor.
17. The facility provides a mentoring program for new employees designed to facilitate transition into the working environment in a positive manner and encourage professional relationship building to reduce alienation and stress.
18. Employees are encouraged to use PTO days for adequate vacation times.

ABUSE POLICY
VOLUNTEER ACKNOWLEDGEMENT

Resident's of this facility are to be treated with dignity and respect. Any individual who willfully abuses, mistreats or neglects a resident or misappropriate a resident's property or money will be terminated. Any volunteer with knowledge of another abusing, mistreating or neglecting a resident or misappropriating a resident's property and fails to report it will be terminated.

Actual cases of abuse or misappropriation of property will be reported to the police and ISDOH. The facility will prosecute the offender. Any volunteer who is the object of an investigation into alleged abuse, neglect, mistreatment of a resident, misappropriation of resident property may be suspended or reassigned pending the outcome of the investigation.

I UNDERSTAND THAT I WILL BE DISCHARGED FROM VOLUNTEERING AT THIS FACILITY IF I DO NOT REPORT ANY INCIDENTS OF ABUSE, MISTREATMENT, NEGLIGENCE, OR MISAPPROPRIATION OF PROPERTY.

I UNDERSTAND THAT I WILL BE DISCHARGED IF I AM THE PERRPETRATOR OF ABUSE, MISTREATMENT, NEGLIGENCE, OR MISAPPROPRIATION OF PROPERTY.

(PRINTED NAME)

(DATE)

(SIGNATURE)

(WITNESS)

ELDER JUSTICE ACT

Reporting Suspected Crimes In-Service

WHAT YOU NEED TO KNOW

IF YOU HAVE REASONABLE SUSPICION THAT A CRIME HAS OCCURRED AGAINST A RESIDENT OR PERSON RECEIVING CARE AT THIS FACILITY, FEDERAL LAW REQUIRES THAT YOU REPORT YOUR SUSPICION DIRECTLY TO BOTH LAW ENFORCEMENT AND THE STATE SURVEY AGENCY.

If you believe the crime involves serious bodily injury including criminal sexual abuse to the resident, you must report it immediately, but no later than 2 hours after forming the suspicion.

OR

If the crime does not appear to cause serious bodily injury to the resident you must report it

within 24 hours after forming the suspicion.

WHO MUST REPORT

- Individuals who must comply with this law are: owner(s), operators, **employees**, managers, agents or contractors of this LTC facility. This law applies to the above individuals associated with nursing facilities, skilled nursing facilities, hospices that provide services in LTC facilities, and Intermediate Care Facilities for the Mentally Retarded (ICFs/MR).

PENALTIES FOR NOT REPORTING

- **Individuals** – who fail to report, are subject to a civil monetary penalty of up to \$300,000 and possible exclusion from participation in any Federal health care program as an “excluded individual.”

NO PENALTIES FOR REPORTING

- **An LTC facility cannot punish or retaliate against you for lawfully reporting a crime under this law.**
Examples of punishment or retaliation include: firing/discharge, demotion, threatening these actions, harassment, and denial of a promotion or any other employment-related benefit or any discrimination against an employee in the terms and conditions of employment.

HOW DO I REPORT

Individuals reporting suspicion of a crime must call, fax, or email both local law enforcement and the state survey agency.

- Multiple individuals can report a suspicion of a crime jointly and will be considered in compliance with the law. However, an individual may report the suspicion separately if he/she chooses to do so and the facility may not prevent an individual from reporting.

Agency contact information is posted in the facility. To file a complaint because you believe you have been punished or retaliated against for reporting the suspicion of a crime, see contact information posted in the facility.

REPORTING A REASONABLE SUSPICION OF A CRIME AGAINST A RESIDENT

Contact Information for Reporting

EACH EMPLOYEE OF THIS FACILITY IS INDIVIDUALLY RESPONSIBLE TO REPORT THE REASONABLE SUSPICION OF A CRIME AGAINST A RESIDENT.

