

Assured Homecare Services

Screening Questionnaire for Covid-19

Temperature Today: _____

1. Have you experienced any cold or flu-like symptoms in the past 10 days? **Yes** _____ **No** _____
2. To the best of your knowledge have you been in close contact with anyone Covid-19 positive within the past 14 days? **Yes** _____ **No** _____
3. Have you traveled Internationally within the past 14 days, or been in close contact with anyone who has traveled internationally within the last 14 days? **Yes** _____ **No** _____
4. In the past 14 days have you tested positive for Covid-19? **Yes** _____ **No** _____

Signature and Date

Print Name



ASSURED HOME CARE SERVICES

9332 Annapolis Road, Suite 216, Lanham, MD 20706 • Phone: 240-764-8357 • Fax: 240-764-8359

Website: www.assuredhomecaremd.com • Email: info@assuredhomecaremd.com

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name:

Last First Middle

Address:

Street (Apt) City, State Zip

Alternate Address:

Street City, State Zip

Contact Information:

() () _____

Home Telephone Mobile Email

Date of Birth ____ / ____ / ____

Social Security: _____

How did you learn about our Company? _____

POSITION SOUGHT: _____ Available Start Date: _____

Desired Pay Range: _____ Are you currently employed? _____

What days and hours are you available to work?

	Monday	Tue	Wed	Thurs	Fri	Sat	Sun
From							
To							

EDUCATION

	Name and location	Graduate - Degree	Major/Subjects of Study
High School			
College or University			

Specialized Training, Trade School, Vocational School, etc...				
Other Education				

PREVIOUS EXPERIENCE

Please List beginning from most recent

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks, performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks, performed and reason for leaving:

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks, performed and reason for leaving:

REFERENCES

Please list three professional references Not Family and Friends

Full Name:

Relationship

Company Name:

Phone: ()

Address:

First Name:

Relationship

Company Name:

Phone: ()

Address:

Full Name:

Relationship

Company Name:

Phone: ()

Address:



AUTHORIZATION

Please read the following carefully, initial each paragraph, sign and print your name, date completed.

CONFIRMATION OF HONEST AND ACCURATE COMPLETION

By my Signature and initial below, I promise that I have personally completed this application. I declare penalty of perjury that information provided in this employment application (and accompanying resume applicable) is true and complete, and I understand that any false information or significant omission can disqualify me from further consideration for employment if discovered at a later date. I understand that any other offer is conditional based on the satisfactory review of my qualifications including any background or drug which may be required. Initials _____

DRUG AND ALCOHOL SCREENING

I give permission for a pre-employment drug and alcohol screening examination and if the company make conditional job offer, I give permission for a complete physical and mental examination. I also consent appropriate release of any and all medical information, as may deem necessary. Initials _____

OTHER EMPLOYMENT AND/OR ACTIVITIES

I understand that, if hired I may not hold other employment or engage in other activities that created a conflict interest with my position with the company, unless I have been given permission in writing by the company Initials _____

AUTHORIZATION TO OBTAIN INFORMATION

I, voluntarily and knowingly authorize any present or past employer or supervisor, educational institution or administrator, Jaw enforcement agency, state, local, or federal agency, credit bureau, collection agency, Private, business, military branch or the national personnel records center, personal reference and/or other person *give* records or information they may have concerned my criminal history, motor vehicle, educational hi to license history, employment history (including character, earnings, and reasons for termination), or any information requested by company deemed pertinent to my employment. Initials _____

Signature _____

Name/Date _____

CRIMINAL HISTORY

Please respond to the following questions in the most complete and accurate manner possible. Do not identify convictions for which the criminal record has been expunged or sealed by the court or misdemeanor conviction for which any probation has been completed and the case dismissed by the court. Further please note that no applicant will be denied employment solely on the grounds that they have been charged or convicted of (or pleaded guilty to) a criminal offense, or solely on an affirmative answer. The nature of the surrounding circumstances, and relevance of the offense to the position(s) applied for *will* be considered.

