

## Orientation Sign-off

I, , have completed Sunbridge Home Health Care's orientation process and feel as if I am properly equipped to begin servicing clients in the field.

### Employee

Sign:

Date:

### Supervisor

Sign:

Date:

**Sunbridge Home Health Care, Inc.**

**Direct Deposit Agreement Form**

---

**Authorization Agreement**

---

I hereby authorize Sunbridge Home Health Care, Inc. to initiate automatic deposits to my account at the financial Institution named below. Further, I agree not to hold Sunbridge Home Health Care, Inc, responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial Institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until Sunbridge Home Health Care, Inc, receives a written notice of cancellation from me or my financial Institution, or until I submit a new direct deposit form to the Payroll Department.

---

**Account Information**

---

Employee Name:

Name of Financial Institution:

Routing Number:

Account Number:  ☐ Checking | ☐ Savings

---

**Signature**

---

Authorized Signature:

Date:

Please attach a voided check or deposit slip and return this form to the Payroll Department.

If you do not have a bank account and wish to receive payment via Bank Card,  
check this box: ☐

## ORIENTATION CHECKLIST

Activities of Daily Living	Completed	Date
Bathing		
Personal Grooming		
Personal Hygiene		
Transfer Technique		
Assisting with Ambulation		
Toileting		
Feeding the Client		
Home Support	Completed	Date
Meal Preparation		
Cleaning		
Laundry		
Shopping		
Home Safety		
Household Management		
Maintaining Safe and Clean Environment		
Prompting Client of Medications		
Recognizing and Reporting Observation of Clients	Completed	Date
Home Safety		
Physical Condition and/or Change		
Mental Condition and/or Change		
Emotional Condition and/or Change		
Record Keeping	Completed	Date
Correct Procedure for Signing Service Logs		
Written Summary for Service Provided		

## ORIENTATION CHECKLIST

General	Completed	Date
Needs of Client: Emotional, Physical, and Developmental		
Communication Skills		
Basic Infection Control/Universal Standard		
First Aid Emergency		
Fire and Severe Weather Preparedness		
Client Rights and Responsibilities		
HIPPA and Confidentiality		
HHA Exchange System		

Mental Health Specific Training	Completed	Date
Rights of People Served		
Grievance and Due Process		
Abuse, Neglect, Mistreatment, Exploitation		
Intellectual-Developmental Disability Overview		
Behavior Management		
General Behavior Principles		
Signs and Symptoms of Illness		
Incident Prevention Management System		
Natural Supports		
Dignity and Respect		
Person Centered Plans		
Philosophy of Self Determination		

Employee Signature:

Date:

Trainer Signature:

Date:

## Natural Support Network

It is the policy of Sunbridge Home Health Care to facilitate continuity of natural support systems. Natural Supports include family, friends, and/or community resources such as local organizations, clubs, places of worship, schools, or other places where new and existing relationships can be built and facilitated outside of the organization that is important to the individual. The agency believes in the importance of natural supports in promoting identity, personal security, and continuity for individuals served by the organization.

The agency will provide support and guidance to facilitate continuity in existing relationships and supports and/or building new relationships using community resources through the following:

- \*Assist individuals in making and maintaining their natural supports by supporting contacting their natural supports, promoting visits to the homes of families and friends to individual's setting
- \*Organization's staff will consider individual's health, safety, and well-being while planning visits with family and friends.
- \*Identify and support existing and potential or emerging natural supports for each individual.
- \*Address ways to connect individuals to natural supports including addressing and overcoming barriers.
- \*Develop strategies to build the capacity for natural supports based on the individual's choices and preferences.
- \*Pursue the use of family members or close personal friends to assist individuals with decision-making.

Training will be provided to staff and volunteers to develop and/or improve skills to support the individual's communication and contact with natural supports, especially families and friends.

