



Employee Handbook

37771 7 Mile Road Livonia, MI 48152

248-599-2410

www.MMHomeCare.com

Office Hours are Monday – Friday 9:00 A.M. – 5:00 P.M.

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A Message From The President

Dear Colleague,

Welcome aboard! You are embarking on a challenging and rewarding career. It is my pleasure to welcome you as a new staff member. You have become a part of an organization that prides itself on honesty, integrity, and compassionate service to our patients. With the commitment of hardworking staff like you, we have been able to successfully serve the home healthcare needs of our communities for years. The next pages will describe what will be expected of you and what you can expect from M & M Home Care. We look forward to a long and mutually beneficial relationship with you, providing exemplary, patient-centered healthcare in a home environment.

Our philosophy is simple, “Exceptional People – Exceptional Care”

Home healthcare has emerged as a positive solution to the complex problems in healthcare. Technological advances allow sophisticated medical treatments to be performed in the home. Home healthcare is a safe and less costly alternative to hospitals and nursing homes.

Our employees are this company’s most valuable assets. This handbook is a guide that will help you understand how you and M & M Home Care can work together toward a shared success. We ask that you take the time to read it and familiarize yourself with our company philosophy, policies, and procedures. If anything in this handbook is not clear to you, or if you need more information, please call the office Human Resources representative.

Your continued success depends on open communications. Please feel free to call me if I can help you in any way to make your career with M & M Home Care successful.

I look forward to working together with you.

Sincerely,

Michael Malecki, RN
President/CEO

M & M Home Care, Inc.
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Office: 248.599.2410

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Mission Statement

M & M Home Care values are patient-centered. We provide compassionate, cost effective home health care to patients throughout the State of Michigan. We perform our professional services with pride and respect. The patient's dignity and sustained well-being are our guiding principles.

Our Philosophy

You are our most valuable asset. We expect you to represent your profession and M & M Home Care in a fashion, which will result in the satisfaction of our patients and referral sources. This will enable us to provide more services for patients and more work for you. We provide a wide variety of opportunities including care of spinal cord injuries, traumatic brain injuries, private duty cases, intermittent infusion, and neuro care services in the home. This is our only business.

We have a commitment to our patients and their families to provide the best care in a cost effective way. We are careful in our screening and hiring process, and we believe that continuing education and training of our employees is paramount to quality services and patient satisfaction. Our goal is to make you the best you can be. Let us know how we can help.

M & M Home Care's home care program originated in the belief that each individual, regardless of age, race, color, religion, sex, marital status, national origin, handicap, or source of payment, is entitled to maximize his/her optimum level of health status towards more complete physical, mental and social well-being, for that person and that person's family.

It is our philosophy to include both patient and family to the fullest extent of their abilities in the planning and implementation of care, and to provide educational and emotional support.

Patient-Centered Care

There is research evidence that individuals recover more quickly when the family is active in the planning and implementation of their care.

The Role of the Nurse Supervisor

The Nurse Supervisor is a registered nurse, experienced in home healthcare management. The Nurse Supervisor is responsible for the direction of all services provided by M & M Home Care. All risk management, clinical or patient care questions or concerns are to be reported to the Nurse Supervisor or designee. The Nurse Supervisor will be the individual to whom you will report. The Nurse Supervisor will provide you with job performance feedback.

The Nurse Supervisor's role is to assure that M & M Home Care's patient care services are provided in compliance with all state and federal regulations and that the company policies are of the highest quality and is managed in the most effective, efficient manner. There is a nurse manager on call 24/7 to respond to any type of call or concern you may have during the course of your employment with us. No question is too trivial. Do not hesitate to call.

The Nurse Supervisor's goals are to provide a challenging and fulfilling work environment for all M & M Home Care's caregivers. He/she is available to assist you in resolving any difficulties you encounter in home care, and to help you chart a fulfilling, long-term career path at M & M Home Care.

Confidentiality

The right to confidentiality is one right held by our patients under our Patient Bill of Rights. As is true with any other medical/nursing record, the charts maintained on patients or M & M Home Care's

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home care programs are confidential documents. It is not appropriate to document in the chart or other places any aspects of family life or family functioning which is not directly related to the medical care, status, or safety of the patient. Information you read and hear about an individual is for you only and is not to be repeated outside the professional environment.

Caregivers do not discuss patients or office staff outside the context of professional conversation relevant to the patient's condition and plan of care. Discussions regarding patients are not held in the presence of non-involved individuals, even other M & M Home Care employees. Any breach of confidentiality on the part of caregivers is grounds for possible termination.

As an employee working for M & M Home Care you can be working more than one case and, therefore you need to be extra cautious that you don't discuss one patient with another. You should never talk about other nursing personnel or the office staff.

On occasion you may be exposed to a patient or another staff member who tries to push you into gossip by asking leading questions. Some answers to these questions should be on the order of, "It's none of my business." "I don't know.", "I haven't noticed.", etc. Then you should immediately change the subject. Please try to stop these kinds of conversations before they start.

Equal Employment Opportunity

M & M Home Care is committed to equal employment opportunity. We will not discriminate against employees or applicants for employment on any legally-recognized basis ["protected class"] including, but not limited to: race; color; religion; genetic information; national origin; sex; pregnancy, childbirth, or related medical conditions; age; disability; citizenship status; uniform service member status; or any other protected class under federal, state, or local law.

In Michigan, the following also are a protected class:

disability; religion; race; color; national origin; age; sex; pregnancy, childbirth or related medical condition [that does not include nontherapeutic abortion not intended to save the life of the mother]; height; weight; marital status; and genetic information.

You may discuss equal employment opportunity related questions with the company administrator or any other designated member of management.

Visitors

No staff who works for M & M Home Care should have friends or family visit while they are working at the home of one of our patients. This is an infringement of the family's privacy. In the event that you are being picked up from work or someone is bringing you something, that person must not be let into the patient's home. Violation of this policy may result in disciplinary action up to and including termination.

Reporting Abuse or Neglect

There are occasions when it may be necessary to raise concerns about a caregiver's ability to care for a patient. Certain staff are mandated reporters under the Child Abuse and Neglect Reporting Act and are responsible to report any acts of physical abuse, neglect, or sexual abuse to the proper state authorities.

Physical and sexual abuses are fairly clearly defined in the Act itself. Neglect, on the other hand, is less easy to determine, especially when a medically complex patients are concerned.

Determining when to report neglect can be difficult; hence, it is recommended that there be consultation with others involved with the patient including the home health agency supervisor, and the case manager before making a report. It is also

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necessary to document incidents of neglect including description of alleged neglectful behavior, dates and times.

Note that it can be considered neglect if, for example, the family caregiver taking over the care of the patient is intoxicated, fails to appear without notice, fails to provide the necessary care, or where the environment is unsafe or potentially life threatening.

In reporting physical or sexual abuse or neglect, staff are responsible for providing specific information, which is pertinent to the allegation. It should be understood that a report is only an allegation of abuse or neglect. The designated agency for protective services, not the nurse, is responsible for investigating the report.

While as much information as possible is important, staff do not have to prove abuse or neglect, only to report it when they suspect that it is occurring.

It is also a professional responsibility for the reporting nurse to remain with the patient whom the nurse ascertains is at risk of harm, until the protective services worker or the police arrive after a report is made. The nurse cannot legally remove the patient from the home without permission unless the patient is in need of emergency medical treatment. Being at risk of abuse is not sufficient grounds for removing the patient and the nurse doing so could be arrested for abduction or kidnapping. Only the police or designated protective service worker can legally take custody of a person at risk, and in a non-medical but protective emergency, the police should be called.

No One at Home

If you arrive at the scheduled day and time and no one appears to be home, even after arrangements have been made and verified, please call the M & M Home Care office for further instructions. **DO NOT GO HOME** until you have been instructed to do so by the office.

Telephone & Communications

The patients' telephones are NEVER to be used for your personal phone calls. If it is necessary to call the M & M Home Care office or any other member of the health care team for purposes of coordinating services, please be sure to ask the patient's permission.

If you become ill while on duty, please obtain the patient's permission to use the phone to call the office. We will help you make arrangements for care for yourself and the patient.

