



**Be Healthy, Be Better, Be Free**

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# **PCA Handbook**

**Reviewed and Approved by  
RHHC's Management Team**

Revision 2018

Property of Rainbow Home Healthcare, Inc.

This handbook is to be used as a guide for PCA to refer to as needed.

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## A SPECIAL WELCOME

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Welcome,

Rainbow Home HealthCare Incorporated would like to take this opportunity to extend a warm welcome to you along with your family members. We are very pleased to have you as a member of our team.

Whether you are new to the PCA service program or have been with Rainbow Home HealthCare, you probably have questions about the company and its policies, procedures and benefits. This handbook is not exhaustive. It is designed to answer general questions and it shall serve as a company guideline for our clients to refer to. If you have specific questions or issues that are not addressed in this handbook, please contact your immediate supervisor or manager.

Please keep in mind that state and federal regulations as well as statutory changes occur frequently across all companies, and it is particularly true in the healthcare industry. As a result, policies and procedures are reviewed and revised to meet those changing needs. Any significant changes will be communicated to you.

Again, we want to welcome you to our team and extend our best wishes for a very successful and rewarding future with Rainbow Home HealthCare Incorporated.

Sincerely,

Vong Lor  
Office Manager

## **EQUAL EMPLOYMENT OPPORTUNITY**

Rainbow Home HealthCare Incorporated recognizes that the labor market consists of a widely diverse population. We are equally committed to our employees and clients without regard to race, creed, religion, color, age, sex, national origin or ancestry, sexual/affectional orientation, marital status, disability, veteran status, status with regard to public assistance or other factors identified and protected by state and local legislation. Employee recruiting, selection, compensation, placement, training, promotion, termination, and other employment-related practices will be administered in accordance with this commitment. Embracing diversity is not only the right thing to do but it is an essential tool to the success of our business.

As an employee, you are expected to support this policy as well as by conducting yourself in a manner consistent with its spirit and intent. If you feel your own rights have been violated, we urge you to inform your immediate supervisor or manager. This is the surest way of correcting problems that might otherwise go unidentified.

## **BUSINESS OPERATION HOURS**

Rainbow Home Healthcare's operation hours are from 8:30am – 5:00pm. Monday through Friday. There are designated on-call staffs, including Qualified Professional (Registered/Case Manager) or office Administrator after normal business hours to respond to client related Employee concerns and for emergencies.

## **EMERGENCY CLOSING**

At times, emergencies such as severe weather, fires, or power failures can disrupt company operations. In extreme cases, these circumstances may require the closing of a work facility. RHHC will notify everyone accordingly.

## **WORK- HOURS**

When work-hours are assigned to you, it is a company policy that you fully complete those hours before leaving the client's house. Properly completing time sheets is required in order to receive accurate payment. Employees must properly complete the time sheets or payroll checks will be delayed.

## **BREAKS**

Meal breaks are unpaid time off. One half hour is the allowable time for a meal. The meal break must be scheduled ahead of time so that it will not be inconvenient to co-workers or clients.

## **WORK SCHEDULE**

Rainbow Home HealthCare needs to have the flexibility to schedule employees when needed. Rainbow Home Health Care Inc. will try to accommodate the needs of the employee as much as possible to meet the needs of the organization. It may, however, be necessary to ask employees to work at a different time other than the regular scheduled times.

## TIMESHEET

Client or Responsible Party person are responsible for reviewing time cards for services provided and the PCA may only be paid for the time spent assisting his/her client as specified on the care plan. Client/RP and PCA must sign the *Acknowledgement of Submitted Timesheets* form which will be kept in both client and PCA personal profile.

**It is a federal crime to provide false information on PCA billing for Medical Assistance payment. Your signature verifies the time and services entered are accurate and that the services were performed as specified in the PCA care plan.**

**Service information:** Arrival and departure times of **each visit**, including AM and PM notations

## OVERTIME-HOURS

Under the Minnesota labor law, overtime work is in excess of 40 hours per workweek. Overtime compensation will be paid in accordance with Minnesota labor law of one and one-half your normal rate.

- **Effective June 7, 2016 :** Employees who fail to obtain written approval from Rainbow Home Health Care, Inc. to work more than 40 hours per week will be at his/her discretion and will not be paid.
- Client or Responsible Party must inform Rainbow Home Healthcare right away or ahead of time of any changes/request services from the PCA. RHHC will evaluate and must then approved of the hours in able for PCA to perform any overtime hours.

## UNPAID TIME

**Hospitalization:** When the client is admitted to a hospital, the client is under the hospital's care and not under the care of Rainbow Home HealthCare. Therefore, the client's Personal Care Assistant is not eligible for wage payment during hospitalized time.

**Vacation:** When the client is on vacation, the Personal Care Assistant is not entitled to wage payment because the Personal Care Assistant is not providing care for the client.

**Service Eligibility Status:** When a client's Personal Care Assistance services eligibility status becomes **INACTIVE** with DHS. RHHC will notify Client, Responsible Party, and PCA worker to temporary postponed service until eligibility status is **ACTIVE** again. Personal Care Attendant is not entitled to wage payment because service is not provide for the client at this time. Client, Responsible Party and PCA worker must comply with agency work rules policy. RHHC will not be responsible for any bills owe to a pca work once he/she is informed before start of any service date. Client or Responsible Party will be responsible for the service his/her pca worker had completed.

*Non-compliance with RHHC work rules policy will result in written/verbal/phone-verbal warning. If more than three warnings and continue violating of agency policy rules will result in employment termination and service termination.*

## **EMPLOYMENT WORK AT WILL**

Employment with Rainbow Home Healthcare is at will and either RHHC or an Employee may terminate the relationship at any time, with or without notice.

## **EMPLOYEE BENEFITS**

**Holiday:** Rainbow Home HealthCare is a small company; therefore, holiday pay is not given to Personal Care Assistants at this time. You will be notified when situation changes.

**Vacation:** Employees who worked more than (40) hours per week are eligible to earn (1) week of unpaid vacation time in a calendar year. Vacation time must be scheduled with your supervisor four weeks in advance.

## **LATENESS**

Punctuality in reporting to work is essential to smooth operation of the organization. It is important to your job performance. If you know that you will be late by more than 15 minutes, you should notify your supervisor as soon as possible. This will enable the supervisor to arrange for coverage until you arrive. Excessive failure to arrive at your regular scheduled starting time may result in disciplinary action up to and including termination of employment.

## **ABSENCES**

Employees are expected to show up for work as scheduled with Rainbow Home Health Care Incorporated. If for any reason, an employee is unable to report to work, Rainbow Home Health Care must be given at least a (6) hour notice during weekday shift and at least (12) hour notice during weekend shift. This will allow sufficient time for the supervisor to arrange for coverage. If the absence extends more than (1) day and the date return to work is indefinite, the supervisor must be informed of the situation immediately. Unreported absence is a cause for immediate termination of employment.

## **PAYROLL**

Payroll checks are issued every two-week on every other Friday. The amount paid is calculated directly from time sheets. Time sheets may be dropped off or mailed in to the office. Paychecks will not be issued until time sheets are received. If time sheets are turned in late, expect to get paid the next pay period.

## **HIRING AND TERMINATION**

All applicants must complete an employment application and pass a background investigation prior to becoming eligible for employment. RHHC may also require a resume' and letters of reference depending on the position being applied for. Following RHHC's review of all completed applications, the employer will begin interviewing the most qualified candidates.

Rainbow Home Healthcare may make conditional offers of employment to those candidates selected during the interview process. The conditional aspect of the job offer depends on the employee's agreeing to acknowledge company policies in writing, and consenting to and passing all necessary background and reference checks (if not already completed).