Have you ever, under your name or another name, been convicted of (or pleaded guilty or no contest to) felony or misdemeanor? _____ Yes _____ No

Have you ever, under your name or another name, been convicted of a crime which resulted in your being in prison and/or jail and released from prison and/or jail paroled? _____ Yes _____ No

If yes, to either question noted above, please fully explain when, where and for what you were convicted and the result of the case(s): _____ Yes _____ No

If yes explain _____

Are you Currently under arrest, or released on bond on your own recognizance, pending trial for a criminal offense? _____ Yes _____ No

If yes, state the nature of the crime charged, and when and where the trial is pending:

Have you used illegal drugs in the *last* six months? _____ Yes _____ No

Do you take any illegal drugs or medications which *have* not been prescribed for you? _____ Yes _____ No

If yes to either of the above questions, when was the last time you used illegal drugs? _____ Yes _____ No

Please explain _____

Have you ever been convicted of driving under the influence (DUI)? Yes No

Do *you* use alcohol to the extent that it would impair your job performance? Yes No

If you have been supplied with a job description or are applying for a particular position with another company, do you believe you are able to perform the essential functions of the job (with or without reasonable accommodation

Yes No

If no, describe the functions that cannot be performed



ASSURED HOME CARE SERVICES

9332 Annapolis Road, Suite 216, Lanham, MD 20706 • Phone: 240-764-8357 • Fax: 240-764-8359

Email: info@assuredhomecaremd.com • Website: www.assuredhomecaremd.com

To:

REFERENCE FORM

Name of Company: _____ Date: _____

Address: _____

City: _____

State & Zip Code: _____

Telephone: _____

The person below has applied to Assured Home Care Services for employment. This applicant submitted your name as a for employer for reference purposes. We would appreciate your cooperation in replying to the questions listed below. Please be assured that your response will be treated with strict confidence. Thank you for your consideration.

Signature of Applicant

Assured Home Care Services Representative

APPLICANT DO NOT WRITE BELOW

APPLICANTS NAME: _____ SSN: _____

POSITION HELD: _____

EMPLOYMENT DATE:
FROM _____ TO _____

REASON FOR LEAVING: (Check one)

Applicant Resigned

Applicant was terminated

Applicant was temporarily employed

WOULD YOU REHIRE? Yes No

PERSONAL EVALUATION	ABOVE AVERAGE	SATISFACTORY	NEEDS IMPROVEMENT	POOR
Quality of Work				
Interest and Enthusiasm				
Ability to relate to patient				
Ability to Change				
Willingness/Ability to float				
Attendance				
Punctuality				
Personal Appearance				

Comments:

Employee Signature:



CONFIDENTIALITY, NON-COMPETITION AND NON-SOLICITATION AGREEMENT

I understand and acknowledge that I will commence and/or continue my employment with Adonai Health Care Services, LLC t/a "Assured Homecare Services" ("ADONAI").

During the course of my employment, I will be engaged in a position of trust and confidence in which I may be exposed to, or otherwise have disclosed to me, certain trade secrets, confidential information, and other technical and business information and materials of ADONAI and of customers and other third parties as to which ADONAI may owe a duty of confidentiality ("Confidential Information"), including but not limited to the following: methods, processes, formulae, compositions, employee lists, inventions, machines, computer programs and procedures, research projects, customer lists, pricing data, supply data, needs data, suppliers and sources of supply and materials, marketing, production, sales and service strategies, systems, and/or plans, financial and accounting information or data, personnel information or any other non-public information of a similar nature not known to the public that, if misused or disclosed, could adversely affect the business of ADONAI. Confidential Information includes any such information that has been or may be created or prepared by others. Confidential information, however, shall not include any information that has been voluntarily disclosed to the public by duly authorized representative of ADONAI, independently developed and disclosed by others or otherwise enters the public domain through lawful means. I further understand that it is in the mutual benefit of ADONAI and its employees that ADONAI protects the confidential information from unauthorized use or disclosure and that ADONAI be protected against certain other actions described herein.