NEVER give the patient's phone number out. This is a breach of privacy that cannot be tolerated.

We realize in this age of electronics that many of our employees have cellular phones. While it is good that your families can reach you in emergencies, we want to stress this is the only time you should be talking on your cell-phones.

You are being paid to take care of a patient, not to be spending your shift talking on a phone. M & M Home Care's policy in regards to cell-phones is clear:

- Do not use cell-phones while driving.
- Do not call the office while driving
- Do not respond to texts or calls to your cell-phone while driving.

M & M Home Care relies on telephone and text contact heavily; it is our primary forms of contact between office, staff and patients. It is imperative that whenever you receive a call or text from our office that you respond, when safe, your ability to assist in staffing, so that our efforts can be directed effectively toward a solution for the patient.

Smoking

Smoking is not permitted while on duty. Our

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company strives to provide our patients with a healthful environment. Many of our patients are allergic to or sensitive to smoke.

Drugs and Alcohol

In an effort to maintain a reasonably safe and healthful workplace, and in accordance with both federal and state law, M & M Home Care will from time to time inform employees through educational materials about the dangers of drug abuse in the workplace.

The Company also has adopted the following policy: It is a violation of M & M Home Care policy for any employee to sell, purchase, use, consume, possess, manufacture, distribute, dispense, or transport any illegal substance, or to abuse any controlled substance, on Company, or Patient premises and at any time during working hours, including meal and break periods.

M & M Home Care employees shall report to work with their abilities unimpaired by illegal or controlled substances, and remain so throughout their assigned workday. Therefore, random drug or alcohol screens may be done at any time. If you are convicted of a violation of any criminal drug statute, and that violation occurred in the workplace, you are required to notify your supervisor within five (5) days after such conviction. "Conviction" means a finding of guilt or acceptance of a guilty plea, including a plea of nolo contendere, or imposition of a sentence, or both, by a judicial body.

If you violate this policy, you will be subject to appropriate disciplinary action, up to and including immediate discharge. Alternatively, at the M & M Home Care's discretion, you may be required to complete satisfactorily a drug assistance or rehabilitation program.

You must comply with the requirements set forth in this statement.

Any questions regarding this policy should be directed to the Human Resources Department.

Parking

When parking at or near your patient's home, you must obey all local parking laws. M & M Home Care cannot provide you with any special parking privileges. M & M Home Care will not pay for any parking violations or reimburse you for the fines.

Policies and Procedures

All personnel are responsible to be familiar with the policies and procedures of this organization. Complete and comprehensive manuals are available in the office to review during office hours. It is a part of your professional accountability to take the initiative to review these manuals or ask for the information if you have questions regarding a policy or procedure.

Dress Code

Personal Cleanliness

We work to create and enhance our staff's reputations as professionals worthy of the highest respect. To maintain a professional environment, employees are expected to be clean, well groomed and appropriately dressed at all times. Clean and proper attire is to be worn. Additionally, it is important for all employees to select clothing and footwear that is appropriate for the position

Dress Code For Direct Care Staff

Some patients prefer for caregivers to wear scrubs and others allow you to wear khaki's and a comfortable polo shirt. Neat grooming with clean clothing and well-kept shoes should be the standard you maintain while working as a caregiver.

Hair and Headwear

- Hair must be clean
- Hair must not interfere with patient care

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- Conservative braided hairstyles *without* beads or ornamentation are permitted
- Hats, bandanas, and head dress are generally not permitted (unless part of religious, medical or uniform attire)

Jewelry

- Jewelry is permitted. However, jewelry that inhibits the effective practice of universal precautions or any other safety procedure is prohibited
- Nose/Eye/Lip jewelry may not be worn by any team member
- In all cases, medical jewelry is acceptable

Nails

- Artificial nails, acrylic nails, gel overlays, nail jewelry are not permitted on all direct patient care team members

Tattoos/Body Art

- Body painting/tattoos must be covered in the workplace at all times

Undergarments

- Must be worn at all times
- Attention should be given to avoid wearing patterned or bright undergarments under light colored clothing or undergarments that are visible under any clothing
- Knee highs and thigh highs are not to be visible when sitting

Personal Hygiene

- Personal cleanliness and hygiene must be maintained at all times
- Every effort should be made to avoid offensive body odors through the regular practice of sound personal hygiene and by the use of deodorants and other toiletries
- Perfumes should not be used in a manner which would adversely affect the comfort of team members
- Oral hygiene is mandatory for all team members

Dress Code For Office Staff

Office staff will comply with a “business casual” dress code. Scrubs may be acceptable for those office staff who may also visit clients.

Casual Clothes - Not Permitted

This includes, **but is not limited to:**

- Jeans
- Sweatpants
- Tee-shirts with derogatory graphics or writing
- Halter tops
- Tank tops
- Tops that reveal undergarments
- Revealing low cut tops
- Revealing low cut dresses
- Off the shoulder wear
- No strapless sun dresses
- See through blouses without a camisole
- See through skirts/dresses without a slip
- Spandex leggings

Dress Code Policy Compliance

With today’s wide variety in fashion trends it is impossible to describe every article of proper dress. Common sense and respect for team members is the key to a strong, positive professional environment. The cooperation of each team member regarding their own appearance is essential in maintaining the proper look and atmosphere in the workplace. Where team members are unwilling to recognize their responsibility and present themselves in an acceptable manner, it is the responsibility of the company to correct the situation.

Scheduling and Cancellations

The Scheduling Coordinator is generally the office person with whom you will have contact for scheduling. All scheduling and cancellations are to be handled through M & M Home Care office. We can offer flexibility in scheduling. You may accept

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or reject any assignment offered to you. If you accept it, you will be expected to fulfill the assignment in a professional manner and for the agreed length of time.

You may accept assignments or change assignments directly with other staff, but you must notify the M & M Home Care office.

Shift cancellation from the patient may occasionally occur. You will be notified immediately and an alternative assignment may be offered if possible. If your assignment is canceled after you arrive at the home, notify our office for instructions before leaving the patient.

When assigned to a home care case, you will be provided with the patient's name, address, telephone number, a description of the patient's needs and the expected duties involved. You may also expect to be oriented to a particular case. In the event you do not feel comfortable or competent to perform the patient's care, inform the office at once and additional information or training can be provided.

During your scheduled shift you are expected to provide care and be with the patient the entire time. You are expected to take your meal with and store it at the home. You are not permitted to leave the patient to take a "lunch hour" or breaks, and you will be compensated for the entire time.

Generally, the patient cannot be left in the care of anyone except another designated, trained caregiver.

Should you find it absolutely necessary to change or cancel your agreed upon schedule, you must notify the office as soon as possible. It is essential to give the office a timely notice, no less than 72 hours, in order for us to find an appropriate replacement for your assignment. Failure to provide adequate notice will be considered a violation of the attendance policy.

This is a very important factor in our ability to satisfy our patients. Remember that they are not in a hospital or

nursing home where, if you don't show for work, someone else will pick up the slack. A "No Call/No Show" is grounds for disciplinary action, possibly including termination of employment. Repeated call-offs are also grounds for disciplinary action up to and including termination.

An employee who has missed three consecutive scheduled shifts due to illness or injury will have to get a doctor's release to go back to work.

Payroll Procedures

General Payroll Information

M & M Home Care's work week begins every Sunday at 0700. A record of your time must be kept on the M & M Home Care online time sheet. During orientation, you will learn how to access the system and enter your time.

We must receive your timesheets no later than Sunday at noon for the previous work week. Employees are encouraged to complete your timesheet at the end of every shift to assure accuracy.

Direct Deposit

Direct deposit is available to all employee and is a requirement. Just complete the direct deposit form, and attach a voided check. Your pay is credited directly into your account the morning of payday.

Overtime

Employees may be scheduled to work overtime hours at the discretion of M & M Home Care and, when possible, advance notification of mandatory work schedules or overtime work opportunities will be provided to employee. All overtime work hours must be approved or authorized by M & M Home Care prior to commencing work. Overtime assignments or overtime work hours are

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distributed at the sole discretion of M & M Home Care.