REPORTS OF THE REASONABLE SUSPICION OF A CRIME AGAINST A RESIDENT OF THIS FACILITY MUST BE MADE TO THE INDIANA STATE DEPARTMENT OF HEALTH AND TO A LOCAL LAW ENFORCEMENT AGENCY WITHIN 2 HOURS IF THERE IS SERIOUS BODILY INJURY. OTHERWISE, IT MUST BE REPORTED WITHIN 24 HOURS.

THE FOLLOWING IS CONTACT INFORMATION FOR THE REPORTING OF A REASONABLE SUSPICION OF A CRIME AGAINST A RESIDENT:

INDIANA STATE DEPARTMENT OF HEALTH

EMAIL ADDRESS TO SEND REPORTS: incidents@isdh.in.gov

FAX NUMBER TO SEND REPORTS: (317) 233-7494

PHONE NUMBER TO CALL IN REPORTS:

1-800-246-8909 [business hours and voicemail]

or 317-233-5359 [voicemail]

[ST. JOSEPH COUNTY SHERIFF-574- 235-9611]

[401 W. SAMPLE ST., SOUTH BEND, IN 46601]

[FAX: 574-235-9886]

It is Healthwin Specialized Care's policy to comply with the Elder Justice Act (EJA) regarding reporting a **reasonable suspicion of a crime** under Section 1150B of the Social Security Act, as established by the Patient Protection and Affordable Care Act (ACA), 6703 (b)(3).

EJA Compliance Requirements:

- a. Annually notify all employees of their reporting obligations under the EJA to report a suspicion of a crime to the state survey agency SSA and Local Law Enforcement for the political subdivision in which the facility is located.

- b. Refrain from retaliating against any employee who reports a suspicion of a crime against an individual receiving care in our facility.
- c. Post a notice in a conspicuous location that informs all employees of:
 - Their reporting obligation under the EJA to report a suspicion of a crime to the SSA and local law enforcement; and
 - Their right to file a complaint with the state survey agency if they feel this facility has retaliated against an employee who reported a suspected crime under the statute;
- d. Refrain from employing any individual who has been prohibited from working in a long-term care facility because of failure to report a suspicion of a crime against a resident of a long term care facility; and
- e. Healthwin will continue to follow all Abuse policies for reporting purposes.

Staff Reporting Requirements:

1. When staff suspects a crime has occurred against a resident in our facility, they must report the incident to SSA and local law enforcement.
2. Staff must report a suspicion of a crime to the state survey agency and at least one local law enforcement entity within a 2 hour time frame by e-mail, fax or telephone. The individual does not need to determine which local law enforcement entity to report a suspicion of a crime; but must report to at least one local law enforcement entity. This will meet the individual's obligation to report.
3. Staff can either report the same incident as a single complaint or multiple individuals may file a single report that includes information about the suspected crime from each staff person.
4. If, after a report is made regarding a particular incident, the original report may be supplemented by additional staff that become aware of the same incident. The supplemental information may be added to the form and should include the name of the additional staff along with the date and time of their awareness of such incident or suspicion of a crime. However, in no way will a single or multiple person report preclude an individual from reporting separately. Either an individual or joint report will meet the individual's obligation to report.
5. If the reportable event results in a serious bodily injury the staff member shall report the suspicion immediately, but not later than 2 hours after forming the suspicion.
6. If the reportable event does not result in serious bodily injury, the staff member shall report the suspicion immediately to the Administrator, who shall file a report within 24 hours.
7. Failure to report in the required time frames may result in disciplinary action, including up to termination.
8. Staff must report the suspicion of an incident to the Administrator immediately per Abuse Reporting policy.