Therefore, in consideration of my employment (or continued employment) with ADONAI and as a condition of, and in consideration for, among other things, my employment with ADONAI and my receipt of any compensation now and/or hereafter paid to Employee by ADONAI, I am required to and agree to execute and deliver this Agreement. Accordingly, I, the undersigned, hereby acknowledge and agree in whole to this Agreement as follows:

1. I will faithfully devote my full-time services and best efforts to perform the duties that may be required of and from me by ADONAI I further agree that, during my employment with ADONAI, I will not accept employment with a competitor of **ADONAI**, provide competing services for or on behalf of a competitor of ADONAI, engage in self-employment which involves ADONAI business, divert any business opportunity from ADONAI, make any preparations to compete against ADONAI or otherwise compete in any manner with ADONAI. I also agree that, during the period of my employment with Adonai, I will not perform any paid or unpaid work for any third party or on my own account that might, in the judgement of ADONAI, negatively impact my duties to ADONAI or that may directly or indirectly damage the interests of ADONAI.
2. The Employee hereby represents that his or her employment by ADONAI is not prohibited by or in violation of any other restrictive covenant or provision of any other agree

with another prior Employer and Employee hereby agrees to indemnify, defend, and hold harmless ADONAI from any or all liabilities arising out of Employee's breach of any other such covenant or provision.

Unless required by Law, I shall not, directly or indirectly, use, divulge, publish or disclose to any person or organization any of the Confidential Information for any reason or purpose whatsoever without the written consent of ADONAI, or provide any such person or organization access to the Confidential Information, or any list, document or other materials (including work papers) containing Confidential Information.

3. Upon the cessation of my employment for whatever reason, I shall immediately return to ADONAI all documents and materials in my possession or under my control relating to ADONAI or its business, including but not limited to: Tablets, Laptops, Notebooks, Cell Phones, PDAs iPads, Thumb/Jump/USB drives, Drawings, Slides, Photographs, Tapes, Papers, Blueprints, Reports, Manuals, Correspondence, Customer Lists, Instructional Manuals, Training Manuals, Computer Files, Forms, Customer Agreements, Computer Programs and Disks, ADONAI-provided Mobile Electronic devices, and all other data or materials, and copies or abstracts thereof relating in any way to ADONAI's business or in any way obtained during the course of employment with ADONAI, whether or not they contain Confidential Information.

4. Throughout any period during which I am an employee of ADONAI and for a period of two (2) years from and after the date upon which I shall cease for any reason whatsoever to be an employee of ADONAI, I covenant and agree that I will not, directly or indirectly, on my own behalf or for the benefit of another:
 - I. Solicit any Customer to withdraw, curtail or cancel its business with ADONAI
 - II. Perform, provide or sell to any Customer any products or services of any type that ADONAI can render to any Customer or .
 - III. Solicit for employment or hire or assist in the solicitation or hiring of any person who is an employee, agent, independent contractor, partner, officer or director of ADONAI.

For purposes of this Section 5, Customer shall mean any person or entity who, during the twelve-month period immediately preceding the date upon which my employment with ADONAI ceased for any reason, paid or engaged ADONAI for products or services of any type or from whom ADONAI solicited, sought potential business or developed specific plans to target and seek such prospective Customer's business. Customer shall also include any person or entity who during the two years period immediately preceding the date upon which my employment with ADONAI (ceased for any reason, I directly or indirectly obtained business from for ADONAI, sought potential business from for ADONAI or developed specific plans for ADONAI or me to target and seek such potential business from such person or entity.