Compensation for overtime hours worked is paid to all nonexempt employees at a rate of one and one-half times the regular rate of pay for all hours worked in excess of 40 hours per work week. Overtime pay is based on actual hours worked. Vacation, holidays, and any leave are not counted for purposes of overtime.

Employees may be terminated from a work assignment and from employment with M & M Home Care for failure to perform required scheduled work including that which would result in overtime hours.

Holidays

M & M Home Care will pay time and a half for holidays worked. Holiday are defined as:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Holidays begin at 12:00 A.M. and end at 12:00 A.M. the day of the holiday.

Only administrative employees are paid for time off on holidays.

Time Card

The time sheets, as well as clinical notes must be complete and accurate. Your paycheck is generated from these documents. Incomplete, incorrect, or illegible time sheets will be returned to you. This may cause a delay in your paycheck.

Shift Premiums

A premium rate may be paid to employees who work afternoon, night, or weekend hours. The premium rate will

be discussed at the time it is offered in accordance with state and federal wage and hour laws.

Travel Pay

Travel pay/mileage reimbursement is paid when staff travels more than 30 miles (one way) from their residence to a client's location. Mileage shall be calculated as the shortest distance. M & M Home Care will use mileage reimbursement rates for employees who drive their personal vehicles for work purposes set by the IRS annually.

Turn Away Pay

M & M Home Care will make every effort to notify employees in advance when it is not necessary to report to work. These circumstances may include inclement weather, fire, flood, power outage, lack of work, etc. The company requires at least a 2 hour notice from our clients regarding shift cancellations.

If you arrive at a worksite and they have cancelled your shift without notice, you will receive a minimum of 2 hours of full pay for your inconvenience.

To receive your turn away pay, you must obtain contact the office and receive approval from a supervisor to verify your arrival.

Benefits

DISCLAIMER: The descriptions given below are a summary of the benefits plans. For specific information, contact Human Resources. M & M Home Care reserves the right to change or discontinue plans at any time at the discretion of management with or without notice.

Eligibility for Benefits

An employee becomes eligible for health

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insurance, the first of the month after completing a minimum of 30 hours per week for 60 days. If you fall below 30 hours in any week during your eligibility period of 60 days, you must begin your eligibility period over again to qualify for benefits.

You must maintain 30 hours per week for at least 48 weeks out of every year.

Health Insurance

You can choose an individual or family plan. You must maintain the 30 hours per week to keep the plan in force; it is your responsibility to secure hours from the schedulers to maintain your hours.

M & M Home Care will pay 50% of the employee's health insurance benefits premiums the first year of service, plus an additional 10% per year of service – not to exceed 80%.

Group Life Insurance

All employees have the opportunity to purchase life insurance. These policies are portable.

Retirement Plan

401(k) Retirement Benefits are available to all employees after they complete 90 days of service. This plan offers a 3% non-discretionary contribution made by M & M Home Care.

You can obtain a copy of the Summary Plan Description which contains the details of the plan including eligibility and benefit provisions from the company administrator.

In the event of any conflict in the description of any plan, the official plan documents, which are available for your review, shall govern. If you have any questions regarding this plan, see the plan administrator.

Vacation Time

The direct care staff of M & M Home Care (RNs, LPN,

CNAs, HHAs, Companions and Therapy Staff) will receive Paid Vacation time off as follows:

For every 1200 hours worked, the employee will receive 24 hours of paid vacation. Pay is calculated at the base pay rate for each employee. Once the 1200 hours are reached, the employee may opt to use their vacation time in any of the following ways:

1. Request time off at least 2 weeks in advance, and receive compensation for the time off (paid at employee's base rate).
2. Carry the time over (capped at 72 hours)
3. Sell the time back to M & M Home Care at the employee's base rate of pay.

The use and duration of vacation time is subject to supervisory approval. The Company will make every effort to accommodate requests to schedule vacation time but reserves the right to prioritize requests based on business needs, the seniority of the employees requesting vacation time, the amount of advance notice given by the employee of the desire for vacation time, and the reason for the vacation time.

Paid vacation time is not pro-rated, i.e., employee cannot work 800 hours and request 18 hours of vacation – employee must reach 1200 hours in order to receive any paid vacation time.

You will not be paid for unused, accrued vacation upon termination of employment.

Administrative staff will have vacation time as assigned in their offer letters.

Referral Bonus

Any employee who refers another person who satisfactorily completes 500 hours will receive \$150 referral bonus. Once that employee satisfactorily completes an additional 500 hours will receive additional \$150 referral bonus. .The

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applicant must indicate on the application the name of the referring employee.

In-Services

In-service / continuing education are provided regularly for all employees. These specific courses, when assigned, are mandatory.

Leaves Of Absence

Leaves of absence can be granted under the following special circumstance: Medical leave, military leave and personal leave.

A written request for a leave of absence must be submitted to your Supervisor. There is a time off request form in the employee portal on our website. The granting and duration of the leave of absence will depend upon your circumstance and the needs of the agency. The following guidelines will apply to all leaves of absence:

- Leaves are granted without pay.
- While on leave, you do not accrue seniority except as required by law.
- Failure to return from a leave of absence when scheduled will be considered a voluntary termination.
- Upon returning from an approved leave of absence, an employee will be reinstated to their former position, or a comparable position, unless circumstances have changed to prevent M & M Home Care from doing so.
- If your former position is unavailable, you will be offered a comparable position for which you are qualified, if one is available. If you do not accept the position offered, you will be considered to have voluntarily terminated your employment.
- You will be responsible for the payment of your insurance premium under COBRA. When you return to work full time, you will be reinstated with the previous benefits of the company paying a portion of the premium.

Military Leave

All employees who are on active or reserve duty in the armed forces of the United States will qualify for military leave. The leave granted will be in accordance with applicable law.

Jury Duty

Employees summoned for jury duty will be granted an unpaid leave in order to serve. Exempt employees may be provided time of with pay when necessary to comply with state and federal wage and hour laws.

Make arrangements with your supervisor soon as you receive your summons. We expect you to return to your job if you are excused from jury duty during your regular working hours.

Bereavement Leave

Employees who have completed 180 days of employment are eligible for 24 hours for the death of an immediate family member. Members of the immediate family include spouses, domestic partners, parents, brothers, sisters, children, children of domestic partners, grandchildren, grandparents, parents-in-law and parents of domestic partners.

Requests for bereavement leave should be made to the company as soon as possible. Our company reserves the right to request written verification of an employee's familial relationship to the deceased and his or her attendance at the funeral service as a condition of the bereavement pay.

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Conditions of Continued Employment

As a condition of continued employment, you are required to maintain your personnel file with current license, annual competency evaluation, physical exams, CPR certification, etc., in adherence with relevant state and federal requirements. In addition, completion of mandatory OSHA in-services and continuing education in-services may be required.

All personnel files must be current for you to remain an active employee.

You are an employee of M & M Home Care. M & M Home Care is not an employment agency or placement service. When you are working an assignment at our patient's home, you are employed by M & M Home Care only, providing a service to the patient. If the patient desires to hire you, M & M Home Care must be given a 60-day written notice. If you do go to work for an M & M Home Care patient and do not comply with the 60-day written notice, you are required to pay M & M Home Care a placement/finders fee, the sum of \$5,000.00.

It is every health care professional's responsibility to maintain their personnel records and protect their livelihood.

Employment Policies

This handbook is a guide to our Human Resource policies and is not meant to be viewed as all-inclusive and may be changed without notice.

Each employee is expected to comply with all company policies and procedures. The policies and procedures manuals are available for review.

Disciplinary Action

Included below are standards for the administration of disciplinary actions for various types of offenses. The disciplinary actions for the listed offenses have been established to assure that employees who commit offenses

receive similar treatment in like circumstances. Within each level of occurrence a range may be provided to allow the management flexibility in selecting appropriate discipline in order to take into consideration mitigating or aggravating circumstances.

No Call / No Show - This includes:

- a. Failure to obtain approval prior to any absence from work, except in the case of a proven emergency where the employee must be absent prior to receiving approval from the proper authority, or failure to notify or call in on the first day of an absence.
- b. Obtaining leave based upon a falsification or misrepresentation.
 1. First occurrence: suspension to dismissal.
 2. Second occurrence: dismissal.