ELDER JUSTICE ACT POSTTEST

1. The **Elder Justice Act** requires employees to report the following:
 - a. HIPAA Violations
 - b. Reasonable suspicion that a crime has occurred against a resident.
 - c. Employee Burnout
 - d. Employee OSHA Injuries

2. Federal Law requires that you report your suspicion directly to the following:
 - a. Healthwin Human Resource Department
 - b. Healthwin Social Service Department
 - c. Both Law Enforcement and the State Survey Agency.
 - d. None of the above.

3. Who Must Report?
 - a. Employees
 - b. Managers & Supervisor
 - c. Contractors of this LTC facility
 - d. All of the above.

4. How Do You Report?
 - a. Individuals reporting suspicion of a crime must call, fax, or email both local law enforcement and the state survey agency.
 - b. Drop a note in the Direct Line Box.
 - c. Tell your Supervisor during your annual evaluation.
 - d. None of the above.

Abuse Prohibition Review for Employees

Introduction

Abuse Prohibition/Know Your Role

"The resident has the right to be free from verbal, sexual, physical, and mental abuse, misappropriation of property, exploitation, corporal punishment, and involuntary seclusion."

Abuse – The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. It includes deprivation by an individual of goods or services necessary to attain or maintain physical, mental and psychosocial well-being. Also, verbal abuse, sexual abuse, physical abuse, and mental abuse include abuse facilitated or enabled through use of technology.

Willful means the individual must have acted deliberately, not that he/she must have intended to inflict injury or harm.

Recognize the Different Types of Abuse:

- **Verbal** – Something said – oral, written or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within hearing distance regardless of their age, ability to comprehend, or disability. Rude comments.
- **Physical** – Something done to the resident but not limited to hitting, slapping, pinching, kicking etc., report of rough treatment. It also includes controlling behavior through corporal punishment.
- **Emotional/Mental Abuse** – Humiliation, harassment, threats of punishment or deprivation. Mental abuse also includes abuse that is facilitated or caused by nursing home staff taking or using photographs or recording in any manner that would demean or humiliate a resident(s).
- **Sexual**- Non-consensual sexual contact of any type with a resident. Harassment, coercion or sexual assault
- **Involuntary Seclusion** – A separation of a resident from other residents or from his/her room or confinement against the resident's will or the will of the legal representative
- **Exploitation** - Taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion.
- **Neglect** - Failure of the facility, its employees or service providers to provide goods and services to a resident necessary to avoid physical harm, pain, mental anguish, or emotional distress.
- **Misappropriation** – The deliberate misplacement, exploitation, or wrongful, temporary or permanent use of resident's belongings or money without the resident's consent.
- **Mistreatment** - The inappropriate treatment or exploitation of a resident.
- **Injuries of Unknown Source** - An injury should be classified as an injury of unknown source when both of the following conditions are met:
 - 1. The source of the injury was not observed by any person or the source of the injury could not be explained. AND
 - 2. The injury is suspicious because of the extent of the injury or the location of the injury (e.g. the injury is located in an area not vulnerable to trauma) or the number of injuries observed at one particular point in the time or the incident of injuries over time.

You are Responsible to Immediately **Protect** the Resident should you **SUSPECT OR WITNESS Abuse/Neglect.**

- You must stay with the resident and call for assistance
- Ask a caregiver to leave the room if he/she is witnessed to be abusive to the resident

What is our facility's policy regarding reporting abuse?

To whom do you report?

- Administrator **IMMEDIATELY**

How should you report?

- Verbally – Administrator **IMMEDIATELY**
 - Business hours – x 215 or have Administrator paged
 - After hours - (574) 276-4403 – Cell - Call or Text
- In writing – If requested by the Administrator or Direct Supervisor
- Form Used – Healthwin Resident/Family Grievance/Concern form

When should you report?

- **IMMEDIATELY**

You must report when you....