5. Throughout any period during which I am an employee of ADONAI, and for a period of two(2) years from and after the date upon which I shall cease for any reason whatsoever to be an employee of ADONAI, I covenant and agree that I will not for myself or for the benefit of another engage, directly or indirectly, either as a proprietor, stockholder, partner, officer, employee or otherwise, in a Prohibited capacity in any business which provides products or services substantially similar to those provided by ADONAI during the twelve-month period prior to my cessation of employment. For purposes of this Section "Prohibited Capacity" shall mean any capacity which involves the performance of tasks substantially similar to those performed by me for ADONAI at any time within the twelve-months immediately prior to the cessation of my employment with ADONAI.
6. The covenant under Section _S(ii) & 6 shall only apply within: (a) the territory within a fifty (SO) mile radius of any ADONAI office in-which I performed services during any employment in the twelve (12) month period prior to my cessation of employment; and (b) any county, city, township, or similar state political subdivision in which I, on behalf of ADONAI, sold or provided products or services in the twelve (12) month period prior to my cessation of employment. The covenants contained in this Agreement shall be construed as a series of separated covenants, one for each radius, county, city, state, or any similar subdivision. Except for geographic coverage, each such separate covenant shall be deemed identical in terms.
7. All rights, including without limitation, any writing, discoveries, inventions, innovations, and computer programs and related documentation and all intellectual property rights therein, including without limitation, copyright and patent rights, (collectively, the "intellectual Property") created, designed, or constructed by me during my term of employment with ADONAI shall be the sole and exclusive property of ADONAI. I agree to deliver and assign to ADONAI all such Intellectual Property and all rights which I may have therein and agree to execute all documents, including without limitation patent application, and make all arrangements necessary to further the documents such ownership and/or assignment and to take whatever other steps may be needed to give ADONAI the full benefit thereof. Without limitation to the foregoing, I specifically agree that all copyrightable materials generated during programs, training documents, proposals, estimates, sales material and any related documentation, shall be considered works made for hire under the copyright Laws of the United States and shall upon creation be owned exclusively by ADONAI to the extent that any such materials, under applicable law, may not be considered works made for hire, I hereby assign to ADONAI the ownership of all copyrights in such materials, without the necessity of any further consideration, and ADONAI shall be entitled to register and call it its own name all copyrights in respect of such materials.
8. I agree that, upon cessation of my employment with ADONAI for any reason, ADONAI may notify any future or prospective employer of the existence of this agreement.
9. I agree that the provisions of this Agreement are reasonable as to scope, duration and geographic

territory, as applicable, and are necessary to protect the reasonable and legitimate business interests of ADONAI because, among other things (i) ADONAI is engaged in a highly competitive industry, (ii) I will have access to trade secrets and know-how of ADONAI, (iii) I will be able to become gainfully employed in a suitable and satisfactory manner without violation of this Agreement, and (iv) these limitations are necessary to protect the trade secrets, Confidential Information and goodwill of ADONAI.

10. Because ADONAI's damages resulting from any breach of the covenants set forth in this Agreement may be difficult to measure and calculate or may be inadequate, I agree that the failure to comply with the terms of this Agreement will cause ADONAI irreparable injury which no adequate remedy at Law may exist. In the event of a breach, or threatened breach, by me of any of the provisions of this Agreement, ADONAI shall be entitled, without the requirement to put any body to immediate injunction restraining Employee from committing any action violation of this Agreement. Employee agrees that it shall not, in any equity proceeding relating to the enforcement of the terms of this Agreement, (a) raise the defense that ADONAI has an adequate remedy at Law or (b) assert any claim or defense that Employee has a claim against Employer. Nothing herein shall be construed as prohibiting ADONAI from pursuing any other remedies available to it for such breach or threatened breach, including, without limitation, the recovery of damages.
11. In addition to any other remedies available to ADONAI, ADONAI shall also be entitled to recover its costs and expenses (including reasonable Attorneys' fees) incurred in enforcing its right under this Agreement or in any dispute over the terms of this Agreement.
12. No right or remedy herein conferred upon the parties is intended to be exclusive of any other right or remedy contained in this Agreement or in any instrument or document delivered in connection with or pursuant to this Agreement, and every such right or remedy shall be cumulative and shall be in addition to every other such right or remedy contained herein and therein or now or hereafter existing at Law or in equity or by statute, or otherwise.
13. Each of the covenants of this Agreement are severable and if any of them is held to be invalid or unenforceable by any court for any reason, ADONAI and I agree that such covenant shall be adjusted or modified by the court to the extent necessary to cure that invalidity or unenforceability, and the modified covenant shall thereafter be enforceable as if originally made in this Agreement. If any covenant is held invalid (whether it is reformed or not), the remaining covenants shall continue in full force and effect.
14. No unilateral change in my compensation or other terms of employment with ADONAI will affect the terms of this Agreement.
15. This Agreement may not be changed, modified, released, discharged, abandoned, or otherwise terminated, in whole or in part, except by an instrument in writing signed by a duly authorize officer or director of ADONAI and by the undersigned. No supervisor, manager, or other employee of ADONAI has the authority to change the terms of this Agreement.
16. This Agreement may be assigned by ADONAI to and enforced by a successor entity in the event Of a merger or consolidation of ADONAI or in connection with the sale of all or substantially all of business or assets.