Following an acceptance of an offer of employment and completion of the background clearance, all new employees will be given a start date and location to report for work. Employees may only begin providing services after receiving the express permission of Rainbow Home Healthcare in writing. Recipients may not alter the decision of Rainbow Home Healthcare regarding any employee's start date. Authorization and acknowledgment forms and policies must be signed BEFORE actual work is performed.

All employees are classified as "at-will" employees. Nothing herein is intended or shall be construed to change or replace, in any manner, the "at-will" employment relationship between Rainbow Home Healthcare and you. You or Rainbow Home Healthcare may terminate the employment relationship at any time for any reason or no reason.

## **CRIMINAL BACKGROUND CHECK**

In accordance with Minnesota Law, RHHC requires criminal background checks for all individuals who have direct contact with clients in their homes or in the community, including managerial officials, supervisors, direct caregivers and volunteers. Having and maintaining a clear background is an essential requirement for employment by RHHC and if you fail now or later to meet that requirement your employment with RHHC shall terminate immediately.

- Criminal background checks are required before any individual may begin work;
- No employee or volunteer may work prior to receiving a completed background study notice stating the individual PCA or qualified professional is not disqualified or has had a disqualification set aside;
- No employee or volunteer may work if their name appears on the OIG exclusion list regardless of their background study disqualification status;
- Your criminal background check results will be kept on file during the period you work with the Agency, and may updated; and
- If you are later terminated from DHS, are later disqualified, or appear on the OIG exclusion list your employment with RHHC shall terminate the date the disqualification is effective or the date of your appearance on the OIG list.
- If you do not work for 120 days or more, a new background study will be required.

By applying for employment with Rainbow Home Healthcare, you agree to be subject to these policies. By following these rules, we can be sure that our home care services are provided in a manner that protects the health, safety, and well-being of the clients we serve.

## **HEALTH AND SAFETY IN HOME ENVIRONMENTS**

This section outlines procedures and provides practical advice about how to manage workplace health and safety in people's homes. The guide outlines many common hazards found in home environments and provides solutions based on the principles of risk management. It is important for everyone, including clients and caregivers to work together to identify workplace health and safety risks and the best ways to manage them.

### **Manual Task**

The risk of injury related to manual tasks is increased when the work requires:

- Overreaching

- Significant bending and twisting
- Handling of awkward, large heavy loads
- Prolonged holding of the worker's body part in one position or doing similar actions for long periods. Commonly it is a combination of these factors that increases the risks. If you find yourself engaging in the type of high risk activities above notify management immediately so that an assessment can be made to determine if the risk can be minimized by job redesign or through assistive adaptive technology.

### **Aggressive Behavior**

Aggressive client behavior is an important health and safety issue for many caregivers providing services to people in their homes. If aggressive behavior is not managed properly, workers are at high risk of physical injury or psychological illness. However steps can be taken to minimize these risks. Some situations may expose workers to the risk of aggressive behavior when working:

- With clients who have challenging behaviors that may be related to a medical condition or intellectual impairment;
- Alone and/or in isolated environments;
- In an environment where people may pose a risk to workers' personal security (e.g. client's family and friends). The following risk factors should be considered when determining workers' exposure to aggressive behavior:
  - Type of aggressive behavior workers may be exposed to (e.g. verbal abuse vs physical abuse);
  - Frequency and severity of exposure to aggressive behavior; look at incident or hazard accident reports;
  - Layout of the workplace and ability of the worker to remove themselves from the area if required;
  - Being aware of client's behavioral triggers. If you experience aggressive behavior notify management immediately so the risk may be minimized through additional training or so we can determine if the environment is safe.

## **SUPERVISION**

In accordance with Minnesota Law, Rainbow Home Healthcare provides PCA supervision that includes but is not limited to:

- Development of the care plan;
  - Orientation of the PCA to the cares and needs of the person;
  - Training of the PCA to provide hands on assistance with special health-related functions;
  - Day-to-day supervision and monitoring of the work and ability of the PCA to provide care; and
  - Communication when the needs of the person change.
- Health related functions performed by the PCA are required to be under the supervision of a qualified professional or the direction of a physician.

By following these policies, we can be sure that our services are provided in a manner that protects the health, safety, and well-being of the clients we serve.



## **PERSONAL CARE ASSISTANT JOB DESCRIPTION**

### **Summary of Qualifications:**

An individual who is employed as a personal care assistant must:

- Be dependable, drug free, and able to follow directions.
- Be able to legally work in this country.
- Pass a background study.
- Complete standardized PCA training;
- Complete training in company policies and procedures;
- Complete training and orientation on the needs of the recipient they are working with
- Be able to effectively communicate with the person and the PCA provider agency.
- Be able to provide covered PCA services according to the person's PCA care plan.
- Be able to respond appropriately to the person's needs.
- Be able to report changes in the person's condition to the qualified professional.
- Be able to maintain daily written records including, but not limited to, time sheets.

### **Daily Duties:**

The duties of this job include, but are not limited to:

- Assist with personal care including bathing, skin care, shampoo, grooming, caring for teeth, and assistance with medications;
- Assist with housekeeping, including vacuuming, cleaning bathroom, making bed, etc.
- Help with shopping for groceries and personal items; • Provide redirection for behaviors;
- Assist with paying bills; and
- Assist with making appointments and arranging transportation;

## **HOMEMAKER JOB DESCRIPTION**

### **Summary of Qualifications:**

An individual who is employed as a personal care assistant must:

- Be dependable, drug free, and able to follow directions.
- Be able to legally work in this country.
- Pass a background study.
- Complete standardized training;
- Complete training in company policies and procedures;
- Complete training and orientation on the needs of the recipient they are working with.
- Be able to effectively communicate with the person and the provider agency.
- Be able to provide covered homemaking services.
- Be able to respond appropriately to the person's needs or behavior.
- Be able to maintain daily written records including, but not limited to, time sheets.

### **Daily Duties:**

Homemakers may monitor the person's well-being while in the home, including home safety.

Homemaker services are listed in the community support plan and include:

- Cleaning
- Companionship
- Laundry
- Meal preparation
- Routine household care
- Shopping for food, clothing and supplies

- Simple household repairs
- Social stimulation
- Transportation arrangement

## **CONTINUOUS EDUCATION**

As a condition of your continuous employment with Rainbow Home HealthCare, you are required to receive 12 hours of annual trainings to direct service staffs providing basic services for those who have fewer than 5 years of documented experience. For those who have 5 or more years of documented experience will require 6 hours of annual training. Rainbow Home Healthcare will train you with the necessary health topics to improve your skills on how to provide better care to your client.

If you have been trained at other organizations other than Rainbow Home HealthCare, we need to have certification of proof.

## **DRESS CODE**

Appropriate clothing is required of all employees. Appropriate clothing is defined to be neat, clean, non-controversial in appearance, and not restrictive to movement. However, uniforms are not required. In addition, practice of good personal hygiene is also expected of all employees while on duty.

## **DRUG AND ALCOHOL**

Rainbow Home HealthCare Incorporated is committed to the safety and well-being of its employees and clients. All employees are expected to be free from the abuse of prescription medications or being in any manner under the influence of alcohol or a chemical that impairs their ability to provide services or care.

Being under the influence of a controlled substance identified under Minnesota Statutes, chapter 152, or alcohol, or illegal drugs in any manner that impairs or could impair an employee's ability to provide care or service to persons receiving services is prohibited. The use, sale, manufacture, distribution, or possession of illegal drugs while providing care is also prohibited. Violation of this policy is cause for immediate termination of employment and will be reported to proper outside authority for further investigation.

## **SMOKING**

Smoking is prohibited on all company premises including private offices, conference rooms, hallways, break rooms and rest rooms.

Smoking on a client's premises is prohibited at all times except when it is allowed by the client.