- Actually see/witness/ or hear of an incident that you suspect is abuse or neglect
- Observe signs that "suggest" abuse or neglect may be happened, including a change in the resident's behavior/demeanor (e.g., a resident becomes quiet, withdrawn or finches as if fearful when touched?)
- ANY Adverse event which is an untoward, undesirable, and usually unanticipated event that causes death or serious injury, or the risk thereof.

You don't make a determination that abuse or neglect "has" or "has not" occurred and then decide whether to report. If the resident makes an allegation (even if it doesn't seem that it can be true) it must be reported to the Administrator **IMMEDIATELY**.

I have read and understand the above information, as well as our facility's policy regarding Abuse Prohibition and Immediate reporting if abuse is alleged by a resident or witnessed.

Employee Signature

Printed Name

Date

HEALTHWIN SPECIALIZED CARE
DEPARTMENTAL POLICY AND PROCEDURE

POLICY TITLE: Resident Photographs

RECOMMENDER: Administration

SCOPE OF PRACTICE: All Employees

SECTION: Human Resource

PURPOSE/REQUIRED STANDARDS:

Regulations at F-226 require facilities do all that is within their control to prevent occurrences of abuse. Each resident has the right to be free from all types of abuse, including mental abuse. Mental abuse includes, but is not limited to, abuse that is facilitated or caused by nursing home staff taking or using photographs or recordings in any manner that would demean or humiliate a resident(s). Taking photographs and/or videos of residents or their personal belongings is a violation of residents' rights to privacy and confidentiality.

POLICY:

1. All photographs or videos of residents will only be taken by an employee having written authorization from the Administrator as indicated below.
2. Photographs taken by this facility will be used for the purposes of resident identification, internal facility functions, facility brochures, facility website and facility activities with resident's written consent.
3. Any employee or past employee that takes photographs or videos of any resident that is not authorized may be considered abuse.
4. No current or past employees will post pictures, videos, comments, etc., on social media of any kind that pertains to anyone within this facility. Doing so may result in immediate termination or litigation.
5. Permission will be obtained by the resident and/or resident's sponsor prior to any photographs taken.
6. All staff are required to adhere to this policy and sign a copy for their personnel file indicating they have read and understand.
7. Upon discharge of the resident, the photograph will become property of the facility for medical record purposes.

Initiated: September 14, 2016

Revised:

Page 1 of 1

Resident Photographs Policy Acknowledgement Form

I have been given the Resident Photographs Policy effective September 14, 2016. I have reviewed it and I understand disciplinary actions may be taken if I violate the policy.


Employee Signature: _____

Employee Printed Name: _____

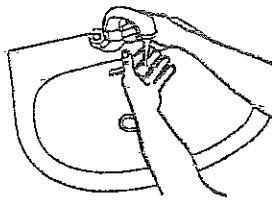
Date: _____

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

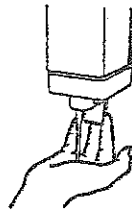
 Duration of the entire procedure: 40-60 seconds

0



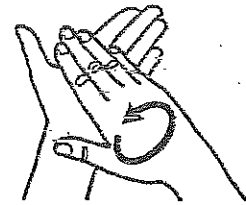
Wet hands with water;

1



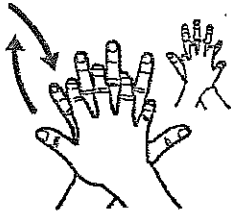
Apply enough soap to cover all hand surfaces;

2



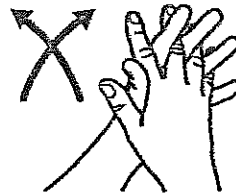
Rub hands palm to palm;

3



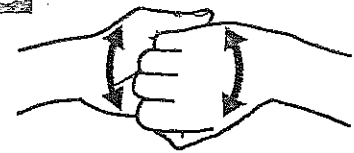
Right palm over left dorsum with interlaced fingers and vice versa;

4



Palm to palm with fingers interlaced;

5



Backs of fingers to opposing palms with fingers interlocked;