17. This Agreement shall be governed by Maryland Law, without reference to its conflicts of Law provisions.
18. This Agreement supersedes and nullifies any similar Agreement which previously may have been executed by me.
19. Nothing contained in this Agreement shall be construed to:
 - I. Alter my or ADONAI's right to terminate my employment with ADONAI at any time, with or without notice or cause; or
 - II. Create any employment relationship between me and ADONAI other than employment-at-will.
20. Employee's breach of the obligations under Section 5 of this Agreement shall automatically toll and suspend the period so stated in Section 5 for so long as the violation continues.
21. This Agreement may be executed in counterparts, each of which shall be deemed to be an original, but such counterparts, when taken together shall constitute one agreement.
22. Employee acknowledges that Employee has been given sufficient time and opportunity to review, consider, and obtain independent legal and other advice in connection with the execution of this Agreement, and that 'Employee has not been forced to sign this Agreement, or any part thereof under duress.



**CONFIDENTIALITY, NON-COMPETITION
AND NON-SOLICITATION AGREEMENT**

AGREED TO AND ACCEPTED:

EMPLOYER: ADONAI HEALTH CARE SERVICES, LLC
T/A "ASSURED HOMECARE SERVICES"

By: _____
Signature

Date: _____

Print Name

Title

EMPLOYEE:

Signature

Date: _____

Print Name

AGREEMENT

This agreement between Assured Homecare Services: (Hereinafter referred to as the "Agency"), and the person whose signature appears below (Hereinafter referred to as the "Applicant"), witnessed, that for and in consideration of the efforts and services of the Agency, the Applicant agree as follows.

I hereby employ the services of the Agency to assist me in securing employment or work assignments and I authorize the Agency to make my background information available to prospective employers on a confidential basis.

I agree that this Agreement shall continue in force for any position accepted or employment obtained directly or indirectly from referral by the Agency for a period of one (1) year from the date any referral of me is made to a prospective employer, whether or not such employment obtained, or position accepted is for the particular position for which I was referred by the Agency.

I agree to abide by the rules and regulations of the Agency and understand I am entitled to participate in some employee benefit plans offered by the agency.

I further understand and agree that in assisting me to obtain employment, the agency may make or cause to be made an investigation pertaining to my employment record, general character, and mode of living, and that I have the right, under the provision of the Fair Credit Reporting Act, to request, in writing a complete disclosure of the nature and scope of any investigation. I agree to indemnify and hold harmless the Agency, its principals and employees from liability resulting from services performed by the Agency in obtaining a placement for me or arising from my services in any such placement for me.

I HAVE READ AND UNDERSTAND THE ABOVE CONTRACT AND HAVE RECEIVED A DUPLICATE OF THE CONTRACT.

Signed and Dated by Caregiver:

Signature

Date

Assured Homecare Services:

By: _____

Signature

Date Licensed by the State of Maryland, Department of Health and Mental Hygiene

Agreement made this day of _____ by and between Assured Homecare Services: a corporation organized and existing by the laws of the State of Maryland (hereafter referred to as "AHS") and the party (Hereinafter referred to as "caregiver").