## **PERFORMANCE EVALUATION**

The primary objective of the performance evaluation is to provide useful information to the employee concerning success in accomplishing the responsibility of his or her assigned job. To meet this objective, we need open and ongoing communication between you, your supervisor, and or the client whom you are caring for.

Your supervisor conducts regular performance evaluations annually and as requested by the client and or responsible party. Feedback from client will be used to measure your performance.

## **HANDLING CLIENT'S MONEY**

In some instances it is necessary for you to handle the client's money for purchasing groceries, paying utility bills or prescription drugs. In this situation, you need to document money received and spent, accompanied with purchased receipts. All remaining cash change and purchased receipts must be returned to the client or his/her responsible party.

A vulnerability assessment will be made by the qualified personnel to determine whether or not the client has the ability to manage his or her own finances. If the patient is unable to manage his/her own finances the QP will work with the client and or responsible party to see who can.

## **INFECTIONS AND COMMUNICABLE DISEASES**

### **Infection Control**

Precautions Infection control precautions are a set of standard recommendations designed to reduce the risk of transmission of infectious agents from body fluids or environmental surfaces that contain infectious agents. These precautions include the use of personal protective equipment that serve as barriers to protect against contact with infectious materials.

### **Standard Precautions Standard Precautions.**

Standard precautions are the basic level of infection control that should be used in the care of all patients in all settings to reduce the risk of transmission of organisms that are both recognized and unrecognized. Standard precautions are the basic level of infection control that should be used in the care of all patients all of the time.

- Use standard precautions in the care of all patients to reduce the risk of transmission of microorganisms from both recognized and non-recognized sources of infection.
- Applies to blood, all body fluids, secretions and excretions (except sweat) whether or not they contain visible blood; non-intact skin; and mucous membranes.
- Personal protective equipment (PPE) to carry out standard precautions includes gowns, masks, or eye protection.

### **Standard precautions include:**

- Hand hygiene - always - following any patient contact
  - o Wash hands for 20 seconds with soap and warm water – especially if visibly soiled. Clean hands with alcohol-based hand rub if not visibly soiled.
- Gloves
  - o Clean, non-sterile gloves when touching or coming into contact with blood, body fluids, secretions or excretions.
  - o Apply gloves just before touching mucous membranes or contacting blood, body fluids, secretions, or excretions.
  - o Remove gloves promptly after use and discard before touching non-contaminated items or environmental surfaces, and before providing care to another patient.
  - o Wash hands immediately after removing gloves.

- Gowns o Fluid resistant, non-sterile.
  - o Protect soiling of clothing during activities that may generate splashes or sprays of blood, body fluids, secretions and excretions.
  - o Apply gown prior to performing such activities.
  
- Mask, face shield, eye protection
  - o Protect eyes, nose, mouth and mucous membranes from exposure to sprays or splashes of blood, body fluids, secretions and excretions.
  - o Apply appropriate protection prior to performing such activities.
  
- Patient Care Equipment
  - ♣ Avoid contamination of clothing and the transfer of microorganisms to other patients, surfaces and environments.
  - ♣ Clean, disinfect or reprocess non-disposable equipment before reuse with another patient.
  - ♣ Discard single-use items properly.

Suspected Transmission Personnel who are exposed to a communicable disease to which they are susceptible (during work or away from work) must contact Rainbow Home Healthcare Administrators immediately. Personnel who suspect a consumer has been exposed to a communicable disease (at home or away from home) must contact Rainbow Home Healthcare immediately.

## **CONFIDENTIALITY**

Our clients trust us to keep their personal information private. Keeping personal and protected health information private is an expectation of all employees. Confidentiality is our promise to our clients and it is an essential part of the services we provide. Your role of maintaining confidentiality is crucial. You are responsible for protecting the privacy of information to which you have access. This means information cannot be shared or discussed in public to anyone that is not involved in the care of the client. Doing so may result in legal actions against you and or Rainbow Home HealthCare.

Inappropriate discussions or release of information may result in disciplinary action up to and including termination. Your obligation to maintain confidentiality of information continues even if Rainbow Home HealthCare no longer employs you.

In addition to protecting your client's personal information, you may also acquire and have access to confidential information belonging to Rainbow Home HealthCare of a special unique nature and value, relating to such matters as the company's personnel and compensation information; accounts; procedures; manuals; financial information; business plans; existing customer lists, as well as information specific to the company.

As a condition of your employment, you agree that all such information is the exclusive property of Rainbow Home HealthCare and that you will not at any time divulge or disclose to anyone, except in the responsible exercise of your job, any such information whether or not it has been designated specifically as "confidential".

## *Procedures*

### A. Private Data

1. Private data includes all information on persons that has been gathered by RHHC or from other sources for program purposes as contained in an individual data file, including their presence and status in this program.
2. Data is private if it is about individuals and is classified as private by state or federal law. Only the following persons are permitted access to private data:
  - a. The individual who is the subject of the data or a legal representative.
  - b. Anyone to whom the individual gives signed consent to view the data.
  - c. Employees of the welfare system whose work assignments reasonably require access to the data. This includes staff persons in this program.
  - d. Anyone the law says can view the data.
  - e. Data collected within the welfare system about individuals are considered welfare data. Welfare data is private data on individuals; including medical and/or health data. Agencies in the welfare system include, but are not limited to: Department of Human Services; local social services agencies, including a person's case manager; county welfare agencies; human services boards; the Office of Ombudsman for Mental Health and Developmental Disabilities; and persons and entities under contract with any of the above agencies; this includes this program and other licensed caregivers jointly providing services to the same person.
  - f. Once informed consent has been obtained from the person or the legal representative there is no prohibition against sharing welfare data with other persons or entities within the welfare system for the purposes of planning, developing, coordinating and implementing needed services
3. Data created prior to the death of a person retains the same legal classification (public, private, confidential) after the person's death that it had before the death.

### B. Providing Notice

At the time of service initiation, the person and his/her legal representative, if any, will be notified of this program's data privacy policy. Staff will document that this information was provided to the individual and/or their legal representative in the individual record.

### C. Obtaining Informed Consent or Authorization for Release of Information

1. At the time informed consent is being obtained staff must tell the person or the legal representative individual the following:
  - a. why the data is being collected;
  - b. how the agency intends to use the information;
  - c. whether the individual may refuse or is legally required to furnish the information;
  - d. what known consequences may result from either providing or refusing to disclose the information; and with whom the collecting agency is authorized by law to share the data. What the individual can do if they believe the information is incorrect or incomplete;
  - e. how the individual can see and get copies of the data collected about them; and any other rights that the individual may have regarding the specific type of information collected.
2. A proper informed consent or authorization for release of information form must include these factors (unless otherwise prescribed by the HIPAA Standards of Privacy of Individually Identifiable Health Information 45 C.F.R. section 164):
  - a. be written in plain language;
  - b. be dated;
  - c. designate the particular agencies or person(s) who will get the information;
  - d. specify the information which will be released;
  - e. indicate the specific agencies or person who will release the information;
  - f. specify the purposes for which the information will be used immediately and in the future;

- g. contain a reasonable expiration date of no more than one year; and
- h. specify the consequences for the person by signing the consent form, including:
  - "Consequences: I know that state and federal privacy laws protect my records. I know:
    - Why I am being asked to release this information.
    - I do not have to consent to the release of this information. But not doing so may affect this program's ability to provide needed services to me.
    - If I do not consent, the information will not be released unless the law otherwise allows it.
    - I may stop this consent with a written notice at any time, but this written notice will not affect information this program has already released.
    - The person(s) or agency(ies) who get my information may be able to pass it on to others.
    - If my information is passed on to others by this program, it may no longer be protected by this authorization.
    - This consent will end one year from the date I sign it, unless the law allows for a longer period."
- i. Maintain all informed consent documents in the consumer's individual record.