6



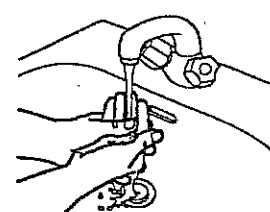
Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



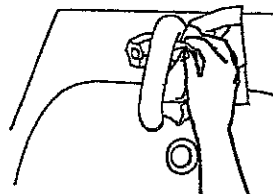
Rinse hands with water;

9



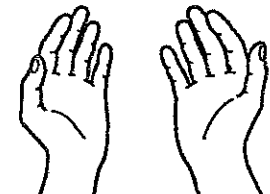
Dry hands thoroughly with a single use towel;

10



Use towel to turn off faucet;

11



Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Healthcare

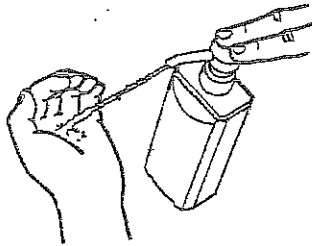
SAVE LIVES
Clean Your Hands

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

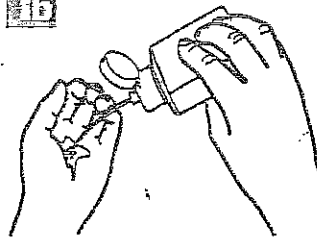
1 Duration of the entire procedure: 20-30 seconds

1a

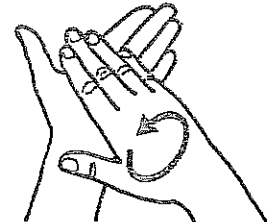


Apply a palmful of the product in a cupped hand, covering all surfaces;

1b

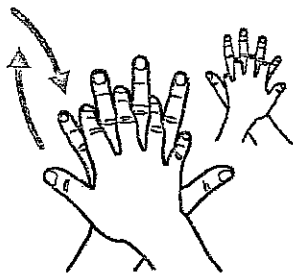


2



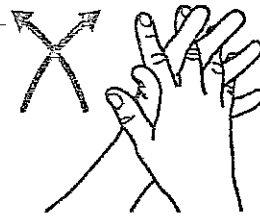
Rub hands palm to palm;

3



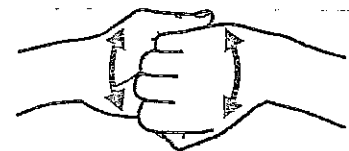
Right palm over left dorsum with interlaced fingers and vice versa;

4



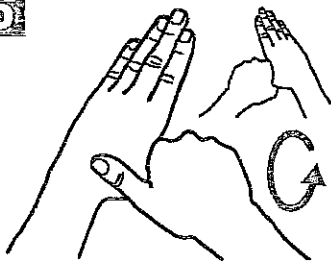
Palm to palm with fingers interlaced;

5



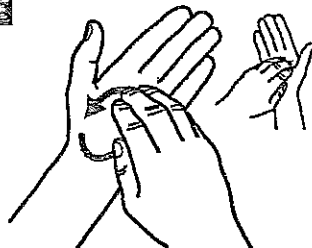
Backs of fingers to opposing palms with fingers interlocked;

6



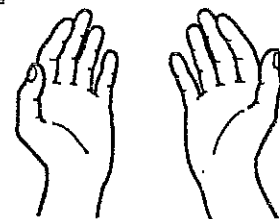
Rotational rubbing of left thumb clasped in right palm and vice versa;

7



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8



Once dry, your hands are safe.



World Health
Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

NAME _____
DATE _____

HANDWASHING / OSHA
2016

1. Universal Precautions require that you treat all patients as though they may be infectious.

True False

2. Both people and objects can be sources of infection.

True False

3. Does it matter how long I clean my hands with Soap & Water or Hand Gel?

YES NO

4. How long should you wash your hands with Soap & Water?

5. How long should you rub your hands together with Hand Gel?