Whereas Caregiver has contacted AHS and is eligible to be referred from time to time to clients of AHS ("clients") as a provider of home health care service:

Whereas AHS and caregiver wish to clarify and document the legal relationship among AHS, Caregivers and clients: Now, therefore, the premises considered the parties hereto, intending to be legally bound, do hereby agree as follows:

1. Caregivers represent and warrants to AHS
 - a) Caregiver has the requisite education, training, certification and/or licensing to provide the services for which he/she has been referred by AHS.
 - b) Caregiver owns and will provide basic equipment (such as stethoscopes, blood pressure cuffs, etc. which are ordinarily and customarily used in the provision of such services.
 - c) Caregiver will provide his or her own uniforms.
 - d) Caregiver will provide his or her own transportation to and from the location where services are provided to clients.
 - e) Caregiver is responsible for performing his or her services to established professional standards, and that AHS does not supervise or control the way services are rendered.
 - f) Caregiver is free to accept or reject any referrals which AHS may offer from time to time.
2. Caregiver has been informed by AHS that he/she may; at Caregivers, sole expense, elect to purchase policies of insurance which will provide coverage against personal injury or other loss or damage which may arise out of the performance of services to clients.
3. Caregiver covenants and agrees to hold harmless and indemnify AHS and AHS clients against any claims, demands, and the like that may be made against AHS or its clients by Caregiver or any third party arising out of the performance by Caregiver of services.
4. Nothing in this Agreement shall be constructed as altering or amending the separate contract between AHS and Caregiver.
5. This is the entire agreement between AHS and Caregiver. This Agreement cannot be modified or amended except by written agreement signed by both parties here to:

Caregiver Signature: _____

(Caregiver Name) Please Print: _____

Assured Homecare Services:

Signature: _____

(Name) Please Print _____

Licensed by the State of Maryland, Department of Health and Mental Hygiene



ASSURED HOMECARE SERVICES

9332 Annapolis Road, Suite 216, Lanham MD 20706

Phone : 240-764-8357 Fax 240-764-8359 • Website : www.assuredhomecaremd.com

Job Description

Title: Certified Medical Technician, Certified Nursing Assistant, Home Health Aide

Report to the Director of Nursing

Mission: To administer care to client under the ongoing direct and/or indirect supervision of a registered nurse.

Duties and Responsibilities

Safety:

► Protect client from accidents. Provide a clean and safe environment by ensuring that there are no obstacles. Maintain a neat living area for client. This means that light housekeeping chores are required. The client's eating, sleeping, and sitting area are to be kept clean and tidy. Provide stand-by assistance as needed.

Emergency Care:

► Must be competent to perform CPR (cardiopulmonary resuscitation) and Abdominal Thrust (Heimlich Maneuver) when required. Able to give First Aid care when needed.

Hygiene:

► Perform mouthcare, bathing, perineal care, hair combing, fingernail care, shaving, dressing and undressing. Provide or assist with AOL'S (activities of daily living).

Body Alignment and Mobility Needs:

► Must be able to perform positioning skills, range of motion, assist with transfer, assist with ambulation, assist with use of durable medical equipment, i.e., wheelchair, walker, cane, hospital bed with side rails, Hoyer Lift. Must know proper body mechanics, and know how and when to bend, pull and push. Must change client's position every 2 hours.

Nutrition:

▶ You must be able to prepare meals based on client's likes and dislikes, feed client, if necessary, give snacks between meals and give water throughout the shift.

Elimination Needs:

▶ If client is continent, you will assist client with ambulating to the bathroom if needed, maintain stand-by assistance if needed, or assist with bedpan or bedside commode. Assist with wiping and cleaning client.

▶ If client is incontinent, you will check client every 2 hours to see if they are wet or soiled. After removing diaper/pull-ups you will wipe and clean client and apply a new diaper/pull-up.