Assault or Fighting - Physically assaulting or fighting with another person.

1. First occurrence: suspension to dismissal.
2. Second occurrence: dismissal.

Conduct Unbecoming an Employee -

Conduct whether on or off the job, that adversely affects the employee's ability to continue to perform his or her current job, or that adversely affects the company's ability to carry out its assigned mission.

1. First occurrence: suspension to dismissal.
2. Second occurrence: dismissal.

Conviction of a Crime - The conviction of an employee for a crime where such conviction adversely affects the employee's ability to perform his or her job, or adversely affects the agency's ability to carry out its assigned mission.

1. First occurrence: written reprimand to dismissal.

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2. Second occurrence: suspension to dismissal.
3. Third occurrence: dismissal.

Drinking on the Job or Reporting to Work Under the Influence of Alcohol - Drinking any alcoholic beverage during working hours is prohibited.

1. First occurrence: suspension to dismissal.
2. Second occurrence: dismissal.

Reporting to work under the influence of alcohol is prohibited

1. First occurrence: suspension to dismissal.
2. Second occurrence: dismissal.

Reporting to Work Under the Influence of Illegal Drugs (Controlled Substances) - The illegal use of drugs on the job is prohibited.

1. First occurrence: suspension to dismissal.
2. Second occurrence: dismissal.

Testing positive on a drug test.

1. First occurrence: suspension to dismissal.
2. Second occurrence: dismissal.

Excessive Absences - An attendance record of recurring absences. This also includes a pattern of absences by the employee, such as but not limited to, consistent absences on the day preceding or following the employee's regular days off or absence on the same day of each month.

1. First occurrence: suspension to dismissal.
2. Second occurrence: dismissal.

Tardiness - The failure to follow established work schedules. Includes reporting late at the beginning of the work schedule, leaving early or returning late from lunch or breaks, or leaving work early at the end of the work schedule, all without approval.

1. First occurrence: Written to dismissal
2. Second occurrence: suspension to dismissal.
3. Third occurrence: dismissal.

Falsification of Records - Includes misrepresentation, falsification or omission of any fact, whether verbal or written, on such records as, but not limited to: time, attendance and leave; employment status; employment application; travel vouchers; and work and production.

1. First occurrence: suspension to dismissal.
2. Second occurrence: dismissal.

Unsatisfactory Work Performance Including Inability to Perform Assigned Duties and/or Substandard Performance of Assigned Duties - The failure to satisfactorily meet the minimum performance standards that specifically relate to the employee's duties and responsibilities. An employee's failure to meet established work standards may be addressed through the performance evaluation process and/or the use of progressive discipline:

1. First occurrence: written reprimand.
2. Second occurrence: written reprimand to dismissal.
3. Third occurrence: suspension to dismissal.
4. Fourth occurrence: dismissal.

Insubordination - A deliberate and inexcusable refusal to obey a reasonable directive that relates to an employee's job function. An unwillingness to submit to authority. Includes both an expressed refusal to obey a proper order and a deliberate failure to carry out an order.

1. First occurrence: suspension to dismissal.
2. Second occurrence: dismissal.

Leaving Work Area or Duty Assignment Without Authorization - Absence from the work area or duty assignment during a work period without permission of the appropriate supervisor. Includes leaving a work area for lunch or a break, or at the end of a work schedule

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without proper relief where such relief or permission is a specific requirement.

1. First occurrence: suspension to dismissal.
2. Second occurrence: dismissal.

Negligence - Carelessness in omission of, or inattention to the performance of assigned duties and responsibilities. Negligence is synonymous with carelessness and signifies lack of care, caution, attention, diligence or discretion.

1. First occurrence: suspension to dismissal.
2. Second occurrence: dismissal.

Sabotage - Participation in an act of destruction or attempted destruction of company or patient property or equipment.

1. First occurrence: suspension to dismissal.
2. Second occurrence: dismissal.

Sexual Harassment - Violation of Policy on Sexual Harassment

1. First occurrence: suspension to dismissal.
2. Second occurrence: dismissal.

Sleeping on Duty - The failure of an employee to remain awake while on duty during working periods.

1. First occurrence: suspension to dismissal.
2. Second occurrence: dismissal.

Threatening or Abusive Language - The use of language that is threatening or abusive, whether directed towards a supervisor, another employee or any other person. Includes any offensive language whether or not directed toward anyone in particular regardless of intent.

1. First occurrence: suspension to dismissal.
2. Second occurrence: dismissal.

Unauthorized Taking of Property / Stealing - The unauthorized taking of any property of the company or another person.

1. First occurrence: suspension to dismissal.

2. Second occurrence: dismissal.

Violation of Safety Practices - The failure to follow established safety practices. This includes the performance of unsafe acts or failure to wear or use safety equipment.

1. First occurrence: suspension to dismissal.
2. Second occurrence: dismissal.

Disruptive Conduct - Behavior that interferes with the employees work performance or the work performance of others. This may include, but is not limited to: loud, boisterous language; creating a disturbance; throwing objects; slamming doors, or other activities which would have a detrimental effect on the work environment.

1. First occurrence: suspension to dismissal.
2. Second occurrence: dismissal.

Attendance Policy

Absenteeism

Attendance at work is an essential element of your position and the employment relationship. No element of employment is more basic than the right of the employer to expect employees to report for work as scheduled and to comply with established procedures for requesting and reporting absences.

Absenteeism is considered excessive if there are four (4) occurrences within any rolling 180 day period. This includes missing any visits, staff meetings, or being unable to cover your scheduled shifts.

If you have four (4) occurrences within any rolling 180 day period, you will be subject to disciplinary action, up to and including termination.

Tardiness

Tardiness is considered excessive if any employee has been late, two or more times, in a 30 day

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period. "Late" is considered arriving 15 minutes late or more to an assigned shift. This also includes being late for any visits, staff meetings or scheduled shifts.

For example, if your shift is supposed to start at 9:00 am; please arrive and clock in as close to 9:00 am as you can, but no earlier than 8:45. Any exception to this 15 minute window or scheduled changes must be communicated to the office.

Termination

M & M Home Care cannot offer work assignments to any employee who is chronically tardy, has numerous late cancellations, whose work performance or attitude draws repeated complaints from patients, or who has been found to be dishonest, unreliable or incompetent. An employee's supervisor may issue verbal or written warnings in an effort to resolve any conflicts or misunderstandings that may occur. An employee who does not fulfill the obligation of a scheduled assignment, either through a no call/no show, or by leaving the assignment prior to the end of the assigned shift, may be terminated immediately.

If you are absent for 3 days without notifying the company, it is assumed that you have voluntarily abandoned your position with the company, and you will be removed from the payroll.

Evaluation Process

M & M Home Care's commitment to excellence is fulfilled in part through an ongoing quality assurance process. All those who join our team of health care professionals participate in evaluation programs to help assure high levels of performance.

You will be evaluated on the following criteria: reliability, cooperation, attendance, skill proficiency, grooming and professional behavior.

When you are providing care in the home, the patients and their families contribute to the evaluation performed by M

& M Home Care Nurse Supervisor or designee.

If You Must Leave Us

Should you decide to leave your employment with us, we ask that you provide the company administrator with at least two weeks' advance written notice. Your thoughtfulness is appreciated and will be noted favorably should you ever wish to reapply for employment with the company.

Generally, we will confirm upon request our employees' dates of employment and job title. All company property, including this Employee Handbook, must be returned at the end of employment. Otherwise, the company may take action to recoup any replacement costs and/or seek the return of company property through appropriate legal recourse.

You should notify the company if your address changes during the calendar year in which discharge occurs so that your tax information will be sent to the proper address.

Complaints and Grievances

M & M Home Care truly depends on the professionalism and dedication of you, our most treasured asset. That is why we strive to create and maintain a positive working environment. When problems or complaints arise, it is important that these matters be thoroughly investigated and resolved.

Please inform us about any condition that may be causing you a problem on the job. It is your responsibility to identify and openly discuss with us any problems as well as suggestions you may have. It is our responsibility to help you correct problems and to evaluate / implement your ideas

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when you make them known.