#### D. Staff Access to Private Data

1. This policy applies to all program staff, volunteers, and persons or agencies under contract with this program (paid or unpaid).
2. Staff persons do not automatically have access to private data about the persons served by this program or about other staff or agency personnel. Staff persons must have a specific work function need for the information. Private data about persons are available only to those program employees whose work assignments reasonably require access to the data; or who are authorized by law to have access to the data.
3. Any written or verbal exchanges about a person's private information by staff with other staff or any other persons will be done in such a way as to preserve confidentiality, protect data privacy, and respect the dignity of the person whose private data is being shared.
4. As a general rule, doubts about the correctness of sharing information should be referred to the supervisor.

#### E. Individual access to private data.

Individuals or their legal representatives have a right to access and review the individual record.

1. A staff person will be present during the review and will make an entry in the person's progress notes as to the person who accessed the record, date and time of review, and list any copies made from the record.
2. An individual may challenge the accuracy or completeness of information contained in the record. Staff will refer the individual to the grievance policy for lodging a complaint.
3. Individuals may request copies of pages in their record.
4. No individual, legal representative, staff person, or anyone else may permanently remove or destroy any portion of the person's record.

#### F. Case manager access to private data.

A person's case manager and the foster care licenser have access to the records of person's served by the program under section 245D.095, subd. 4.

#### C. Requesting Information from Other Licensed Caregivers or Primary Health Care Providers.

1. Complete the attached release of information authorization form. Carefully list all the consults, reports or assessments needed, giving specific dates whenever possible. Also, identify the purpose for the request.

2. Clearly identify the recipient of information. If information is to be sent to the program's health care consultant or other staff at the program, include Attention: (name of person to receive the information), and the name and address of the program.
3. Assure informed consent to share the requested private data with the person or entity has been obtained from the person or the legal representative.
4. Keep the document in the person's record.

## HOME CARE BILL OF RIGHTS

### *A person who receives home care services has these rights:*

1. The right to receive written information about rights before receiving services, including what to do if rights are violated.
2. The right to receive care and services according to a suitable and up-to-date plan, and subject to accepted health care, medical or nursing standards, to take an active part in developing, modifying, and evaluating the plan and services.
3. The right to be told before receiving services the type and disciplines of staff who will be providing the services, the frequency of visits proposed to be furnished, other choices that are available for addressing home care needs, and the potential consequences of refusing these services.
4. The right to be told in advance of any recommended changes by the provider in the service plan and to take an active part in any decisions about changes to the service plan.
5. The right to refuse services or treatment.
6. The right to know, before receiving services or during the initial visit, any limits to the services available from a home care provider.
7. The right to be told before services are initiated what the provider charges for the services; to what extent payment may be expected from health insurance, public programs, or other sources, if known; and what charges the client may be responsible for paying.
8. The right to know that there may be other services available in the community, including other home care services and providers, and to know where to find information about these services.
9. The right to choose freely among available providers and to change providers after services have begun, within the limits of health insurance, long-term care insurance, medical assistance, or other health programs.
10. The right to have personal, financial, and medical information kept private, and to be advised of the provider's policies and procedures regarding disclosure of such information.
11. The right to access the client's own records and written information from those records in accordance with sections 144.291 to 144.298.

12. The right to be served by people who are properly trained and competent to perform their duties.
13. The right to be treated with courtesy and respect, and to have the client's property treated with respect.
14. The right to be free from physical and verbal abuse, neglect, financial exploitation, and all forms of maltreatment covered under the Vulnerable Adults Act and the Maltreatment of Minors Act.
15. The right to reasonable, advance notice of changes in services or charges.
16. The right to know the provider's reason for termination of services.
17. The right to at least ten days' advance notice of the termination of a service by a provider, except in cases where: (i) The client engages in conduct that significantly alters the terms of the service plan with the home care provider; (ii) The client, person who lives with the client, or others create an abusive or unsafe work environment for the person providing home care services; or (iii) An emergency or a significant change in the client's condition has resulted in service needs that exceed the current service plan and that cannot be safely met by the home care provider.
18. The right to a coordinated transfer when there will be a change in the provider of services.
19. The right to complain about services that are provided, or fail to be provided, and the lack of courtesy or respect to the client or the client's property.
20. The right to know how to contact an individual associated with the home care provider who is responsible for handling problems and to have the home care provider investigate and attempt to resolve the grievance or complaint.
21. The right to know the name and address of the state or county agency to contact for additional information or assistance.
22. The right to assert these rights personally, or have them asserted by the client's representative or by anyone on behalf of the client, without retaliation.

**If you have a complaint about the provider or person providing your home care services, you may call, write, or visit the office of health facility complaints, Minnesota department of health. You may also contact the office of ombudsman for long-term care or the office of ombudsman for mental health and developmental disabilities.**

***Office of Health Facility Complaints***

Phone: (651) 201-4201 or 1-800- 369-7994 Fax: (651) 281-9796 Website:

<http://www.health.state.mn.us/divs/fpc/ohfcinfo/contohfc.htm>

Email: [health.ohfc-complaints@state.mn.us](mailto:health.ohfc-complaints@state.mn.us)

Mailing Address: Minnesota Department of Health Office of Health Facility Complaints 85 East Seventh Place, Suite 300 P.O. Box 64970 St. Paul, Minnesota 55164-0970



### ***Ombudsman for Long-Term Care***

Phone: (651) 431-2555 or 1-800-657-3591 Fax: (651) 431-7452

Website: <http://tinyurl.com/Ombudsman-LTC> Email: [mba.ooltc@state.mn.us](mailto:mba.ooltc@state.mn.us)

Mailing Address: Home Care Ombudsman Ombudsman for Long-Term Care PO Box 64971 St. Paul, MN 55164-0971

### ***Ombudsman for Mental Health and Developmental Disabilities***

Phone: 651-757-1800 or 1-800-657-3506 Fax: 651-797-1950 or 651-296-1021

Website: <http://mn.gov/omhdd/> Email: [ombudsman.mhdd@state.mn.us](mailto:ombudsman.mhdd@state.mn.us)

Mailing Address: 121 7th Place East Suite 420 Metro Square Building St. Paul, Minnesota 55101-2117

## **SERVICE RECIPIENT RIGHTS (For Homemaking Recipients only)**

***When receiving services and supports from this program name, I have the right to:***

1. Take part in planning and evaluating the services that will be provided to me.
2. Have services and supports provided to me in way that respects me and considers my preferences.
3. Refuse or stop services and be informed about what will happen if I refuse or stop services.
4. Know, before I start to receive services from this program, if the program has the skills and ability to meet my need for services and supports.
5. Know the conditions and terms governing the provision of services, including the program's admission criteria and policies and procedures related to temporary service suspension and service termination.
6. Have the program help coordinate my care if I transfer to another provider to ensure continuity of care.
7. Know what services this program provides and how much they cost, regardless of who will be paying for the services, and to be notified if those charges changes.
8. Know, before I start to receive services, if the cost of my care will be paid for by insurance, government funding, or other sources, and be told of any charges I may have to pay.
9. To have staff that is trained and qualified to meet my needs and support.
10. Have my personal, financial, service, health, and medical information kept private and be notified if these records have been shared.
11. Have access to my records and recorded information that the program has about me as allowed by state and federal law, regulation, or rule
12. Be free from abuse, neglect or financial exploitation by the program or its staff.
13. Be free from staff trying to control my behavior by physically holding me or using a restraint to keep me from moving, giving me medication I don't want to take or that isn't prescribed for me, or putting me in time out, seclusion, restrictive intervention; except if and when manual restraint is needed in an emergency to protect me or others from physical harm.
14. Receive services in a clean and safe location.
15. Be treated with courtesy and respect and have my property treated with respect.
16. Be allowed to reasonably follow my cultural and ethnic practices and religion.