The agency will provide support and guidance to facilitate communication among individuals, their support staff, and their families through the following:

- \*Provide internal communication systems for individuals, their support staff, and families that:
  - Provides choices about extent and frequency of contact with their natural support networks.
  - Ensure inquiries from those in individuals' natural support systems are responded to in a natural and timely manner.
  - Provided a mechanism for legally authorized representatives, and others identified by individuals to receive information and be notified promptly and compassionately of incidents involving the individual.

\*Maintain written contact information including records of names, addresses, and phone numbers of family and friends who are important to individuals.

\*Provide a variety of methods for helping the individuals stay connected to natural supports.

\*Facilitate each individual's desire for natural supports

- Document individuals' satisfaction with the amount of contact with their natural support system.

- Document individuals' involvement with their natural support systems.

- Identify expectations related to visits or other interactions with natural supports based on the desires of the individual being supported.

- Provide private space for visits and interactions with members of the individual's natural support network.

Employee's Signature:



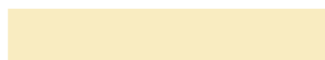
Date:



Trainer's Signature:



Date:



## Protection from Abuse, Neglect, Mistreatment, and Exploitation

It is the policy of Sunbridge Home Health Care to provide quality supports in the area of protection from abuse, neglect, mistreatment, and exploitation. The ultimate goal of the agency is to define, prohibit, and prevent abuse, neglect, mistreatment, and exploitation through the following:

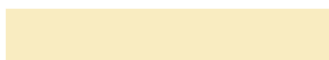
- \*Implement a Community Incident Prevention and Management System (IPMS) as required by the Department of Mental Health (DMH), Division of Developmental Disabilities (DDD) to protect individuals served from harm and improve the organization's responsiveness to incidents for purposes of prevention of harm and risk management.
- \*Notify the DDD of all reportable incidents and take action in accordance with the Community IPMS.
- \*Provide individuals with understandable information about their right to be free from abuse, neglect, mistreatment, including the unauthorized use of restraints, and exploitation.
- \*Provide a complaint process that is understandable and easy to use.
- \*Support individuals to report allegations of abuse, neglect, mistreatment, including the unauthorized use of restraints, and exploitation.
- \*Manage allegations reported by employees or others, including individuals supported by the organization consistently and in the same manner.
- \*Ensure individuals who cause injury or harm to themselves, or others receive supports to replace those behaviors consistent with the Alabama Department of Mental Health, Division of Developmental Disabilities Behavioral Services Procedural Guidelines (DDD-PBS-01-05).
- \*Take immediate action when there are allegations of abuse, neglect, mistreatment, including the unauthorized use of restraints, and exploitation or other reportable incidents, and ensure individuals are protected.
- \*Assist individuals who have been subjected to abuse, neglect, mistreatment, including the unauthorized use of restraints, or exploitation to access supports to address the effects of the abuse even if:
  - The abuse occurred before the entered into the organization's system of services
  - The perpetrator is another individual who receives supports.
- \*Incidents resulting in injury where both the perpetrator and the victim receives services will be investigated or clinically reviewed to determine:
  - If the occurrence of such an incident may have been the result of neglect and/or if additional supports are needed for the individuals involved.
- \*Follow reporting requirements for allegations or suspected incidents of physical, verbal, sexual or psychological abuse, mistreatment, neglect, or exploitation regardless of age.