Important Information:

- The aide should know how to take a blood pressure and know when a BP reading is high or low enough to report to family or agency.
- The aide will keep family and agency aware of any significant changes with client.
- The aide may be asked to accompany client to Doctor's appointment. etc., and may be asked to drive. Verify with office that a liability waiver has been signed before driving.
- Light housekeeping as it pertains to the client only. It does not mean whole house or heavy-duty cleaning.
- If you are asked to do anything that is out of your scope of practice, i.e., change a bandage or give medication, you should not do it, politely tell your client that you are not trained to do that, and if necessary, call the Director of Nursing.

Additional CMT Responsibilities:

If you accept an assignment that requires you to administer medication from an MAR:

- Initial for every medication that you administer
- Ensure that your printed name and signature is on the bottom of each page
- Identify the 5 RIGHTS for medication administration
 - Right client
 - Right medication
 - Right time
 - Right route
 - Right dose

Employee Name: _____

Signature: _____

Date: _____



ASSURED HOMECARE SERVICES

9332 Annapolis Road Suite 216 Lanham MD 20706

Phone: 240-764-8357 fax: 240-764-8359

Website: www.assuredhomecaremd.com • Email: info@assuredhomecaremd.com

JOB DESCRIPTION ACKNOWLEDGEMENT FORM

By signing below, I attest that I have read the job description entirely and agree it is within my scope of practice. I understand my duties and will perform my obligation as stated in the job description according to the company policies as well as adhering to the rules and regulations of Maryland Board of Nursing.

Employee Signature

Date



HIPPA COMPLIANCE POLICY

Policy

It is the policy of AHS to maintain security, privacy and confidentiality for clients in accordance with HIPAA (The Health Insurance Portability Accountability Act of 1961)

Procedure

AHS Employees and independent contractors will discuss and use client information only within the organization and with relevant care providers.

AHS employees and independent contractors will utilize security measures during handling of client medical demographic information.

AHS employees and independent contractors will have confidential security codes to access computers containing client medical and demographic information.

Computer screens will be pointed away from the public

Client's medical and demographic information will not be transmitted via e-mail

Computer equipment disks or software containing client information will be archived in the office.

Faxes with printed client medical and demographic information will be filled in the medical record and disposed of immediately

Contact will be made with a person at the receiving end of faxes

AHS employees will not share their passwords with others

Communication with or about clients involving health information will be private and limited to those who need the information for treatment, payment educational purposes as indicated and health care operations

Only AHS employees and independent contractors with an authorized "need to know" will have access to the clients protected information.

Employee Name

Date

Signature



ASSURED HOMECARE SERVICES

9332 Annapolis Road Suite 216 Lanham MD 20706

Phone: 240-764-8357 Fax: 240-764-8359

Website: www.assuredhomecaremd.com • Email: Info@assuredhomecaremd.com

UNIVERSAL PRECAUTION

TO BE USED IN THE CASE OF PATIENTS CARE:

Gloves

For touching any patient's blood or body fluids

For handling any soiled items

For performing any vein puncture

Change alters contact

Gowns

Worn during any procedure likely to generate splashes of blood or body fluids

MASK AND PROTECTIVE EYE WEAR

Worn during any procedure likely to generate droplets of body fluids

HANDS

Wash immediately if contaminated with blood or body fluids

Wash immediately after gloves are removed

To prevent needle stick injuries, needles should not be recapped, purposefully bent, broken or removed from disposable-resistant containers located as close practical to the areas in which they were used.

To minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices should be available for use in area where the need for resuscitation is predictable.

Employee Signature

Date

Administrator Signature

Date



ASSURED HOMECARE SERVICES

9332 Annapolis Road Suite 216 Lanham MD 20706

Phone: 240-764-8357 Fax: 240-764-8359

Website: www.assuredhomecareservice.md • Email: info@assuredhomecaremd.com

Hepatitis B Vaccination Decision

Please indicate either your agreement or declination

Agreement:

My signature indicates I understand it is my responsibility to confirm scheduling of appointments and to complete the vaccination series.