17. Be free from prejudice and harassment regarding my race, gender, age, disability, spirituality, and sexual orientation.
  18. Be told about and to use the program's grievance policy and procedures, including knowing how to contact persons responsible for helping me to get my problems with the program fixed and how to file a social services appeal under the law.
  19. Know the names, addresses and phone numbers of people who can help me, including the ombudsman, and to be given information about how to file a complaint with these offices.
  20. Exercise my rights on my own or have a family member or another person help me exercise my rights, without retaliation from the program.
  21. Give or not give written informed consent to take part in any research or experimental treatment.
  22. Choose my own friends and spend time with them.
  23. Have personal privacy.
  24. Take part in activities that I choose.
  25. RESIDENTIAL SERVICES AND SUPPORTS (meaning out-of-home crisis respite, supported living services, foster care services in a foster care home or a community residential setting) MUST INCLUDE THESE ADDITIONAL RIGHTS:
  26. Have free, daily, private access to and use of a telephone for local calls, and long-distance calls made collect or paid for by me.
  27. Receive and send mail and emails and not have them opened by anyone else unless I ask.
  28. Use of and have free access to common areas (this includes the kitchen).
- Visit alone with my spouse, family, legal counsel, religious guide, or others allowed in Minnesota Human Services Rights Act, Minnesota Statutes, section 363A.09, including my bedroom.

## **PERSON-CENTERED PLANNING AND SERVICE DELIVERY (For Homemaking Recipients)**

Rainbow Home Healthcare will provide services in response to each person's identified needs, interests, preferences, and desired outcomes as specified in the coordinated service and support plan and the coordinated service and support plan addendum, and in compliance with the requirements of the 245D Home and Community-Based Services (HCBS) Standards.

The programs must provide services in a manner that supports each person's preferences, daily needs, and activities and accomplishment of the person's personal goals and service outcomes, consistent with the principles of:

### ***Person-centered service planning and delivery that:***

- identifies and supports what is important to the person as well as what is important for the person, including preferences for when, how, and by whom direct support service is provided;
- uses that information to identify outcomes the person desires; and
- respects each person's history, dignity, and cultural background;

### ***Self-determination that supports and provides:***

- opportunities for the development and exercise of functional and age-appropriate skills, decision making and choice, personal advocacy, and communication; and
- the affirmation and protection of each person's civil and legal rights; and

Providing the most integrated setting and inclusive service delivery that supports, promotes, and allows:

- inclusion and participation in the person's community as desired by the person in a manner that enables the person to interact with nondisabled persons to the fullest extent possible and supports the person in developing and maintaining a role as a valued community member;
- opportunities for self-sufficiency as well as developing and maintaining social relationships and natural supports; and
- a balance between risk and opportunity, meaning the least restrictive supports or interventions necessary are provided in the most integrated settings in the most inclusive manner possible to support the person to engage in activities of the person's own choosing that may otherwise present a risk to the person's health, safety, or rights.

The following questions can be used by persons receiving services licensed under chapter 245D to help identify how they want services provided to them. It is recommended that the support team or extended support team discuss these questions together when completing service assessments, planning, and evaluation activities to help ensure the goals of person-centered planning and service delivery are met for each person served.

## SAMPLE OF PERSON-CENTERED PLANNING AND SERVICE DELIVERY QUESTIONS FOR INITIAL PLANNING

- What are your goals for service outcomes?
- What are your preferences related to:
  - a. Time you wake up in the morning?
  - b. Time you go to bed?
  - c. What your favorite foods are?
  - d. What are foods you don't like?
  - e. Whom you prefer to have direct support service provided from?
- Do you take any medications?
- Do you need help with your medications?
- What are some of your interests?
- Do you have any hobbies?
- What are things you like to do in the community?
- Is there an activity or skill that you would like to learn?
- Do you have any special relationships?
- Do you work in the community?

## ***Sample of Person-Centered Planning and Service Delivery Questions for Program Evaluation and/or Progress Review:***

- Do you feel your relationships are supported by staff?
- What do you like about your home?
- Is there anything that bothers you about your home?
- Do you like the people you live with?
- Do you feel the house you live in is safe?
- Do you feel any rules in your house are unfair?
- Do you have a private place to go to at home?
- Do you have goals to meet at home?
- Do you want to work?
- Is there anything that bothers you at work?
- Do you have specific goals set at work?
- Do you feel that staff treats you with dignity and respect?
- Do you feel that your privacy is respected?
- Do you feel that decisions you make are respected?
- Do you feel that you are given the opportunity to be as independent as possible?

***You or your support team may think of other questions that are important to you. You should feel free to discuss these questions with your service provider.***

## **HEALTH CARE DIRECTIVES**

### ***Minnesota Law***

Minnesota law allows you to inform others of your health care wishes. You have the right to state your wishes or appoint an agent in writing so that others will know what you want if you can't tell them because of illness or injury. The information that follows tells about health care directives and how to prepare them. It does not give every detail of the law.

### ***What is a Health Care Directive?***

A health care directive is a written document that informs other of your wishes about your health care. It allows you to name a person ("agent") to decide for you if you are unable to decide. It also allows you to name an agent if you want someone else to decide for you. You must be at least 18 years old to make a health care directive.

### ***Why Have a Health Care Directive?***

A health care directive is important if your attending physician determines you can't communicate your health care choices (because of physical or mental incapacity). It is also important if you wish to have someone else make your health care decisions. In some circumstances, your directive may state that you want someone other than an attending physician to decide when you cannot make your own decisions.

### ***Must I Have a Health Care Directive? What Happens if I Don't Have One?***

You don't have to have a health care directive. But, writing one helps to make sure your wishes are followed. You will still receive medical treatment if you don't have a written directive.

Health care providers will listen to what people close to you say about your treatment preferences, but the best way to be sure your wishes are followed is to have a health care directive.

### ***How Do I Make a Health Care Directive?***

There are forms for health care directives. You don't have to use a form, but your health care directive must meet the following **requirements** to be legal:

- Be in writing and dated.
- State your name.
- Be signed by you or someone you authorize to sign for you, when you can understand and communicate your health care wishes.
- Have your signature verified by a notary public or two witnesses.
- Include the appointment of an agent to make health care decisions for you and/or instructions about the health care choices you wish to make.

Before you prepare or revise your directive, you should discuss your health care wishes with your doctor or other health care provider.

Information about how to obtain forms for preparation of your health care directive can be found in the Resource Section of this document.

### ***I Prepared My Directive in Another State. Is It Still Good?***

Health care directives prepared in other states are legal if they meet the requirements of the other state's laws or the Minnesota requirements. But requests for assisted suicide will not be followed.

### ***What Can I Put in a Health Care Directive?***

You have many choices of what to put in your health care directive. For example, you may include:

- The person you trust as your agent to make health care decisions for you. You can name alternative agents in case the first agent is unavailable, or joint agents.
- Your goals, values and preferences about health care.
- The types of medical treatment you would want (or not want).
- How you want your agent or agents to decide.
- Where you want to receive care.
- Instructions about artificial nutrition and hydration.
- Mental health treatments that use electroshock therapy or neuroleptic medications.
- Instructions if you are pregnant.
- Donation of organs, tissues and eyes.
- Funeral arrangements.
- Who you would like as your guardian or conservator if there is a court action.

You may be as specific or as general as you wish. You can choose which issues or treatments to deal with in your health care directive.

### ***Are There Any Limits to What I Can Put in My Health Care Directive?***

There are some limits about what you can put in your health care directive. For instance:

- Your agent must be at least 18 years of age.
- Your agent cannot be your health care provider, unless the health care provider is a family member or you give reasons for the naming of the agent in your directive.