- \*Follow minimum protocols as specified in DMH/OO Community IPMS guidelines for reporting, investigation, and follow-up processes.
- \*Report incidents and injuries in accordance with all applicable laws and DMH/DD requirements, including the Community IPMS.
- \*Notify an individual's responsible relative/guardian immediately in the event of a medical emergency or death.
- \*Perform objective, prompt, and thorough investigations of each allegation of abuse, neglect, mistreatment, and exploitation, and of each injury, particularly injuries of unknown origin.
- \*Provide documentation of investigations in accordance with timelines established by the Community IPMS guidelines.
- \*Perform thorough, appropriate, and prompt responses to substantiated cases of abuse, neglect, mistreatment, and exploitation and associated issues identified in the investigation.
- \*Document the internal investigation/review and follow up action of all allegations of abuse, neglect, mistreatment, including the unauthorized use of restraints, or exploitation.
- \*Investigation outcomes and implement recommended actions in accordance with the Community IPMS Guidelines.
- \*Complete an initial and comprehensive mortality review.
- \*Training for support staff on how to prevent, detect, and report allegations of abuse, neglect, mistreatment, and exploitation.
- \*Orientation training conducted for all staff on what constitutes abuse, neglect, mistreatment, and exploitation. This includes prevention, detection and reporting requirements as specified in internal agency procedures, Community IPMS Guidelines, and any other applicable federal or state requirements.

Employee's Signature:



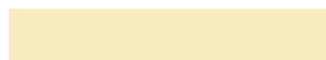
Date:



Trainer's Signature:



Date:





## **Client Grievance Procedure**

A grievance is a concern relating to an individual's care conditions or to relationships between an individual and the agency or a caregiver in which the individual believes that he/she has been wronged and wants the wrong corrected. It is regarding problem areas in the delivery of care, which appear to threaten the health and well-being of the individual served.

Sunbridge Home Health Care believes that every individual has the right to make their views known about the quality/delivery of care or services without fear or reprisal. Individuals have the right to a clear and direct process for filing and resolving complaints to his/her satisfaction and to have it resolved in a timely manner.

\*When an individual is admitted to the agency, he/she is to be given an admission packet that includes a copy of the agency Bill of Clients Rights and Responsibilities. This policy indicated that grievances are to be filled with the Office Manager. The fact that the policy was given to the client is to be recorded in the client record.

\*All grievances and concerns are to be investigated by the agency, by the Office Manager, or his/her designee.

\*When a grievance is received, whether written or verbal, it is to be documented in the individual's record. It is also to be noted in a log kept by the Office Manager.

\*The resolution of the problem is also to be documented in the same manner.

\*Grievance received after hours, on weekends and holidays and whenever the office is closed are handled on the next business day.

\*Each written or verbal grievance received is to be responded to in writing within ten days. This information is reviewed by the Office Manager and a complaint form is completed. Each person involved is interviewed by the Office Manager who then evaluates all collected information.

\*After thorough evaluation, the Office Manager makes a determination and formulates a decision notifying all persons involved. All information regarding activities, investigation, analysis, resolution, and outcomes are documented in the log and in the individual's chart within 30 days of the complaint.

\*The response is to explain the decision rendered by the agency and it is to notify the individual of his/her right to appeal.

\*A copy of the outcome is to be filed in the client record and noted in the Office

Manager's log.

\*If the client files an appeal, it is to be reviewed and responded to by a member of the Governing Body within 30 days of its receipt by the agency.

\*The response to the appeal is to be filed in the individual's record and noted in the Office Manager's log.

## **Due Process**

Sunbridge Home Health Care upholds due process requirements. Due process is defined as providing individuals supported, and their legally authorized representatives, with a fair process requiring at least an opportunity to present objections to the proposed action being contemplated.

Due process, including review by a Human Rights Committee (HRC), will be implemented when it is proposed that an individual's rights be restricted for any reason. The Human Rights Committee will review any restriction of an individual's rights including an assessment indicating the need for the restriction periodically, but at least annually, during the period in which the restriction is imposed, and documents such. All restrictions are included in the individual's person-centered plan. When any restrictions are being proposed for an individual, the individual is supported to attend and provide input at the HRC meeting in which the proposed restriction is being reviewed.

Individuals served will be provided adequate training in due process procedures including:

\*Any procedures for placing a limitation or restriction on an individual's rights.

\*Training that supports the removal of a rights restriction.

\*The continued need for the restriction is reviewed at least quarterly by the QDDP or more often at the request of the individual. All restrictions are included in the person-centered plan.