M & M Home Care asks that you use the following procedure to handle suggestions, problems and complaints relating to your position:

- Discuss any problems, complaints or suggestions concerning your job, or any matter relating to it, with your immediate supervisor as soon as you become aware of the situation. Never discuss an administrative problem with your patient or their care partner or with other nursing personnel.
- If the matter is not satisfactorily resolved with your immediate supervisor, we encourage you to request a review with his/her supervisor, who will work to resolve the issue.
- If no reasonable solution can be reached, you may contact the M & M Home Care Human Resources Department directly for a review of the matter.

M & M Home Care's procedures to handle complaints about an employee are:

- Supervisory personnel document any complaint made by M & M Home Care patients or their representatives on their observations and assessments of inappropriate behavior or performance.
- The complaint is discussed with the employee who is requested to respond to the issue.
- If the complaint is basically due to patient / employee communication problems, the M & M Home Care's supervisory personnel will intervene to help resolve the issue.
- If the complaint involves clinical performance or judgment, a question of ethics or competency or a failure of the employee to fulfill M & M Home Care standards of service, action will be taken to resolve the issue in the best interests of patient safety, M & M Home Care's reputation, and the employee's career.
- Recommendations for further education and training may be made if the complaint arose over a clinical issue.

- Disciplinary action resulting in probation, termination on a particular assignment, or termination of employment will be taken as determined by the Nurse Supervisor, Human Resources and/or President.

Sexual Harassment

Sexual harassment is against company policy and is unlawful under state and federal law. We firmly prohibit sexual harassment of any employee by another employee, supervisor or third party. Harassment of third parties by our employees is also prohibited. The purpose of this policy is not to regulate the morality of employees. It is to assure that, in the workplace, no employee is subject to sexual harassment. While it is not easy to define precisely what harassment is, it may include: Unwelcome sexual advances, requests for sexual favors and/or verbal or physical conduct of a sexual nature including, but not limited to, sexually-related drawings, pictures, jokes, teasing, uninvited touching or other sexually-related comments.

Sexual harassment of an employee will not be tolerated. Violations of this policy will not be permitted and may result in disciplinary action, up to and including discharge. There will be no adverse action taken against employees who, in good faith, report violations of this policy or participate in the investigation of such violations.

Any employee who feels that he or she is a victim of sexual harassment should immediately report such actions in accordance with the following procedure. All complaints will be promptly and thoroughly investigated as confidentially as possible.

1. Any employee who believes he or she is a victim of sexual harassment or has been retaliated against for complaining of sexual

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harassment should report the act immediately to the Administrator. If you prefer not to discuss the matter with the Administrator, you may contact any other member of management.

2. The company will investigate every reported incident immediately. Any employee, supervisor or agent of the company who has been found to have violated this policy may be subject to appropriate disciplinary action, up to and including immediate discharge.
3. The company will conduct all investigations in a discreet manner. The company recognizes that every investigation requires a determination based on all the facts in the matter. We also recognize the serious impact a false accusation can have. We trust that all employees will continue to act responsibly.
4. The reporting employee and any employee participating in any investigation under this policy have the company's assurance that no reprisals will be taken as a result of a sexual harassment complaint. It is our policy to encourage discussion of the matter, to help protect others from being subjected to similar inappropriate behavior.

Non-Solicitation

M & M Home Care believes employees should have a work environment free from interruptions of a non-work related nature, as work time is for work. When you are to be working you should focus on your duties and not engage in activities that would interfere with your own work or the work of others.

For the purpose of this policy, solicitation includes, but is not limited to, for collection of any debt or obligation, for raffles of any kind or chance taking, or for the sale of merchandise or business services, the attempt to sell any product or service (e.g. selling or collecting for Tupperware®, Avon® products, churches, schools, Girl Scout cookies, etc.). Such interruptions can be both detrimental to the quality of work and efficiency, and may

not be respectful of others job responsibilities and right not to be interrupted.

Employees may not engage in solicitation for any purpose during his/her work time, which includes the working time of the employee who seeks to solicit and the employee who is being solicited. Although solicitation is not encouraged, it is permitted as long as it is limited to the employee's break and lunch time and kept out of active working areas. Nothing in this policy is intended to restrict an employee's statutory rights.

Pregnancy Accommodation

M & M Home Care will provide reasonable accommodations to female employees related to pregnancy, childbirth, or related medical conditions, to the extent the accommodation can be made without imposing an undue hardship on the business.

When an employee requests a reasonable accommodation, the company will explore with the employee the possible means of providing the reasonable accommodation, which may include, but are not limited to:

- allowing more frequent breaks or periodic rest
- assisting with manual labor
- modifying job duties
- modifying work hours/schedules
- temporary transfer to a less strenuous or less hazardous position, or
- providing a leave of absence.

M & M Home Care may require the employee to provide a certification in connection with a request for reasonable accommodation that includes the following:

- the date the reasonable accommodation became medically advisable

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- the probable duration of the reasonable accommodation
- an explanatory statement as to the medical advisability of the reasonable accommodation.

If leave is provided as a reasonable accommodation, such leave may run concurrently with any leave where permitted by state and federal law.

For more information, or if you require an accommodation, please contact the company administrator.

Americans with Disabilities Act

Our Company is committed to providing equal employment opportunities to qualified individuals with disabilities. This may include providing reasonable accommodation where appropriate in order for an otherwise qualified individual to perform the essential functions of the job. It is your responsibility to notify the company administrator of the need for accommodation.

Upon doing so, the company administrator may ask you for your input or the type of accommodation you believe may be necessary or the functional limitations caused by your disability. Also, when appropriate, we may need your permission to obtain additional information from your physician or other medical or rehabilitation professionals. The company will not seek genetic information in connection with requests for accommodation. All medical information received by the company in connection with a request for accommodation will be treated as confidential.

Risk Management

Protection Against Accusation of Theft

M & M Home Care's insurance coverage does not extend to protect our employees in the event of criminal acts. Thus, it is to your benefit to protect yourself from any situation in which you feel false accusation is likely. This is especially true in dealing with individuals who have dementia, brain injuries or other cognitive issues.

Should it become apparent to you that your patient has firearms, sums of money, jewelry or other valuables around the house in unsecured locations, report this to the M & M Home Care office immediately. The Nurse Supervisor will request the family remove these items from the home to a secure area such as a safety deposit box for your protection as well as for the patient's.

Accept no gifts or money. While a patient may sincerely give you a present one day, he/she may report the item stolen the next. Should the patient repeatedly express a wish to present you with a gift, ask your Nurse Supervisor to negotiate this "gifting" with the patient and responsible family members. Then, there will be no suspicion of wrongdoing.

At no time should you perform errands of a financial nature for your patient such as depositing Social Security checks, paying bills, etc., without the prior knowledge and approval of your Nurse Supervisor. If you are asked to provide such services, please notify your Nurse Supervisor.

Entering the Patient's Home

When you have accepted a home care assignment, you will be given the address, directions to the home and instructions on how to enter the home. Never accept a patient's key and keep it with you. You may be falsely accused of "breaking and entering."

Incident Reports

Any incident involving the patient or his/her property must be reported immediately to your supervisor and/or the Nurse Supervisor. A Patient Incident Report form is to be completed by the individual witnessing or discovering the event. The Nurse Supervisor will assist the employee in writing this report if necessary. In cases staffed by RN's or LPN's all incidents relating to patients'

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care are to be reported to the physician by the nurse. In cases staffed by other personnel the Nurse Supervisor will notify the patient's physician for appropriate orders. Examples of incidents that should be reported may include patient falls, medication errors, untoward drug reactions, a patient reporting personal property missing from the home, and a patient or caregiver who becomes angry or abusive. If you have any doubt whether or not you should report an incident - report it! These incidents are to be documented on a Patient Incident Report form. Obtain direction from the Nurse Supervisor before documenting the incident on the patient's clinical record.

Any injury involving yourself or another employee should be reported to the office. An employee incident report is to be filled out by the employee involved. In the event of an accident the company reserves the right to conduct a drug, and alcohol screening.