- You cannot request health care treatment that is outside of reasonable medical practice.
- You cannot request assisted suicide.

***How Long Does a Health Care Directive Last? Can I Change It?***

Your health care directive lasts until you change or cancel it. As long as the changes meet the health care directive requirements listed above, you may cancel your directive by any of the following:

- A written statement saying you want to cancel it.
- Destroying it.
- Telling at least two other people you want to cancel it.
- Writing a new health care directive.

***What If My Health Care Provider Refuses to Follow My Health Care Directive?***

Your health care provider generally will follow your health care directive, or any instructions from your agent, as long as the health care follows reasonable medical practice. But, you or your agent cannot request treatment that will not help you or which the provider cannot provide. If the provider cannot follow your agent's directions about life-sustaining treatment, the provider must inform the agent. The provider must also document the notice in your medical record. The provider must allow the agency to arrange to transfer you to another provider who will follow the agent's directions.

***What If I've Already Prepared a Health Care Document? Is It Still Good?***

Before August 1, 1998, Minnesota law provided for several other types of directives, including living wills, durable health care powers of attorney and mental health declarations. The law changed so people can use one form for all their health care instructions.

Forms created before August 1, 1998, are still legal if they followed the law in effect when written. They are also legal if they meet the requirements of the new law (described above). You may want to review any existing documents to make sure they say what you want and meet all requirements.

***What Should I Do With My Health Care Directive After I Have Signed It?***

You should inform others of your health care directive and give people copies of it. You may wish to inform family members, your health care agent or agents, and your health care providers that you have a health care directive. You should give them a copy. It's a good idea to review and update your directive as your needs change. Keep it in a safe place where it is easily found.

***What if I believe a Health Care Provider Has Not Followed Health Care Directive Requirements?***

Complaints of this type can be filed with the Office of Health Facility Complaints at 651-201-4200 (Metro Area) or Toll-free at 1-800-369-7994.

***What if I Believe a Health Plan Has Not Followed Health Care Directive Requirements?***

Complaints of this type can be filed with the Minnesota Health Information Clearinghouse at 651-201-5178 or Toll-free at 1-800-657-3793.

***How To Obtain Additional Information***

If you want more information about health care directives, please contact your health care provider, your attorney, or: Minnesota Board on Aging's Senior LinkAge Line® 1-800-333-2433.

## VEHICLE USE TO TRANSPORT CLIENTS

It is Rainbow Home Healthcare's policy that you are **NOT** allowed at any time to use your vehicle to transport the client to anywhere for insurance liability reason. Rainbow Home Healthcare is not liable for any loss, damage, costs or expenses incurred by clients or PCA's due to Rainbow Home Healthcare's PCAs transporting clients or by PCA's traveling in client vehicles. You may only accompany the client by riding along with the client. This means that you do **NOT** drive the vehicle with the client riding inside with you.

Other options client should take in consideration and are available for:

- Metro Mobility
- Public Transportation
- MNET (Metro MN Non-Emergency Transportation Program)
- Private Taxi Services

## MEDICATION ADMINISTRATION

It is Rainbow Home HealthCare's policy and it is a Minnesota law that a Personal Care Assistant is **NOT** allowed to administer medication. A Personal Care Assistant can only remind the client that it is time to take medication.

## PERSONAL CARE ASSISTANCE SERVICE VERIFICATION

*Effective Aug. 1, 2015*, Rainbow Home Healthcare agency is required to conduct a service verification call. A service verification is an unscheduled telephone call with the PCA services recipient and the PCA worker to verify that an individual PCA worker is present and providing scheduled services. During a service verification call, RHHC staff will ask to speak with both PCA worker and PCA service recipient or the recipient's authorized representative (RP). Rainbow Home Healthcare will conduct one service verification call every 90 days for each PCA service recipient. For people who have more than one PCA, RHHC will make a service verification call to a different PCA at least every 90 days, until every PCA serving that person has received a service verification call before repeating with the recipient's PCAs.

## SAFETY AND ACCIDENTS

The safety of employees and clients are the primary concern to this company. As an employee, you are expected to take great care in preventing injuries and accidents on the job. Rainbow Home HealthCare Incorporated takes great effort in preventing injuries to both client and assistant. In doing so, all client-attending employees are required to complete "Universal Precautions" "Blood borne Pathogens" and "Body Mechanics" trainings by their nursing supervisor.

If you have an accident or injury on the job, you must report the incident immediately to your supervisor or manager. Rainbow Home HealthCare provides worker's compensation insurance for employees who are injured on the job. **A First Report of Injury** documenting everything that happened must be completed and sent to the workers' compensation insurance carrier. You may

be contacted for further information by one of the insurance carrier's representatives. Benefits that are available to you will be covered in detail once your eligibility for worker's compensation is determined.

## **INCIDENT RESPONSE AND REPORTING**

The agency shall respond to all incidents under section that occur while providing services to protect the health and safety of and minimize risk of harm to recipients. All employees and clients should thoroughly know the agencies policy on reporting incidents. All incidents should be reported to the agency immediately. Immediately means as soon as possible but in no event longer than 24 hours.

You should report any of the following immediately upon discovery:

- (1) Serious injury including:
  - a. Fractures;
  - b. Dislocations;
  - c. Evidence of internal injuries;
  - d. Head injuries with loss of consciousness;
  - e. Lacerations;
  - f. Serious burns;
  - g. Injuries to teeth;
  - h. Injuries to the eyeball;
  - i. Ingestion of foreign substances;
  - j. Near drowning;
  - k. Heat exhaustion; or
  - l. Other injuries considered serious by a physician.
  
- (2) A person's death;
  
- (3) Any medical emergency, unexpected serious illness, or significant unexpected change in an illness or medical condition, or the mental health status of a person that requires calling 911 or a mental health crisis intervention team, physician treatment, or hospitalization;
  
- (4) A person's unauthorized or unexplained absence from a program;
  
- (5) Physical aggression by a person receiving services against another person receiving services that causes physical pain, injury, or persistent emotional distress, including, but not limited to, hitting, slapping, kicking, scratching, pinching, biting, pushing, and spitting;
  
- (6) Any sexual activity between persons receiving services involving force or coercion;  
or
  
- (7) A report of alleged or suspected child or vulnerable adult maltreatment.



## EMERGENCY PROCEDURES DIAL 911

In the event of a medical, fire or safety emergency while the client is under your care, you must first call 911 immediately for help. You must notify the nurses at Rainbow Home HealthCare when it is safe to do so, and after you call 911.

### **Examples of Significant Adverse Changes:**

1. Bleeding
2. Broken bones
3. Burns
4. Chest pain
5. Choking
6. Falls
7. General weakness or loss of coordination
8. Heart attacks and strokes
9. Problems with vision
10. Seizures
11. Trouble breathing

### **How to use 911:**

1. Dial 911
2. Stay Calm
3. State “This is an emergency”
4. Provide the address, phone number, and your name
5. Describe what happened
6. Calmly respond to questions the operator asks
7. Do not hang up, you may be given additional information and instruction on how to proceed until assistance arrives. Let the 911 operator hang up first.

## EMERGENCY USE OF MANUAL RESTRAINTS NOT ALLOWED

Rainbow Home Health Care Inc. promotes the rights of persons served by Rainbow Home Health Care Inc. and to protect their health and safety during the emergency use of manual restraints. Rainbow

“Emergency use of manual restraint” means using a manual restraint when a person poses an imminent risk of physical harm to self or others and it is the least restrictive intervention that would achieve safety. Property damage, verbal aggression, or a person’s refusal to receive or participate in treatment or programming on their own, do not constitute an emergency.