Employee Signature

Date

Declination:

My signature indicates that I am declining the opportunity to be vaccinated for Hepatitis B. If in the future I want to receive this vaccination, I understand that I can complete an agreement form and receive the vaccination series at no charge to me.

Employee Signature

Date



ASSURED HOMECARE SERVICES

CMT, CNA, HHA, CAREGIVER COMPETENCY EXAM

Name: _____

Date: _____

1. Which of the following can cause bedsores?
 - a. Good hygiene
 - b. Laying in the same position for a long period of time
 - c. Skin lotion
 - d. Changing position every 2 hours

2. Which of the following changes should you always report to your supervisor?
(Check all that apply)
 onset of skin breakdown a temperature of 101
 very disoriented onset of slurred speech
 multiple bruises difficulty breathing

3. What is one of the best Infection Control measures a home health aide can use?
 - a. Not using disinfectant wipes
 - b. Not touching client
 - c. Washing hands
 - d. Not covering mouth when sneezing

4. Which of the following is normal for oral temperature?
 - a. 95.5
 - b. 98.6
 - c. 99.8
 - d. 101.1

5. When handling sheets of an incontinent client, you should
 - a. Always wear gloves
 - b. Scrub sheet with a brush before washing
 - c. Carefully shake out sheets before washing
 - d. First rinse sheet with hot water before washing

6. A client who does not drink enough liquids can experience
 - a. Dehydration
 - b. Decubitus Ulcer
 - c. Loss of hearing
 - d. Diarrhea

7. One way to prevent the spread of infection is to:
- Never talk on the client's phone
 - Never touch a client with an infectious disease
 - Always wear latex gloves while on duty
 - Always wash your hands before and after patient contact
8. Circle (2) safety **hazards** the health aide should be on the look-out for:
- Functioning smoke detectors
 - Frayed electrical wires
 - Presence of fire extinguisher
 - Water on the floor
9. If you suspect that your client has been abused what should you do?
- Tell a family member
 - Call the hotline
 - Call your nursing supervisor
 - Discuss it with the client
10. A client with _____ may not remember things from one minute to the next.
- Flu
 - Alzheimer
 - Epilepsy
 - Parkinson's
11. Symptoms of a stroke include:
- Sudden weakness on one side of the body
 - Facial drooping
 - All of the above
12. All the following are ways to prevent falls in the home except:
- Wearing slippers
 - Using good transfer techniques
 - Clearing a path
 - Bright lights
13. What is the score to indicate that a client is feeling no pain?
- 5
 - 15
 - 20
 - 0
14. A client has a blood pressure of 180/120. This blood pressure is:
- Normal
 - Low
 - High



Name: _____

Date: _____

Do You Know Vital Signs?

Write high low or normal next to each vital sign.

Bp 118/79

Bp 160/94

Bp 84/56

Temp 101.6

Temp 98.8

Temp 93.2

Pulse 84

Pulse 140

Pulse 42



ASSURED HOMECARE SERVICES

9332 Annapolis Road Suite 216 Lanham, MD 20706 Phone: 240-764-8357 Fax: 240-764-8359

Website: www.assuredhomecaremd.com • Email: info@assuredhomecaremd.com

PHYSICAL EXAMINATION VERIFICATION FORM

Section I

(TO BE FILLED OUT BY APPLICANT)

()

Name Social Security Number

Physician's Name Phone Number

Physician's Address

City, State and Zip Code

I hereby request and authorize ASSURED HOMECARE SERVICES to contact my physician. I authorize the physician stated above to release results of my last physician exam. To the best of my knowledge, I am free from communicable diseases, illness, and any disabilities, which would interfere with my performance in the health care field.

SECTION II

(TO BE COMPLETED BY THE PHYSICIAN)

Date of last physical exam:

I hereby verify that the above applicant was examined by me on the date stated above. The individual, according to our records is free from communicable diseases including TB and is eligible for employment in the health care field with no restrictions.

Result of PPD _____ Date _____ Chest X-Ray _____ Date _____

Comments