## **Human Rights Committee**

Sunbridge Home Health Care will maintain access to a working and effective Human Rights Committee. The committee will comply with the provisions of 580-3-26 by conducting the following:

\*The HRC reviews policies, procedures and practices that have the potential for

rights restrictions without individualized assessment.

\*The HRC reviews the frequencies and reasons surrounding the use of restraint for medical and/or behavior purposes.

\*The HRC meets at least quarterly.

The HRC is composed of a majority of individuals that are not employed by the program, and consisting of representatives from each of the following groups:

1. Current and/or former service users
2. Family members of service users
3. Representatives of community support and advocacy organizations
4. Local official
5. Citizens at large
6. Performance Improvement/Quality Enhancement staff (ex-officio)

**The HRC does the following:**

\*Makes recommendations to promote individuals' rights

\*Proactively promotes and protects individuals' rights

Reviews reports of substantiated allegations of abuse, neglect, mistreatment, and exploitation

\*Reviews other data that reveals practices with respect to human, civil, and legal rights

\*Reviews research projects involving human participation to ensure the protection of the individuals who are involved

\*Assists on the review of rights related policies and procedures

\*Promotes rights related education and training programs

\*Reviews rights restrictions

\*Assists in monitoring activities; advise the program administrator on consumer rights-related grievances; reviews rights related issues in behavioral plans.

Employee's Signature:



Date:



Trainer's Signature:



Date:



## **Program Policies - Alabama Department of Mental Health IDD and CWP Waivers**

### **Promotion and Protection of Individual Rights**

It is the policy of Sunbridge Home Health Care to promote and protect Individuals served Rights and Responsibilities as indicated by the United Nation's Declaration of Human Rights, by the U.S. Constitution, laws of the country, and State of Alabama including but not limited to the following:

- \*Be treated with respect, dignity, courtesy, fairness and shown humanity at all times.
- \*Be free of all forms of abuse and neglect.
- \*Participate in the planning of services and any changes to the "Person Centered Plan" (PCP)
- \*Request changes to your services including but not limited to direct caregiver, provider, and PCP.
- \*Be advised of any changes in the PCP before the change is made.
- \*Receive a copy of the PCP.
- \*Receive services from qualified and trained personnel who are supervised.
- \*Have direction over services provided to the degree possible, within the authorized PCP
- \*Receive a copy of the Company's "Code of Ethics", under which services are provided.
- \*Be informed that you provider maintains liability insurance coverage.
- \*Know the Company's established grievance procedure, and how to make a complaint about the service and receive cooperation to reach a resolution, without fear of retribution.
- \*Report all instances of suspected abuse, neglect, or exploitation reported, including any instances involving a Sunbridge Home Health Care employee, without fear of retribution.
- \*Contact the Medicaid hot line number for any Medicaid questions, when you need help, or to report suspected fraud and abuse is: 1-800-362-1504, or 1-800-253-0799, for the hearing impaired.
- \*Contact the provider's supervising management at 256-580-5800
- \*Contact your case manager: name and phone number is:
- \*Have access to consultation with a private physician at your own expense.
- \*Medical care including routine, follow up, and specialist care.
- \*Be evaluated and receive hourly services in the least restrictive environment.
- \*Access to the Core and the right to participate in the Core and receive the services of a translator, if needed.
- \*Decide to participate or not participate in religious services
- \*Have access to friends and relatives.

- \*A safe and clean-living environment
- \*Nourishing, well-balanced, and varied diet.
- \*Keep personal possessions.
- \*The same legal rights and responsibilities as any other person except as restricted by law.
- \*Due process and a review by a human rights committee when there is a restriction on any rights.
- \*Have all personal information and medical records kept confidential to include but not limited to health, social, and financial unless permission to release is given or mandated by law of policy.