### ***Positive support strategies and techniques required***

The following positive support strategies and techniques must be used to attempt to de-escalate a person’s behavior before it poses an imminent risk of physical harm to self or others:

- Follow individualized strategies in a person’s coordinated service and support plan and coordinated service and support plan addendum;
- Shift the focus by verbally redirect the person to a desired alternative activity;
- Model desired behavior;

- Reinforce appropriate behavior
- Offer choices, including activities that are relaxing and enjoyable to the person;
- Use positive verbal guidance and feedback;
- Actively listen to a person and validate their feelings;
- Create a calm environment by reducing sound, lights, and other factors that may agitate a person;
- Speak calmly with reassuring words, consider volume, tone, and non-verbal communication;
- Simplify a task or routine or discontinue until the person is calm and agrees to participate; or
- Respect the person's need for physical space and/or privacy.

### ***Permitted actions and procedures***

Use of the following instructional techniques and intervention procedures used on an intermittent or continuous basis are permitted by this program. When used on a continuous basis, it must be addressed in a person's coordinated service and support plan addendum.

- A. Physical contact or instructional techniques must be use the least restrictive alternative possible to meet the needs of the person and may be used to:
  1. calm or comfort a person by holding that persons with no resistance from that person;
  2. protect a person known to be at risk of injury due to frequent falls as a result of a medical condition;
  3. facilitate the person's completion of a task or response when the person does not resist or the person's resistance is minimal in intensity and duration; or
  4. block or redirect a person's limbs or body without holding the person or limiting the person's movement to interrupt the person's behavior that may result in injury to self or others, with less than 60 seconds of physical contact by staff; or
  5. to redirect a person's behavior when the behavior does not pose a serious threat to the person or others and the behavior is effectively redirected with less than 60 seconds of physical contact by staff.
- B. Restraint may be used as an intervention procedure to:
  1. allow a licensed health care professional to safely conduct a medical examination or to provide medical treatment ordered by a licensed health care professional to a person necessary to promote healing or recovery from an acute, meaning short-term, medical condition; or
  2. assist in the safe evacuation or redirection of a person in the event of an emergency and the person is at imminent risk of harm; or
  3. Position a person with physical disabilities in a manner specified in the person's coordinated service and support plan addendum.  
Any use of manual restraint as allowed in this paragraph [Section B] must comply with the restrictions identified in [Section A].
- C. Use of adaptive aids or equipment, orthotic devices, or other medical equipment ordered by a licensed health professional to treat a diagnosed medical condition do not in and of themselves constitute the use of mechanical restraint.

### ***Prohibited Procedures***

Use of the following procedures as a substitute for adequate staffing, for a behavioral or therapeutic program to reduce or eliminate behavior, as punishment, or for staff convenience, is prohibited by this program:

1. chemical restraint;

2. mechanical restraint;
3. manual restraint;
4. time out;
5. seclusion; or
6. any aversive or deprivation procedure.

### ***Manual Restraints Not Allowed in Emergencies***

- A. This program does not allow the emergency use of manual restraint. The following alternative measures must be used by staff to achieve safety when a person's conduct poses an imminent risk of physical harm to self or others and less restrictive strategies have not achieved safety:
- Continue to utilize the positive support strategies;
  - Continue to follow individualized strategies in a person's coordinated service and support plan and coordinated service and support plan addendum;
  - Ask the person and/or others if they would like to move to another area where they may feel safer or calmer;
  - Remove objects from the person's immediate environment that they may use to harm self or others
  - Call 911 for law enforcement assistance if the alternative measures listed above are ineffective in order to achieve safety for the person and/or others. While waiting for law enforcement to arrive staff will continue to offer the alternative measures listed above if doing so does not pose a risk of harm to the person and/or others.
  - Refer to the attached list of alternative measures that includes a description of each of the alternative measures trained staff are allowed to use and instructions for the safe and correct implementation of those alternative measures.
- B. The program will not allow the use of an alternative safety procedure with a person when it has been determined by the person's physician or mental health provider to be medically or psychologically contraindicated for a person. This program will complete an assessment of whether the allowed procedures are contraindicated for each person receiving services as part of the required service planning required under the 245D Home and Community-based Services (HCBS) Standards (section 245D.07, subdivision 2, for recipients of basic support services; or section 245D.071, subdivision 3, for recipients of intensive support services).

### ***Reporting Emergency Use of Manual Restraint***

As stated in section V, this program does not allow the emergency use of manual restraint. Any staff person who believes or knows that a manual restraint was implemented during an emergency basis they must immediately report the incident to the person listed below. The program has identified the following person or position responsible for reporting the emergency use of manual restrain according to the standards in section 245D.061 and part 9544.0110, when determined necessary.

## **GRIEVANCE POLICY**

We ensure that people served by Rainbow Home Health Care Inc. have the right to respectful and responsive services. We are committed to providing a simple complain process for the people served in our services and their authorized or legal representatives to bring grievances forward and have them resolved in a timely manner.

## ***Policy***

It is the policy of this agency to ensure that people served by RHHC have the right to respectful and responsive services. We are committed to providing a simple complaint process for the people served in our program and their authorized or legal representatives to bring grievances forward and have them resolved in a timely manner.

### Procedures

#### A. Service Initiation

A person receiving services and their case manager will be notified of this policy, and provided a copy, within five working days of service initiation.

#### B. How to File a Grievance

1. The person receiving services or person's authorized or legal representative:
  - a. should talk to a staff person that they feel comfortable with about their complaint or problem;
  - b. clearly inform the staff person that they are filing a formal grievance and not just an informal complaint or problem; and
  - c. may request staff assistance in filing a grievance.
2. If the person or person's authorized or legal representative does not believe that their grievance has been resolved they may bring the complaint to the highest level of authority in this program.
  - That person is **Vong Lor / Administrator**.
  - They may be reached at 1358 East 7<sup>th</sup> Street, Saint Paul, MN 55106 or phone number at 651-7789-0562.

#### C. Response by the Program

1. Upon request, staff will provide assistance with the complaint process to the service recipient and their authorized representative. This assistance will include:
  - a. the name, address, and telephone number of outside agencies to assist the person; and
  - b. responding to the complaint in such a manner that the service recipient or authorized representative's concerns are resolved.
2. This program will respond promptly to grievances that affect the health and safety of service recipients.
3. All other complaints will be responded to within 14 calendar days of the receipt of the complaint.
4. All complaints will be resolved within 30 calendar days of the receipt.
5. If the complaint is not resolved within 30 calendar days, this program will document the reason for the delay and a plan for resolution.
6. Once a complaint is received, the program is required to complete a complaint review. The complaint review will include an evaluation of whether:
  - a. related policy and procedures were followed;
  - b. related policy and procedures were adequate;
  - c. there is a need for additional staff training;
  - d. the complaint is similar to past complaints with the persons, staff, or services involved; and
  - e. there is a need for corrective action by the license holder to protect the health and safety of persons receiving services.
7. Based on this review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by staff or the license holder, if any.
8. The program will provide a written summary of the complaint and a notice of the complaint resolution to the person and case manager that:
  - a. identifies the nature of the complaint and the date it was received;
  - b. includes the results of the complaint review; and
  - c. identifies the complaint resolution, including any corrective action.

D. The complaint summary and resolution notice must be maintained in the person's record.

If you feel the agency treated you differently because of race, color, national, origin, political beliefs, religion, creed, sex, sexual orientation, age or disability, you may file a complaint with your agency or any of the following agencies:

Minnesota Department of Human Services  
Equal Opportunity and Access  
PO Box 64997  
Saint Paul, MN 55164-0997  
651-431-3040 (Voice)  
866-786-3945 (TTY)

Minnesota Department of Human Rights  
Freeman Building  
625 Robert Street North  
Saint Paul, MN 55155  
800-657-3704 (Voice)  
651-296-1283 (TTY)

U.S. Department of Health and Human Services  
Office for Civil Right, Region V  
233 North Michigan Ave Suite 240  
Chicago, IL 60601  
312-886-2359 (Voice)  
312-353-5693 (TTY)

U.S. Department of Agriculture  
Director, Office of Adjudication  
1400 Independent Ave S. W.  
Washington D.C. 20250-9410  
866-632-9992 (Voice)  
800-877-8339 (Federal Relay Service)  
800-845-3136 (Spanish)

## SEXUAL HARASSMENT

Sexual harassment is a form of employee misconduct and includes unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of sexual nature when:

- Submission to such conduct is made, either explicitly or implicitly, a term or condition of employment;
- Submission to or rejection of such conduct is used as a factor in any employment decision affecting any individual; or
- Such conduct has the purpose or effect of unreasonably interfering with any employee's work performance or creating an intimidating, hostile or offensive working environment.

Every employee of Rainbow Home HealthCare is entitled to a work environment free from harassment. Sexual harassment is a serious offense and will not be tolerated. Likewise, retaliation against an employee who makes a charge of sexual harassment will not be tolerated. Report all instances of harassment to your supervisor or manager so that corrective action can be taken.

Any employee found in violation of sexual harassment or retaliation will be subject to appropriate sanctions, which may include suspension without pay and or termination of employment.

## **VULNERABLE ADULTS MALTREATMENT**

Your client is to be free of verbal and physical abuse, threat, and neglect at all times. If you suspect any evidence of abuse or neglect, you must contact your nursing supervisor immediately. The supervisor will contact the appropriate authorities to further investigate the situation.

### ***Who should report suspected Maltreatment of Vulnerable Adult?***

-As a mandated reporter, if you know or suspect that a vulnerable adult has been maltreated, you must report it immediately (within 24 hours).

### ***Where to Report***

- You can report to the state-wide Common Entry Point, the Minnesota Adult Abuse Reporting Center at 1-884-800-1574.
- Or, you can report internally to Vong Lor / Administrator. If the individual listed above is involved in the alleged or suspected maltreatment, you must report to Susan Vang / Office Manager.

### ***Internal Report***

- When an internal report is received, Vong Lor / Administrator is responsible for deciding if the report must be forwarded to the Common Entry Point. If that person is involved in the suspected maltreatment, Susan Vang / Office Manager will assume responsibility for deciding if the report must be forwarded to the Common Entry Point. The report must be forwarded within 24 hours.
  - If you have reported internally, you will receive, within two working days, a written notice that tells you whether or not your report has been forwarded to the Common Entry Point. The notice will be given to you in a manner that protects your identity. It will inform you that, if you are not satisfied with the facility's decision on whether or not to report externally, you may still make the external report to the Common Entry Point yourself. It will also inform you that you are protected against any retaliation if you decide to make a good faith report to the Common Entry Point.

### ***Internal Review***

When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review and take corrective action, if necessary, to protect the health and safety of vulnerable adults. The internal review must include an evaluation of whether:

- (i) related policies and procedures were followed;
- (ii) the policies and procedures were adequate;
- (iii) there is a need for additional staff training;
- (iv) the reported event is similar to past events with the vulnerable adults or the services involved; and
- (v) there is a need for corrective action by the license holder to protect the health and safety of vulnerable adults.

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### ***Primary and Secondary Person or Position to Ensure Internal Reviews are Completed***

The internal review will be completed by Vong Lor / Administrator. If this individual is involved in the alleged or suspected maltreatment, Susan Vang / Office Manager will be responsible for completing the internal review.

### ***Documentation of the Internal Review***

The facility must document completion of the internal review and provide documentation of the review to the commissioner upon the commissioner's request.

### ***Corrective Action Plan***

Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

### ***Staff Training***

The license holder shall ensure that each new mandated reporter receives an orientation within 72 hours of first providing direct contact services to a vulnerable adult and annually thereafter. The orientation and annual review shall inform the mandated reporters of the reporting requirements and definitions specified under Minnesota Statutes, sections 626.557 and 626.5572, the requirements of Minnesota Statutes, section 245A.65, the license holder's program abuse prevention plan, and all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services. The license holder must document the provision of this training, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

## **THIS REPORTING POLICY WILL BE POSTED IN A PROMINENT LOCATION, AND WILL BE AVAILABLE UPON REQUEST**

Part of your job as a caregiver is to look after the safety and well-being of your client. Swearing or profane language used by you toward the client is not allowed under the law. Criminal charges may be brought against you if you are found to be in violation; and you will immediately be removed from your job.

## **MALTREATMENT OF MINORS**

Your client is to be free of verbal and physical abuse, threat, and neglect at all times. If you suspect any evidence of abuse or neglect, you must contact your nursing supervisor immediately. The supervisor will contact the appropriate authorities to further investigate the situation.

### ***Who Should Report Child Abuse and Neglect***

- Any person may voluntarily report abuse or neglect.
- If you work with children in a licensed facility, you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your licensed facility. If you know or have reason to believe a child is being or has been neglected or physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency.

### ***Where to Report***

- If you know or suspect that a child is in immediate danger, call 911.
- All reports concerning suspected abuse or neglect of children occurring in a licensed facility should be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at (651) 431-6600.

- Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to the local county social services agency at 651-266-4444 or local law enforcement at 651-291-1111.
- If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the Department of Human Services, Licensing Division at (651) 431-6500.

### ***What to Report***

- Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556) and should be attached to this policy.
- A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within a licensed facility, the report should include any actions taken by the facility in response to the incident.
- An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

### ***Failure to Report***

A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Care Provider Organizations.

### ***Retaliation Prohibited***

An employer of any mandated reporter shall not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

### ***Internal Review***

When the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made, the facility must complete an internal review within 30 calendar days and take corrective action, if necessary, to protect the health and safety of children in care. The internal review must include an evaluation of whether:

- (i) related policies and procedures were followed;
- (ii) the policies and procedures were adequate;
- (iii) there is a need for additional staff training;
- (iv) the reported event is similar to past events with the children or the services involved; and
- (v) there is a need for corrective action by the license holder to protect the health and safety of children in care.

### ***Primary and Secondary Person or Position to Ensure Internal Reviews are Completed***

The internal review will be completed by Vong Lor / Administrator. If this individual is involved in the alleged or suspected maltreatment, Susan Vang / Office Manager will be responsible for completing the internal review.

### ***Documentation of the Internal Review***



The facility must document completion of the internal review and make internal reviews accessible to the commissioner immediately upon the commissioner's request.

### ***Corrective Action Plan***

Based on the results of the internal review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any.

### ***Staff Training***

The license holder must provide training to all staff related to the mandated reporting responsibilities as specified in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556). The license holder must document the provision of this training in individual personnel records, monitor implementation by staff, and ensure that the policy is readily accessible to staff, as specified under Minnesota Statutes, section 245A.04, subdivision 14.

***The mandated reporting policy must be provided to client at the time of enrollment by Rainbow Home Healthcare and must be made available upon request.***

## ACKNOWLEDGEMENT & AGREEMENT

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By signing below I acknowledge that I have read and or my manager has gone over with me the policies outlined in the Rainbow Home Healthcare handbook and agree to be bound by the policies and procedures.

I further acknowledge and understand that review of these materials by me shall be required annually to meet annual training requirements, and shall be available upon request. I acknowledge and understand that my continued work shall be considered as my acknowledgement of having reviewed the materials annually and my acceptance of their terms. Finally I affirm that I meet all the qualifications to be a Personal Care Assistant/ Homemaker as outlined in the PCA/Homemaker job description I received.

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Print Name

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Signature

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Date