Nursing Assessments and Interventions

1. The scope and frequency of assessments and ongoing assessments are determined by the Patient's diagnosis, change in condition, ability for self care, prognosis, and response to the treatment.
2. During each visit the clinician shall perform systems review, assess vital signs, weight (if applicable), mental, psychosocial, functional and nutritional status, location, intensity of pain and pain management, compliance with medications and treatment, response to treatment and progress towards goal, medication side effects and complications.
3. The clinician provides ongoing patient/caregiver education on action, administration and side effects of medication, treatments, complications, home safety, and emergency measures.
4. Any significant change in the Patient's status or condition indicating deterioration shall be reported to the physician within 8 hours.
5. When an assessment reveals life threatening findings, the clinician will call emergency medical services to transport the patient to the nearest emergency room for

treatment. The primary physician is to be notified of transfer immediately.

6. When an assessment reveals subtle changes in the condition of the patient, the assessment will be reported to the physician during the immediate or next business day.
7. Ongoing assessments will be documented on the appropriate forms and sent into the office within 7 days of time of service rendered.

Medical / Nursing Emergencies

In emergency situations, the caregiver will contact the M & M Home Care office and the Nurse Supervisor will contact the physician for you. No matter what your classification, you are expected to assess the patient's condition thoroughly and determine all pertinent details prior to notifying the Nurse Supervisor and/or physician and/or requesting any emergency services. Verbal orders need to be sent to the office within 24 hours.

Upon admission, an individualized Emergency Action Plan is developed for each patient as part of the Care Plan. In being oriented to any case, you will be informed regarding established plans for actions to be taken in the event of acute illness and/or life threatening emergency. When in doubt, notify the local emergency medical system to transport the patient to the nearest hospital. In case of an emergency, the patient should not be left unattended for longer than the duration of an emergency assistance telephone call.

If it is determined necessary, either by the caregiver, or Nurse Supervisor, or the physician, that the patient's condition is too precarious for any delay, you are to call an ambulance or rescue squad for assistance and/or transport for the patient. If a patient is found unresponsive, without a pulse or respiration, call the paramedics immediately and start CPR if indicated. The

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Caregiver should not attempt to transport the patient alone in a private vehicle.

If not present, the family is notified only when the patient is stable and responsibility for safety and treatment turned over to other health team professionals. Pertinent charting regarding the emergency situation such as its cause, development, results, etc., is done only when the patient is stable and comfortable, professional emergency help has arrived, and the M & M Home Care caregiver is no longer responsible for the patient.

You may be dismissed from your duties once the following have been met:

- The care of the patient is assumed by emergency care professionals.
- The M & M Home Care's Nurse Supervisor is fully informed of the entire situation.
- All charting necessitated by the situation is complete.
- The patient's property is secured or responsible family members are in the home and have verbalized personal stability.

Safety Policy

The safety and protection of our employees and patients is a major concern at M & M Home Care. It is in your best interest to inform us of any conditions that might limit your capabilities. In this way we may place you in a safe environment. M & M Home Care complies with all applicable federal, state, and local regulations regarding patient and employee safety. To foster a safe work environment, we analyze all incidents on a regular basis to determine trends; to plan and take necessary corrective actions. Your ongoing safety consciousness is crucial to the achievement of an incident free workplace.

All employees are required to complete an annual in-service on bloodborne pathogens, safety and infection control. When this in-service is requested, it must be returned so it can be placed in your file.

Safety Procedures

All employees take part in an orientation session. These techniques must be used to insure your safety and the patients' safety. Employees are to report any safety hazards they discover to the patient or patient's representative and to their M & M Home Care supervisor.

Home care employees are to familiarize themselves with the traits of the patients' homes and emergency phone numbers. Immediately report any existing hazards to your supervisor. All home care employees are also to familiarize themselves with the patient's personal disaster plan.

Employees should immediately call the office for instructions after hearing sirens or radio notification of weather or civil emergency.

Any employee who is injured on the job must immediately notify his or her supervisor of the occurrence so that a report can be filed with our Workers' Compensation carrier and appropriate treatment provided to the employee. Failure to report an injury in a timely manner may be cause for refusal of your claim.

A physician release form is required from employees before they return to duty after a disabling, work-related illness or injury, or after an illness of three days or more.

Fire Safety

In the home, be sure you know the location of the phone and the number of the fire department. Inspect the home for fire hazards such as frayed wiring, overloading of electrical circuits, and improper storage of flammable materials. Question the patient and/or family about the patient smoking habits. Determine if there is a fire

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extinguisher kept in the home, ready for use. If there is no fire extinguisher, be sure there is a box of baking soda accessible for use in grease cooking fires. Notify the M & M Home Care office of obvious fire hazards.

Fire Safety Procedures

Although procedural details may vary, there are four basic principles in fire control that are universally applicable in home.

RESCUE: Rescue anyone in immediate danger. Remove these individuals to the closest safe area.

ALARM: In the home, dial 911, the fire department or the operator.

CONFINE: Close all doors in and around the fire area to block its progress. Shut off all oxygen sources. Turn off all equipment not needed to sustain life.

EXTINGUISH: Put out the fire using portable fire extinguisher, baking soda, or water if safe to do so.

The greatest danger in most fire situations is the result of panic. Most fires in homes occur from 6:00 P.M. to 6:00 A.M. Always “watch” for fire with your nose, especially at night.

Defective electrical equipment is the cause of the highest property loss from fire in homes and hospitals. Most severe injuries and deaths related to fire are traceable to failure to plan for such an emergency.

Personal Safety

M & M Home Care’s patients come from all cultural, social and economic backgrounds. Serving these patients may take you to all areas of your community. For your own security it is essential to follow some simple “common sense” safety rules:

- Be alert to building surroundings, elevators and body language of people you encounter.
- Eye contact may ward off trouble.
- Establish a professional presence by adhering to dress code.
- Convey an attitude of control in a non-threatening manner when in a home.
- Exit the home immediately if you feel threatened. Find some excuse to leave the home (i.e., you forgot something in the car). Once you are in a safe environment, discuss with a manager as appropriate and call the patient to resolve the problem.
- Be aware of your concerns. If you have a feeling that a situation is dangerous, it probably is.
- Do not sacrifice yourself for a patient.
- Acknowledge that some risks are too great to take.
- Never give the patients your home number. They can call the office.

Crowds

While approaching the patient’s home, if there is a group of people loitering in the street that you feel may be hostile or threatening, be proactive and protect yourself. Avoid walking through a crowd. Walk around if possible. If you still feel unsafe, go to a safe place and call the patient’s family to see if someone can meet you on the porch or doorstep, or meet you at a designated location to escort you in. If this arrangement cannot be made and the area still looks unsafe, call M & M Home Care office for further direction. You are our valued employee and your safety comes first.

Credit Cards/Money

Carry only the amount of money you will need for meals, gasoline and any other essentials. Do not carry a purse, but put your valuables in your pocket or other concealed place. If you must carry

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a purse, do not leave it in the patient's living room where neighbors, delivery men, family or children have easy access to it. Do not leave personal belongings on the seat of your car. Do not take valuables into the home with you.

Car Safety

Even when the neighborhood appears safe, be sure to lock all doors and windows. Do not leave objects on the seat in open view (tapes, radios, packages, etc.). Cover them with a blanket or put them out of view.

Non-Discriminatory Policy

It is the policy of M & M Home Care to provide service to all persons without regard to race, color, national origin, handicap or age. The same requirements are applied to all, and there is no distinction in eligibility for, or in the manner of providing services. All services are available without distinction to all program participants regardless of race, color, national origin, handicap or age. All persons and organizations having occasion either to refer persons for services or to recommend our services are advised to do so without regard to the person's race, color, origin, handicap, sexual orientation or age.

M & M Home Care adheres to an equal opportunity policy for all person seeking employment, and for all persons employed by the agency. M & M Home Care does not discriminate because of age, race, color, religion, military status, marital status, gender preference, sex, national origin or disability.

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APPENDIX A - Introduction to Working in Home Care

Providing care in a home is very different from hospital based nursing for a number of reasons. The following information describes some of the differences and difficulties experienced by families and staff working together to provide home and community based services to medically complex patients.