Sunbridge Home Health Care supports Individuals to exercise their rights and responsibilities. The agency will assess each individual's ability to understand and exercise his or her rights on an ongoing basis but at least annually. The right assessment will address individual's civil and legal rights and individual freedoms. The assessment includes but is not limited to the ability to do the following:

- \*Exercise freedom of movement with physical environments, including units with lockable entrance doors, with individuals served and only appropriate staff having keys and will be documented in the person-centered plan, if more than one bedroom, each bedroom should be considered a unit and the "tenant" should have a key to their lockable door.
- \*Have a lease, residency agreement or other form of written agreement in place that provides protections, and addresses eviction processes and appeals comparable to those provided under the state's landlord tenant law.
- \*Manage money
- \*Send and receive mail including a private place to read and open mail.
- \*Privacy to make and receive phone calls and use other means of communication.
- \*Have visitors of their choosing at any time. Any restriction of visitors or visitations of the individual's choice must be based on individualized, assessed that is documented in the person-centered plan along with what efforts that will be taken to try to reduce or move the restricted access as soon as may be feasible.
- \*Access individual possessions.
- Vote and otherwise participate in the political process.
- \*Make choices about religious affiliation and participation.
- \*Interact socially with members of either gender.
- \*Privacy including a choice of private bedroom or choice of a roommate with furnishings positioned to maximize privacy.
- \*Freedom and support to control schedules and activities.
- \*Receive service without regard to race, gender, age, language, ethnicity, disability, religion, sexual orientation, or financial circumstances.

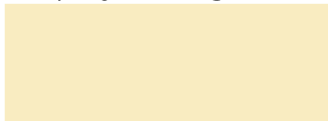
Sunbridge Home Health Care refrains from having standing policies and procedures

that restrict people's rights without due process.

All employees will be educated on the contents of the "Individual served Bill of Rights" during orientation. Each employee will sign an acknowledgment of understanding and agreement to support the "Individual served Bill of Rights" as established by Sunbridge Home Health Care. The signed acknowledgment will be placed in the employee file. Employees will attend annual training on client rights.

Sunbridge Home Health Care will provide individuals and their legally authorized representatives an oral and written summary of their rights/responsibilities and how to exercise them upon admission and annually thereafter. The information will be provided in a format that is in language and style that is easily understood by the individual. The Individual served or the Individual served authorized representative must sign an acknowledgment form, ensuring understanding and receipt of a copy of the Sunbridge Home Health Care Individual served Bill of Rights.

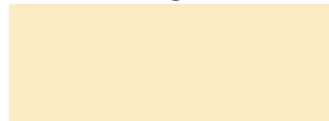
Employee's Signature:



Date:



Trainer's Signature:



Date:





## **Dignity and Respect**

Sunbridge Home Health Care strives to provide services to individuals in a manner that promotes dignity and respect. It is the policy of the agency that all staff support the following:

### **Individuals Are Treated as Individuals First:**

- \*Courteous practices towards individuals,
- \*The avoidance of labels to describe individuals based on physical characteristics or disabilities,
- \*The practice of addressing individuals by their preferred names
- \*Privacy in an individual's bedroom with furnishings selected and arranged by the individual and ensuring the setting is physically accessible to the individual.
- \*The organization provides training to staff and volunteers on policies regarding dignity and respect.
- \*The organization's identifying information (name, letterhead, etc.) promotes a positive image of individuals, services, and supports.

### **Respects Individuals' Concerns and Responds Accordingly:**

- \*Provide individuals supported and their legally authorized representatives with the information regarding filing complaints and grievances.
- \*The complaint/grievance procedures include the name and telephone numbers of the local contact.
- \*The designated local contact has the knowledge to inform individuals, families, and legally authorized representatives of the means of filing complaints and grievances and of accessing advocates, ombudsmen, or rights protection within or outside the organization.
- \*The grievance procedure information is available in frequently used areas, particularly where individuals receive services.
- \*Notices include the toll-free numbers for the DMH Advocacy Office, the Alabama Disabilities Advocacy Program (ADAP), a federal protection and advocacy system, and the local Department of Human Resources office.
- \*Provides access to individuals and advocates, including a DMH internal advocate and the grievance process, without reprisal.
- \*Responses to grievances and complaints are provided in a timely manner.
- \*Responses are made in a manner and format that is relevant and understandable.
- \*The organization implements a system to periodically, but at least annually, review all grievances and complaints.