A. The Environment

The main difference between hospital and home care has to do with the setting itself. The hospital is a primary setting for staff and care providers and a secondary setting for families on the other hand. However, at M & M Home Care, the home is the primary setting of the family and a secondary setting for staff and care providers. Under normal circumstances, staff are the authorities on nursing care in the hospital and patient and their family are the authority on the family life in the home. In the hospital, staff do not do much consulting with patients about what is done and in the home patients rarely consult with anyone on how they function or about the decisions they make. Under normal circumstances, the hospital and the home are two distinct environments. However, in the context of home care, there is a blending of these two settings, which can and often does create a difficult situation for staff and patients.

In the home there may be specified standards of care but who, where, and when that care will be provided is not as easily defined as in the hospital. Care staff have less control over to whom and to what the patients is exposed. They are more at the mercy of the environment in the home setting than they are accustomed to in the hospital. There is a real sense of isolation from other professionals with whom to discuss treatment plan, progress and problem solving.

Boredom and complacency may be a problem as home care can become almost too casual at times and the professionalism required in the hospital may become diluted by the home environment.

B. The Relationships

One of the most significant differences between hospital and home rests within the relationships. In home care, our care staff are in the position of being observed and supervised by patients and their families.

While this may not be supervision in the classical sense of the word, it is nonetheless a reality. In some cases, it may feel more like being continually “scrutinized” and it can be a difficult adjustment for staff. There is the basic feeling that a nonprofessionals, such as the patient, a spouse, sibling or children do not have the education to evaluate staff performance. This feeling of being evaluated by a nonprofessional can be a major source of irritation for those working in home care.

Also, in the home, staff will be exposed to the inner workings of family life, some of which may be distressing. Staff may not agree with the way family members are treated and may feel uncomfortable with a variety of aspects of family living and life-style. In a hospital setting, staff may have some exposure to the behavior of family, but generally it is lacking in the intensity and extent to which it will be experienced when working in the home. In the home, staff may become involved in family relationship issues on a day-to-day basis, which while technically unrelated to the care of the patient, are related to the environment in which the care is being provided. This may cause difficulty in maintaining the professional relationship required by the job.

The primary focus of home care staff is the medical care of the patient with a medical problem. But staff can expect to take part in any activities which relate to the patient, including physical care, daily care of the patient’s equipment and environment.

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APPENDIX B. General Information for Staff Working In Home Care

A. Adjustment to Home Care

For staff who have not worked in home care before, there will be a period of adjustment no matter how well thought through the experience is by all involved. It is a different environment and staff need to be aware that it will take time to mentally make the adjustment.

There are never going to be the clearly defined roles and responsibilities which exist in other environments. Learning to cope with the home setting will necessitate a willingness and ability to be flexible.

Family members will be experiencing a number of emotionally charged issues over the course of the home care experience. They may react angrily toward staff in ways that are inappropriate. Staff do not have to submit to mental or verbal abuse. However, it is important to remember to objectify and not take personally, outbursts which are not rational.

Experienced professionals do feel affronted when the patient or family questions actions and staff need to be prepared to both listen to the content as well as the meaning of questions or even outbursts. For example, around the end of the month the stress of bill paying may cause families to be more anxious and less tolerant. It is important to evaluate what else is going on in the home, because even subtle changes may be the source of stress which feeds into the immediate circumstance.

B. The Early Months of Home Care

The first six months of home care is a time of high anxiety for everyone, with the first month being the most difficult. Families are nervous about their own ability to care for their loved one without the backup of the hospital staff, and are not yet fully trusting of the home care staff. Families will be anxious about everything, but especially about the “details” of the care of the patient.

Staff may be on the receiving end of this anxiety, simply by virtue of being there.

It is also a time of anxiety for staff who are new to home care and who are not sure of their own ability or the family’s ability to handle emergencies. It is during this time that trust must be established between families and staff. Because of the family’s anxiety and staff anxiety, there is a strong risk that inappropriate patterns of communication will be established.

The first six months are also a time of high turnover of staff who decide they do not wish to work in such an environment. However, it is important to understand that the home care situation will not always be so anxiety or tension ridden. Staff will develop a routine with the patient and anxiety will decrease markedly.

C. Home Care over the Long Term

Once staffing patterns are established and the home has relaxed into a workable routine, the next “critical incident” time for families commonly occurs at about 20 to 24 months. By that point, the family has generally dealt with the ‘getting home’ and “getting along” aspect of home care, but seem to go through an intense experience dealing with “getting on’ with a family life which is markedly different than they had anticipated. The fact that this will be a long term or “forever’ experience seems to hit rather hard after the first two years and can be a major turning point for some families.

The experience can last for several months and is usually characterized by anger, ambivalence and depression.

Again, this is a time when staff, simply by virtue of being present, are going to be the most obvious target

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for the anger and ambivalence. Patients or families may begin to find fault with everything the staff do, even though the staff have been doing the exact same things for many months. This is a particularly difficult time for families because it seems so out of sync with what they felt they had already dealt with by coming home.

It is a prime time for what can appear to be arbitrary discharge of staff and home health agencies, Family discord may reach an all time high and the tension in the home can permeate all aspects of family life.

Staff need to be particularly sensitive to families getting tired at this time and help in whatever way possible to make things run smoothly. Legitimate concerns about the care of the patient can be addressed through proper channels as they arise, but it is important to remain as calm and objective as possible through the rough points and to not personalize the situation.

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APPENDIX C. Guiding Principles for Staff in Home Care

There are three guiding principles, which are important to assure that the home care experience will be the supportive service it is intended to be. The principles overlap and are interrelated, but are presented in the following as distinct entities for emphasis.

A. The Patient as Authority in the Home

With the large number of agencies, organizations and health care professionals involved with the patient and family, it is easy to forget that the patient remains the ultimate authority over their care. Everyone else is there as service providers and/or as consultants but it is the patient who is and should be in control of the overall situation. In this regard, while staff may be hired by a home health agency, and while funding for home care may come from a payer other than the family, the patient is, in fact, the consumers and therefore equivalent to being the staff's employers.

They have the rightful authority to both select and remove agencies and individual service providers and to establish the specific guidelines for how service is provided in their home. While the discharge of individual providers and/or agencies is not the recommended first response when dealing with problems in home care, the patient is the authority in their own homes and therefore this can occur.

Staff need to keep in mind that working in home care is a contractual, business relationship. Therefore, inherent in this business relationship is the requirement of respect for the patient's autonomy. Efforts to enable patient to develop and maintain the central position of authority are essential.

Staff need to consistently carry out their responsibilities in a manner which will gain the trust of the patients. Patients must also feel that the staff in the home will be supportive of decisions and will respect the patient's ability and right direct their own care. If staff are able to develop a supportive, trusting and mutually respectful relationship

with patients, then difficulties can be discussed and problems can be resolved in a way which is not threatening to either patient or staff.

Developing a relationship that is respectful of the patient's authority and the staff's skills and responsibilities is a dynamic process. It takes time and a conscientious, consistent commitment from the staff, the home care agency, and the patient.

B. Professional and Personal Support

It is of utmost importance for staff to establish a personal and professional supportive network outside of the home in which they are working, to deal with the intensity and stress of home care. Working with one patient in one home, while it has its desirable qualities, also has drawbacks. It can become boring, stressful, or all consuming, especially for staff who work full time in the home. Professional support should be available through the nurse supervisor, home care colleagues or their professional organizations. Regular supervision meetings, staff conferences or even nursing support groups may help the individual nurse to put into perspective one's own behavior, or the unexpected behavior of family members.

Personal or social support from one's own family and friends is also important. Staff who try to have personal or social needs fulfilled in the patient's environment are at risk of becoming too personally involved with the family. This can lead to an inability to maintain an appropriate professional relationship.

C. Maintaining a Professional Relationship

It is perfectly normal for families consciously or unconsciously, to seek to incorporate the home care staff into the family unit in order to decrease the stress of having an outsider in the home. This pull is difficult to resist because it feels like an

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acceptance and statement of affirmation to be considered as a “family member.” While this may be appealing for the staff, this does not necessarily reflect the family’s personal statement regarding the staff member as a person. It is, instead, an attempt to decrease the family’s own anxiety.

The problem comes from the fact that families have established boundaries and rules by which they live. These rules have evolved over the life of the family and have a history to which no outsider could possibly have access. In a fairly short period of time, staff who allow themselves to be incorporated into the family unit will become recipients of much frustration and hostility for not fitting into the expectations of the family system.

As professionals, staff are responsible to maintain an appropriate, professional distance, while at the same time supporting and respecting the families’ naturally established boundaries, even when the family attempts to include staff as family members.

There are families on the other hand, who have no boundaries, or boundaries which are so diffuse as to be virtually nonexistent. These families will automatically view staff as members of the family unit and expect staff to function as a full member of the family. In these circumstances, it is all the more important for the staff to help the family establish boundaries, by identifying those areas where it is inappropriate for the staff to be involved, even when invited, such as in family arguments, decisions about family activities or even life style choices.

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APPENDIX D. Specific Guidelines in the Home

The next section will deal with more specific guidelines for staff working in home care. The specific guidelines are written for all levels of professionals in home care, and while some may seem obvious they are provided as reminders that certain behaviors and actions may have impact beyond the original intent.

A. Common Courtesy in Home Care

There will be many caregivers entering the home. It is important to be sensitive to the fact that it is someone's home, and treat the furnishings with respect, e.g.: wipe up spills on furniture and carpeting, notify the patient if something is broken; wipe feet before entering, etc. With so many additional people coming in and out of the home, there will be extra wear and tear on the furnishings and efforts need to be made to minimize the damage as much as possible.

It is expected that staff will help maintain a clean and neat environment, e.g.: replacing supplies and equipment in their proper places, etc.

B. Value Judgments

Staff may be working in homes in which they experience differences in basic social values and behavior, than their own. These differences should not be expressed as long as the life style and behaviors of the family do not risk harm to the patient, or impede the staff from doing the job they are there to do. How a family lives is their own choice. Similarly, the financial affairs of the family including how a family chooses to spend their limited funds are not the business of the staff. It is recognized however, that it can be difficult to work in an environment where values differ dramatically. If staff find the differences too distressing, it may be necessary to consider the decision to not work with a particular family.

C. Spiritual or Religious Beliefs

The spiritual or religious beliefs of staff should not be expressed in the work place.

D. Day-to-Day Routine

Home care is a 24-hour a day, 7 days a week job for the family, and generally a 40-hour or less work week for staff. Routines which the family has established for the should be followed as closely as possible.

E. Authority in the Home

Where there are mutually acceptable options for care, it is important for staff to support the patient's authority. Unless the patient is placed at risk of harm, the patient generally has the right to determine their own care. When patients are felt to be making inappropriate decisions about their care, it needs to be discussed with the nurse supervisor. If this does not resolve the concern, the nurse supervisor, physician, and the case manager may be helpful in negotiating differences.

When a written plan of treatment includes a specific activity or routine, staff are expected to follow written physician orders at all times.

F. Dependency

Patients are dependent on the services provided by staff. This can create a power differential to which staff need to be sensitive. Systematic negotiation of differences of opinion, while everyone's responsibility, should be a skill which the experienced professional brings to the home environment. The primary goal is to foster independent functioning while providing appropriate support as needed.

G. Documentation

There must be a standard procedure in the home for recording information about the care the

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patient is receiving. Other than the required charting and recording, it is not appropriate to document in the chart or other places, any aspects of family life or family functioning which is not directly related to the medical care status, or safety of the patient.

H. Reporting Abuse or Neglect - Elder Abuse

Reporting suspected abuse, neglect or exploitation of older persons living in your community. Anyone can report a case of elder abuse in good faith.

I. Rest Periods and Lunch Breaks

M & M Home Care believes that breaks are an important part of the working day. Given the nature of our business, our work environment may not always be conducive to regularly scheduled breaks.

Employee's schedule for a 8 or 12 hour shifts are entitled to a 30-minute meal break. Employees are expected to exercise proper judgment and, when appropriate, schedule a meal break at a time that best suits the needs of the client. This period of time is paid.

An employee may not leave the client's household during a break and must be available to respond to a client's need as necessary.

Rest or meal breaks cannot be used to shorten the work day in any way by arriving late or leaving early from a shift.

APPENDIX E - After Hours Emergency Phone

When the office is closed you still have access to both scheduling and nursing support. Call the regular office number and you will receive instructions on how to contact the on-call team member. **Keep in mind an on-call emergency is any situation that cannot wait until the next business day** (i.e. calling off for a shift, patient condition changes such as hospitalization or an event which requires administrative acknowledgement).

When calling the on-call line please be specific by providing your first and last name, phone number with area code, location/patient home/name.

If you have called the on-call person and not received a return call within 30 minutes, call back.

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APPENDIX F - Pay Schedule 2017

2017		
First Day of Pay Period	Last Day of Pay Period	Pay Date
12/25/2016	1/7/2017	1/13/2017
1/8/2017	1/21/2017	1/27/2017
1/22/2017	2/4/2017	2/10/2017
2/5/2017	2/18/2017	2/24/2017
2/19/2017	3/4/2017	3/10/2017
3/5/2017	3/18/2017	3/24/2017
3/19/2017	4/1/2017	4/7/2017
4/2/2017	4/15/2017	4/21/2017
4/16/2017	4/29/2017	5/5/2017
4/30/2017	5/13/2017	5/19/2017
5/14/2017	5/27/2017	6/2/2017
5/28/2017	6/10/2017	6/16/2017
6/11/2017	6/24/2017	6/30/2017
6/25/2017	7/8/2017	7/14/2017
7/9/2017	7/22/2017	7/28/2017
7/23/2017	8/5/2017	8/11/2017
8/6/2017	8/19/2017	8/25/2017
8/20/2017	9/2/2017	9/8/2017
9/3/2017	9/16/2017	9/22/2017
9/17/2017	9/30/2017	10/6/2017
10/1/2017	10/14/2017	10/20/2017
10/15/2017	10/28/2017	11/3/2017
10/29/2017	11/11/2017	11/17/2017
11/12/2017	11/25/2017	12/1/2017
11/26/2017	12/9/2017	12/15/2017
12/10/2017	12/23/2017	12/29/2017

APPENDIX G - Employee Handbook Sign Off

This is to acknowledge that I have received a copy of the Agency Employee Handbook and understand that it sets forth the terms and conditions of my employment as well as the duties, responsibilities, and obligations of employment with M & M Home Care. I understand and agree that it is my responsibility to read the Employee Handbook and abide by the rules, policies, and standards set forth in the Employee Handbook.

I also acknowledge that my employment with our Agency is not for a specified period of time and can be terminated at any time for any reason, with or without cause or notice, by me or by the company.

I acknowledge that no oral or written statements or representations regarding my employment can alter the foregoing. I also acknowledge that no Manager or Employee has the authority to enter into an employment agreement-express or implied-providing for employment other than at-will.

I also acknowledge that, except for the policy of at-will employment, the company reserves the right to revise, delete, and add to the provisions of this Employee Handbook. All such revisions, deletions, or additions must be in writing and must be signed by the CEO and President of the company. No oral statements or representations can change the provisions of this Employee Handbook.

I also acknowledge that, except for the policy of at-will employment, terms and conditions of employment with the company may be modified at the sole discretion of the company with or without cause or notice at any time. No implied contract concerning any employment-related decision, term of employment, or condition of employment can be established by any other statement, conduct, policy, or practice.

I understand that the foregoing agreement concerning my at-will employment status and the company's right to determine and modify the terms and conditions of employment is the sole and entire agreement between me and our Agency concerning the duration of my employment, the circumstances under which my employment may be terminated, and the circumstances under which the terms and conditions of my employment may change.

I further understand that this agreement supersedes all prior agreements, understandings, and representations concerning my employment with the company.

If I have questions regarding the content or interpretation of this handbook, I will bring them to the attention of my supervisor.

NAME _____

DATE _____

EMPLOYEE SIGNATURE _____

Please find the handbook online at:
<http://www.MMHomeCare.com>