### **Individuals Have Privacy:**

- \*Provides space for individuals to:

- Speak or interact with others in private
- To open and read mail or other materials
- Afford every individual the right to privacy
- Support staff demonstrate respect for individuals' privacy when: providing supports for bathing, dressing and personal hygiene in a private manner, and when entering personal spaces.

### **Supports and Services Enhance Dignity and Respect:**

- \*Practices enhance dignity and respect while recognizing individual choices and preferences.
- \*Individuals receive needed supports to:
  - ensure healthy hygiene and personal cleanliness
  - choose clothing that is clean, fashionable, and fits
  - decorate their personal spaces based on choice while maintaining environments that are safe and sanitary.
- \*Transportation and other supports are provided so individuals can access community services in a manner similar to others.
- \*The organization has policies related to privacy that address consent and the use of video surveillance and other electronic recording devices such as cell phones, cameras, video recorders, etc.

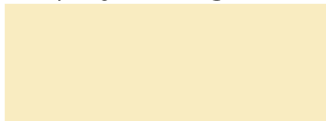
### **Individuals Have Meaningful Work and Activity Choices:**

- \*Personal assessments:
- \*Identify preferred work and activities,
- \*Identify practices to help individuals to make choices based on preferences and assist individuals to achieve goals.
  - \*Choices of activities and work encourage and promote age-appropriateness and a positive self-image. Options consider the individual's cultural background and preferences.
  - \*Provide individual assessments that identify preferred work activities, including assessing interest in competitive integrated employment, identifying practices to help individuals make choices based on preferences, and assisting individuals to achieve goals.
  - \*There are options for individuals that are age and culturally appropriate, normative, and promote a positive self-image and are identified preferences documented in the Person-Centered Plan (PCP) with appropriate goals and objectives.
  - \*Facilitate opportunities for competitive integrated employment



and supports when employment is the choice of the individual and prescribed in the individual's PCP.

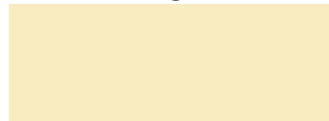
Employee's Signature:



Date:



Trainer's Signature:



Date:



## **Drug/Alcohol Testing**

### **Consent Form**

Company Name:

Applicant/Employee Name:

I hereby agree to submit to a drug or alcohol test by furnishing a sample of my urine, breath, and/or blood for analysis. I have been fully informed of the reason for this test and I understand what I am being tested for and the procedure involved.

I understand that if at any time I refuse to submit to a drug or alcohol test, or if I otherwise fail to cooperate with the testing procedures, my application for employment may be immediately withdrawn from consideration or I may be subject to immediate termination.

Signature of  
Applicant/Employee:

Date:

Company  
Representative:

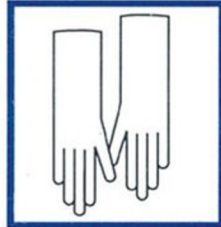
Date:

## ***Universal Precautions***

*Includes blood, body substances containing visible blood, non-intact skin, and mucous membranes*



1. Hands should be washed **BEFORE** and **AFTER** patient care.



2. Gloves should be worn when likely to touch blood, and other potentially infectious materials, non-intact skin, and/or mucous membranes. They should also be worn when performing vascular access procedures and when handling contaminated items or surfaces.



3. A gown should be worn when clothing is likely to become soiled.



4. A mask and/or protective eyewear should be worn when splashing is likely.



5. Always place used needles, syringes, and/or sharps into a designated disposal container. **DO NOT BREAK, BEND OR RECAP NEEDLES.**

Signature:

Date:

Trainer Signature:

Date: