

DIRECT HOME HEALTHCARE, INC.

Dear CNA Applicant:

Thank you for your interest in Direct Home Healthcare, Inc. In order to complete this application, please make sure to sign all forms and provide updated originals (copies to be made at the office) of the following documents:

1. Resume
2. Driver's License
3. CNA License
4. CPR and other nursing training certificates
5. Social Security Card
6. Car Insurance
7. Current physical exam with immunization such as Rubella, Rubeola, Varicella, etc.

Upon review of your application and the required documents, we will contact you for an initial interview and orientation. Please note, all documents must be completed before an orientation can be scheduled.

Best of luck!
Director of Clinical Services

EMPLOYEE CHECKLIST

The employee must have the following items in his/her file to be completed. Items with asterisk (*) should be done before/upon hiring. Please check when items are inserted into file.

1. Hire Date
2. Completed Application
3. Resume
4. Job description
5. Pre-employment interview
6. Current license applicable
7. License verification for professionals (yearly)*
8. Healthcare worker registry verification*
9. Criminal background authorization form (for CNA or other employees)*
10. Criminal background check result (for CNA or other employees) *
11. References
12. Driver's License
13. Social Security Card
14. Copy of auto insurance
15. CPR card
16. W-4 information
17. Orientation checklist – General
18. Orientation checklist – specific to discipline
19. Initial competency checklist
20. On-going competency
21. 90-day end of probation performance evaluation (for CNA only)
22. Performance Evaluation
23. Diploma/Educational transcript
24. HIPAA Compliance Policy
25. Confidentiality statement
26. Conflict of interest disclosure
27. Work contract agreement
28. Computer key password statement
29. Acknowledgement of employees manual
30. Glucometer Competency Assessment

To be placed in a separate folder:

1. Health exam *
2. Waiver Hep B vaccination
3. Forms I-9/ copies of required verification
4. PPD–2 step initially then annually if negative *
5. CXR if PPD is positive then every 5-7 years
6. Annual TB questionnaire for positive PPD

DIRECT HOME HEALTHCARE, INC.

HIRE DATE

NAME: _____ Date of Birth: _____

ADDRESS: _____

STATE: _____ ZIP CODE: _____ SOCIAL SECURITY NO.: _____

DATE OF HIRE: _____

REFERENCE:

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Years Acquainted</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

NEXT OF KIN:

DIRECT HOME HEALTHCARE, INC.

EMPLOYMENT APPLICATION

Name: _____ (FIRST) (MI) (LAST)			Date: _____
Address: _____			
Date of Birth: _____		Social Security No.: _____	
Contact Phone: Home _____ Cell / Mobile _____			
Email address: _____			
Emergency Contact: Name _____ Relationship _____ Address _____ Phone _____			

Position Desired: _____ Salary Expectation: _____

Applying for: Full time position Part time position

Indicate days and hours available to work: _____

When are you available to start? _____

How did you hear about our Agency? _____

EMPLOYMENT HISTORY List all previous employers, beginning with the most recent. Include all requested information on an additional page if necessary and label with your name.

Employer Name: _____	From: _____ To: _____ Month/Year Month/Year
Address: _____	
Telephone: _____	Job Title: _____
Duties and Responsibilities: _____	<input type="checkbox"/> FT <input type="checkbox"/> PT Ending Salary: _____
May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor Name: _____	Phone: _____
Reason(s) for leaving: _____	

Employer Name: _____	From: _____ To: _____ Month/Year Month/Year
Address: _____	
Telephone: _____	Job Title: _____
Duties and Responsibilities: _____	<input type="checkbox"/> FT <input type="checkbox"/> PT Ending Salary: _____
May we contact your Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor Name: _____	Phone: _____
Reason(s) for leaving: _____	

Employer Name: _____ From: _____ To: _____
Month/Year Month/Year

Address: _____

Telephone: _____ Job Title: _____

Duties and Responsibilities: _____ FT PT Ending Salary: _____

May we contact your Supervisor? Yes No

Supervisor Name: _____ Phone: _____

Reason(s) for leaving: _____

Employer Name: _____ From: _____ To: _____
Month/Year Month/Year

Address: _____

Telephone: _____ Job Title: _____

Duties and Responsibilities: _____ FT PT Ending Salary: _____

May we contact your Supervisor? Yes No

Supervisor Name: _____ Phone: _____

Reason(s) for leaving: _____

Employer Name: _____ From: _____ To: _____
Month/Year Month/Year

Address: _____

Telephone: _____ Job Title: _____

Duties and Responsibilities: _____ FT PT Ending Salary: _____

May we contact your Supervisor? Yes No

Supervisor Name: _____ Phone: _____

Reason(s) for leaving: _____

** To list additional employers, please request an attachment.

GENERAL EMPLOYMENT QUESTIONS

1. Are you legal for employment in the United States? Yes No

2. Have you ever been convicted of a crime at any time, other than a minor traffic violation? A conviction (misdemeanor or felony) includes a plea of "guilty" or "no contest." (A "yes" answer will be considered for job related purposes only and will not automatically disqualify you from employment). Yes No
If "yes", please explain: _____

3. Do you have any relatives working for Direct Home Healthcare Inc.? Yes No

4. Do you have previous employment existing under a different name? Yes No
If "yes", provide name: _____

DIRECT HOME HEALTHCARE, INC.

EDUCATIONAL HISTORY

	Name and Address of School	Area of Study or Degree	Circle Year Completed			
			1	2	3	4
High School		n/a	1	2	3	4
College or University			1	2	3	4
Other (specify)			1	2	3	4

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS

NOTE: FOR ANY POSITION REQUIRING RESITRATION, LICENSURE, OR CERTIFICATION, ORIGINAL DOCUMENT MUST BE PROVIDED

Are you currently: Registered Licensed Certified

Eligible for: Registered Licensed Will take Boards (list date): _____

Type	State Issued	Date Expires	Number
Type	State Issued	Date Expires	Number

SPECIALIZED SKILLS

Typing: _____ wpm Data Entry Medical Transcription Shorthand/Dictaphone Computer skills

1. List office machines or mechanical equipment you are capable of using: _____

2. List computer applications you have experience with: (e.g. Microsoft Office, Visitrack, Genie, navigating the Internet, etc.) _____

3. Are you proficient in another language aside from English? No Yes (specify) _____

4. Are you willing to serve as a language translator? No Yes

EMPLOYMENT ACKNOWLEDGEMENT

I understand that any false statements or material omissions made as a part of this application will disqualify me from further consideration for employment and, if discovered later, will be grounds for discharge. I also understand that any offer of employment is contingent upon the results of a pre-employment medical examination, drug screen, criminal background check and reference check. I authorize my former employers to release all information concerning my employment. I further authorize the release of any such information during or after my employment, without prior notification. This authorization releases the aforesaid parties and Direct Home Healthcare Inc (DHHI) from any liability for the collection and reporting of this information.

Direct Home Healthcare Inc does not discriminate in hiring or employment on the basis of sex, color, marital status, religion, sexual orientation, national origin, age, disability, military status, or any other protected category. No question on this application is intended to secure information to be used for such discrimination.

I understand that if I am employed by DHHI, my employment is "at will" and may be terminated by me or by DHHI at any time with or without cause, for any reason. No one other than the President of DHHI has the authority to enter into an agreement contrary to the foregoing and any such agreement must be in writing and signed by both the President and me.

Signature of Applicant: _____

Date of Completion: _____

DIRECT HOME HEALTHCARE, INC.

CERTIFIED NURSING ASSISTANT

JOB DESCRIPTION

The Certified Nursing Assistant ensures quality and safe delivery of home health care services. They assist in the provision of home health care services that reflect the home health care agency philosophy and standards of home health and nursing care of assigned clients; and ensures quality and safe delivery of home health aide services.

DUTIES AND RESPONSIBILITIES

- 1) Ensures quality and safe delivery of home health care services.
 - Participate in the development of implementation of client plans of care per home health care agency policy and procedure.
 - Participates in client case conferences according to home health care policy and procedure, as appropriate.
 - The provided home health aide services reflect client plans of care.
 - Information regarding client plans of care is submitted to the home health care Registered Nurse in a timely manner.
 - Client clinical record documentation reflects delivery of quality and safe home health care services.

- 2) Implements current home health aide services.
 - Client's plan of care is discussed with the home health care Registered Nurse on a regular basis.
 - Client's clinical records are documented per home health care agency policy.
 - Client assignments and report are received from home health care Registered Nurse.
 - Infection Control and safety policies and procedures are implemented per home health care agency policy and procedure.
 - Identified client needs and communicated to the home health care Registered Nurse in a timely manner.
 - Clinical Care is implemented per home health care agency policies and procedures.
 - Client's overall appearance reflects good personal hygiene.
 - Client's environment is neat and orderly.
 - Procedures and treatments are implemented accurately and documented appropriately.
 - Observation of client's condition is accurately reported to the home health care Registered Nurse in a timely manner.
 - Clients are assisted to meet socialization needs.
 - Assignments are organized and completed on time.
 - Client request are responded to promptly.
 - Proper body mechanics are utilized consistently.
 - The home health care Registered Nurse is notified upon return to the home health care agency.
 - Daily client reports are given to the home health care Registered Nurse.

- 3) Fulfills additional performance responsibilities as assigned and as necessary.
 - Additional performance responsibilities are fulfilled accurately and in a timely manner.

- 4) Promotes effective written/verbal communication.
 - Skill in conflict resolution is demonstrated.
 - A positive work environment is promoted for home health care staff members.
 - Participation in monthly home health care staff meetings are demonstrated and documented.
 - Documentation of information regarding changes in home health care agency operations and policies and procedures is communicated to the home health care agency staff members in a timely manner.
 - Consistent and concise lines of authority and responsibilities are maintained.
 - Participation in appropriate committee meetings are demonstrated per home health care policy and procedure.
 - Cooperation with home health care agency staff members and the Director of Nursing of home health care pursuant to home health care agency philosophy and objectives is demonstrated.
 - Participation in home health care agency events is demonstrated.
 - Documentation of information regarding interpretation of home health care agency philosophy, objectives and long-range plans are demonstrated as necessary.
 - Consultation with the Director of Nursing of home health care is initiated as issues and concerns require.

- 5) Uses equipment and supplies effectively and efficiently.
 - Utilization of equipment and supplies in a cost-effective manner is demonstrated.
 - Accurate utilization of equipment and supplies is demonstrated.
 - Information regarding malfunctioning equipment and inadequate supplies are given to the appropriate individuals.

- 6) Complies with home health care agency policies and procedures.
 - Certified Nursing Assistant job performance is demonstrated to be in compliance with home health care agency policies and procedures.
 - Maintenance of confidentiality of client information is demonstrated per home health care agency policy and procedure.
 - Infection Control and safety measures are implemented per home health care agency policy and procedures.
 - Client concerns are reported to proper person per home health care agency policy and procedures.

- 7) Promotes and maintains an agency environment that is in compliance with federal, state and local regulatory agencies.
 - Consultation with home health care Registered Nurse and Director of Nursing of home health care regarding federal, state and local rules and regulations are demonstrated.
 - Regulatory documentation forms are completed and submitted in a timely manner.
 - Educational programs are documented in Home Health Aide personnel files.

- 8) Assists in promoting education for client's families.
 - Participates in education programs to assist in educating client's and client's families.
 - **Attends and participates in agency's in-service trainings, a required 12 hours in-service trainings for each 12-month period of employment.**

- 9) Participates in personal and professional growth and development.
 - Personal job objectives are developed and implemented.
 - Current knowledge in the delivery of home health care services is demonstrated.
 - Participation in educational programs is consistently demonstrated.

DIRECT HOME HEALTHCARE, INC.

POSITION QUALIFICATION

1. High School Graduate required.
2. Certified Nursing Assistant certification required as obtained through successful completion of an approved program.
- 3. Must have passed the Performance or Competency Evaluation Skills Test.**
4. Experience in home health care or related health care field preferred.
5. Evidence of sympathetic attitude toward care of the sick.
6. Demonstrated ability to read, write and carry out directions.
7. Evidence of maturity and ability to deal effectively with job demands.
8. Good verbal and written communication skills required.

JOB DESCRIPTION REVIEW

I have read and understood the job description for the position of a Licensed Practical Nurse.

Signature of Registered CNA

Date

DIRECT HOME HEALTHCARE, INC.

PRE-EMPLOYMENT INTERVIEW

Name: _____

Date: _____

Applying for Position: _____

Years in Practice: _____

Currently working at: _____

Date available to start: _____

List previous home health experience:

Position:

1. _____

2. _____

3. _____

Areas of Expertise (IV's, PICCs, Wound Care, etc.): _____

Employee's expectations of Home Health Agency: _____

Appearance: _____

Professionalism: _____

Verbal Skills: _____

Comments: _____

Date of Hire: _____

If not hired, explain reason: _____

Signature of Interviewer: _____

DIRECT HOME HEALTHCARE, INC.

REFERENCE FORM

Last Name: _____ First Name: _____

Section A: Candidate, please complete Section A only and forward directly to: _____

I, _____, hereby authorize my current and previous employers to release information regarding my work performances to Direct Home Healthcare, Inc. I release all such employers from any liability for issuing this information to Direct Home Healthcare, Inc. Also, I hereby permit Direct Home Healthcare, Inc. to share this information with client facilities.

Application Signature: _____

Section B: (To be completed by Direct Home Healthcare, Inc.)

Name:	SSN:
Position Held:	Specialty/Unit:
Employees Dates:	To:

Section C: (To be completed by Employer Direct Home Healthcare, Inc.) Thank you for completing this form as it assists us in ensuring that all professional accepted into our program are of the highest caliber. Your responses will remain in strictest confidence.

PLEASE RATE THE CANDIDATE ON:	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Clinical skills			
Ability to prioritize			
Flexibility to work different assignment			
Initiative and enthusiasm			
Ability to relate to patients			
Cooperation with staff			
Ability to take charge			
Punctuality			

Comments: _____

ELIGIBLE FOR REHIRE: YES NO

REASON FOR LEAVING: _____

Your Name: _____ Title: _____

Date: _____

DIRECT HOME HEALTHCARE, INC.

REFERENCE FORM

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Section A: Candidate, please complete Section A only and forward directly to: _____

I, _____, hereby authorize my current and previous employers to release information regarding my work performances to Direct Home Healthcare, Inc. I release all such employers from any liability for issuing this information to Direct Home Healthcare, Inc. Also, I hereby permit Direct Home Healthcare, Inc. to share this information with client facilities.

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Clinical skills			
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Flexibility to work different assignment			
Initiative and enthusiasm			
Ability to relate to patients			
Cooperation with staff			
Ability to take charge			
Punctuality			

Comments: _____

ELIGIBLE FOR REHIRE: YES NO

REASON FOR LEAVING: _____

Your Name: _____ Title: _____

Date: _____

DIRECT HOME HEALTHCARE, INC.

ORIENTATION CHECKLIST - GENERAL

ORIENTATION TO:	YES	NO	DATE/INITIAL
1. Basic Home Safety: bathroom, electrical, environmental and fire			
2. Safety Program:			
a. Risks within Agency and patient's home			
b. Actions to eliminate, minimize or report risks			
c. Incident reporting and procedures to follow			
d. Reporting processes for common problems, failures and user errors			
3. Storage/handling/access to/transport of supplies/medical gasses/drugs			
4. ID/handling/disposal of infectious wastes (blood and body fluids/precautions)			
5. ID/handling/disposal of hazardous waste (cytotoxic/chemotherapy drugs)			
6. Infection Control and Prevention			
a. Personal hygiene (e.g., PPE and hand washing)			
b. Aseptic procedures			
c. Communicable infections (TB, AIDS, etc.)			
d. Cleaning/disinfecting reusable equipment			
e. Precautions to be taken (Standard precautions, airborne transmission, direct/indirect contact, compromised immunity)			
7. Confidentiality of patient information/HIPPA policies and practices			
8. Community resources			
9. Policies/procedures			
10. Responsibilities related to safety and infection control			
11. Advanced directives policies/procedures			
12. Specific job duties/responsibilities and any limitations; performance standards			
13. Screening for alleged or suspected victims of abuse/neglect reporting			
14. Emergency operations plan and role			
15. Equipment use/management relevant to job description			
16. Tuberculosis Program/Plan (OSHA)			
17. Hazardous Materials in the Workplace Program (MSDS) (OSHA)			
18. Bloodborne Pathogen Program (OSHA)			
19. Managing the environment of care: (pt and agency site)			
a. Safety			
b. Fire safety – fire escape, fire alarm system, fire extinguishers – and prevention			
c. Security – Personal safety during home visits			
d. Utilities			
e. Responding to emergencies			
20. Patient rights/responsibilities			
21. Agency complaint mechanism/Medicare state hotline # and purpose			
22. PI program and role			
23. On-call and answering service			
24. Ethical aspects of care, treatment, and services, and process to address ethical issues			

ORIENTATION TO:	YES	NO	DATE/INITIAL
25. Philosophy/mission/purpose/vision/goals			
26. Interpreters/communicating with hearing/speech/visually impaired			
27. Sentinel event policy/process			
28. Physical safety (e.g. body mechanics and safe lifting)			
29. Cultural diversity and sensitivity			
30. Role of the health team			
31. Family/State Medical Leave Act			
32. Organizational structure, lines of authority and responsibility, supervision process			
33. Hours of work; benefits			
34. Documentation requirements			
35. Medical Device Reporting Act			
36. Equal Employment Opportunity Act			
37. Sexual Harassment Act			
38. Salary/hourly wage reimbursement			
39. Unemployment and Workers' Compensation			
40. Malpractice coverage			
41. Assessing and managing pain			

Other _____

(Note: See job-specific Competency Checklist for Skills)

 Name of Employee

 Signature

 Date

 Name of Supervisor

 Signature

 Date

DIRECT HOME HEALTHCARE, INC.

ORIENTATION CHECKLIST HOME HEALTH AIDE

	YES	NO	N/A	DATE/INITIAL
1. Visit patient within 48 hours upon referral				
2. Perform duties according to plan of care				
3. Report any changes in patient's condition, needs and/or pertinent observation to RN				
4. Submit notes to the agency within seven (7) days from the date of the visit				
5. Participate in care conference				
6. Comply with in-services requirements (12 hrs per year)				
7. Participate in peer review, performance improvement, and utilization review				
8. Perform personal care and bath as ordered per care plan				
9. Perform household services essential to health care in the home as assigned				
10. Walked through on the duties of the HHA (observed or verbalized duties)				
11. Home Health Aide care plan form explained				
12. Walked through on proper documentation				
13. Walked through on proper conduct and decorum				
14. Walked through on how to fill up weekly payroll report				
15. Return demonstration on proper handwashing technique and when to use alcohol gel				
16. Walked through on when and how to fill up incident report				
17. Walked through on when and how to fill up grievance/complaint report				

Name of Employee

Signature

Date

Name of Supervisor

Signature

Date

DIRECT HOME HEALTHCARE, INC.

COMPETENCY EXAMINATION FOR HOME HEALTH AIDE UPON HIRING

NAME: _____

DATE: _____

Each question in this test will be followed by four answer choices. Only one answer is correct. Read the question and encircle the correct letter to the correct choice. Remember to use a pencil in marking your answers. Be sure to encircle the correct answer completely. If you make a mistake, erase completely the answer you wish to change. You have 90 minutes to complete this final exam.

1. What is the most important thing a nurse aide can do to prevent the spread of germs?
 - a. Wash own hands before and after touching each resident
 - b. Keep resident's clean and dirty items separately
 - c. Avoid placing soiled linens on the floor
 - d. Keep the resident's surroundings clean

2. What is usually the first sign of developing a pressure sore?
 - a. Wetness
 - b. Redness
 - c. Pain
 - d. Blister

3. What does ambulate with assist mean?
 - a. Walk with resident twice a day
 - b. The resident can use a wheelchair
 - c. Take the resident's blood pressure
 - d. The resident can walk with help

4. After explaining the use of the nurse call signal to a hard hearing resident, the nurse aide is not sure that the resident understood. How can this be checked?
 - a. Ask the resident if the explanation was understood
 - b. Have the resident write what was said
 - c. Have the resident nod or shake the head
 - d. Have the resident repeat what was said

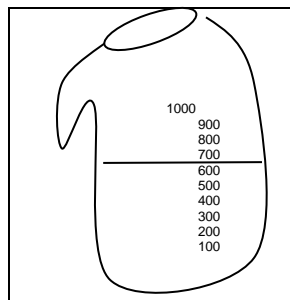
5. A resident is slow in dressing. The nurse aide should
 - a. Rush the resident telling "I have another resident to take care of"
 - b. Allow the resident to do it alone
 - c. Dress the resident
 - d. Gather the items she would wear and allow her to do it alone

6. When applying elastic stockings, how should the resident be positioned?
 - a. Sitting on the edge of the bed
 - b. Standing at the side of the bed
 - c. Lying down in bed
 - d. Sitting in a wheelchair

7. An activity that helps a resident who has stiff finger joints is
 - a. Allowing him to beat the drum daily
 - b. Squeezing a soft rubber ball daily
 - c. Allow him to stay in bed all day
 - d. Wrap stiff fingers with ace bandage

8. A resident drank 2 oz. of coffee, 4 oz. of water, and 4 oz. of tomato juice. How many cc of fluid did the resident drink?
 - a. 10
 - b. 32
 - c. 300
 - d. 600

9. When preparing a lift, which of the following demonstrates a good body mechanics?
- Keep feet together
 - Stand with feet apart
 - Stand far away from the object
 - Use the back muscles to lift
10. Which of the following is not a nurse aide's responsibility in caring for a resident with an indwelling catheter?
- Help to prevent infection
 - Inserting the catheter
 - Providing perineal care
 - Observing and recording output
11. Which of the following is a basic safety rule to use when walking with a resident?
- Have the resident use a shuffling, sliding gait
 - Allow the resident to use the handrail
 - Hold the resident by his shirt
 - Hold the resident by his pants waistband
12. A resident says, "Please feed me. My arthritis hurts so badly to cut the meat." What would be the best action by the nurse aide to encourage independence in eating?
- Have the dietary department puree the resident's food
 - Cut the meat and proceed to assist the resident to eat
 - Insist that the resident eat the meal without help
 - Cut the meat and urge the resident to use the special eating utensil
13. Which of the following is not used to decrease pressure on the skin?
- Egg crate pads
 - Sheepskin
 - Incontinent pads
 - Foot cradle
14. AIDS is a disease transmitted by?
- Using dishes and utensils in common
 - Coughing, sneezing, and touching
 - Sexual contact or sharing needles and syringes
 - Routine care given by health care givers
15. If a resident is recovering from a broken leg and has a cast, what should the nurse aide do?
- Check the color of the toes and report the changes
 - Rinse the cast daily to prevent odor
 - Scratch off scaly skin
 - Scratch the inside of the cast with a pen
16. When approaching a resident with Alzheimer's disease, the nurse aide should
- Speak loudly to the resident's ear
 - Speak in an angry tone
 - Correct the resident if he talks nonsense
 - Speak calmly and use simple words
17. The urinal below contains how many cc of urine?
- 600cc
 - 700cc
 - 800cc
 - 900cc



DIRECT HOME HEALTHCARE, INC.

18. Electrical equipment should be touched when your hands are
 - a. Wet
 - b. Dirty
 - c. Dry
 - d. Chapped
19. The abbreviation T.I.D. means
 - a. Once a day
 - b. Two times a day
 - c. Three times a day
 - d. Four times a day
20. Which can be used to relieve dry skin?
 - a. Alcohol
 - b. Powder
 - c. Corn starch
 - d. Bath oil
21. A job description contains all of the following except
 - a. Job summary
 - b. Qualifications
 - c. Responsibility
 - d. Restrictions on your diet
22. OBRA was passed to ensure that nursing assistants have the necessary skills and knowledge to
 - a. give care
 - b. give the person or salary
 - c. give only necessary care to residents
 - d. give special care
23. The ability to see things from another point of view is called
 - a. Sympathy
 - b. Empathy
 - c. Amazing
 - d. None of the above
24. Nursing assistants can
 - a. Give medications
 - b. Take telephone orders from the doctor
 - c. Take vital signs
 - d. Performs procedure that requires sterile technique
25. Nursing assistants cannot
 - a. Give medications
 - b. Take telephone orders from the doctor
 - c. Take vital signs
 - d. Performs procedure that requires sterile techniques
26. What should the nurse aide do if the level of urine in the urinary catheter bag has stayed the same for several hours?
 - a. Raise the bag above the resident's hips
 - b. Irrigate the catheter with water
 - c. Place the catheter bag on the floor
 - d. Notify the charge nurse
27. Because low blood sugar can be serious danger to residents with diabetes, the nurse aid should
 - a. Give them candy if they don't eat well
 - b. Ask families to bring in extra snacks
 - c. Suggest that overweight residents eat less to lose weight
 - d. Report any meals or snack not eaten
28. When a resident is placed in a chair by the bedside, the nurse aide should always remember to
 - a. To check on the resident every 5 minutes
 - b. Fill up the water pitcher
 - c. Protect the resident with a seat belt
 - d. Put a call signal within reach

29. You can reduce odors in a person's room in all of the following ways EXCEPT
- Emptying and washing bedpans and emesis basins promptly
 - Using room deodorizers
 - Opening windows
 - Practicing good personal hygiene
30. The following rules apply when making a bed EXCEPT
- Never shake the linens
 - Hold the linens away from your body so they do not touch your uniform
 - Practice the rules for medical asepsis
 - Bring more than enough linens to the room
31. When should morning care be done?
- 0900
 - 1600
 - After dinner
 - After breakfast
32. You have just put Mrs. Jones into a tub bath. It should last no longer than
- 30 minutes
 - 60 minutes
 - 5 minutes
 - 20 minutes
33. A toothette is used for people who have
- Have plaque
 - Have tartar
 - Have food particles
 - Are unconscious
34. Why is wearing makeup important to some women?
- It can improve one's body image and self esteem
 - To hide blemishes
 - It makes a person feel older
 - It is routine for all women
35. The substance in a diet may cause a body to retain water is
- Calcium
 - Protein
 - Pepper
 - Salt
36. After placing a resident to the bedpan, what should you do next?
- Stay with him
 - Turn on the TV
 - Leave the resident alone
 - Place the call light within reach
37. When straining Mrs. Doe's urine, you discover a stone. All of the following is done EXCEPT
- Placing the gauze or strainer in the specimen container
 - Labeling the container correctly and placing it where directed
 - Report your observations to the nurse
 - Report your observations to the doctor
38. When preparing an enema, you should use
- 10,000ml of water
 - 100ml of water
 - 1000ml of water
 - 10ml of water
39. When you are giving the enema to a resident, what is the BEST position?
- Right side
 - Left side
 - Supine position
 - Prone position

DIRECT HOME HEALTHCARE, INC.

40. Low salt diet is ordered for a resident with
- a. Heart disease
 - b. Liver disease
 - c. Blood disease
 - d. Liver disease
41. The normal respiratory rate for an adult is
- a. 32
 - b. 13
 - c. 4
 - d. 25
42. Mrs. Martinez was instructed to use the cane. You instruct her to hold the cane on her
- a. Left side
 - b. Right side
 - c. Weak side
 - d. Strong side
43. A bedside commode is a
- a. Small scale
 - b. Writing table
 - c. Portable toilet
 - d. Storage box
44. The highest temperature for a tub bath should be
- a. 84 degrees
 - b. 100 degrees
 - c. 105 degrees
 - d. 130 degrees
45. A condition in which the body has less than the normal amount of water is
- a. Dermis
 - b. Edema
 - c. Dehydration
 - d. Diabetes
46. The proper way to care for long, tangled hair is to
- a. Comb all at once
 - b. Leave the tangles in
 - c. Comb one section at a time
 - d. Cut the tangled part of the hair
47. If the assignment for a resident is to encourage fluids, what must the nurse aide remember to do?
- a. Give only water to drink
 - b. Remove the water pitcher from the room
 - c. Remove all solid foods from the tray
 - d. Give variety of fluids often
48. A nurse aide does not close the door during the resident's bath. Which resident did the aide violate?
- a. Choice
 - b. Confidentiality
 - c. Privacy
 - d. Communication
49. Elastic stockings are used to prevent
- a. Circulation
 - b. Blood clot
 - c. Dry skin
 - d. Restlessness
50. When giving first aid, you should
- a. Be aware of your own limits
 - b. Move the person
 - c. Give the person fluids
 - d. Perform any necessary emergency measures
51. Which is used to feel for a pulse during CPR?
- a. The Apical Pulse
 - b. The Brachial Pulse
 - c. The Carotid Pulse
 - d. The Dorsalis Pedis Pulse

52. You are performing adult CPR alone. Which is *False*?
- Give 2 breaths after every 15 compressions
 - Check for a pulse after 1 minute
 - Give 1 breath after every fifth compression
 - Count out loud
53. Mr. Adams has paralysis of both legs. Activities of daily living are:
- Done by him to the extent possible
 - Done by the nursing assistant
 - Postponed until he regains use of his legs
 - Supervised by the physical therapist
54. Circle the change in the skeletal system that are considered age-related
- Fractures
 - Osteoporosis
 - Rheumatoid Arthritis
 - Loss of bone mass
 - Scoliosis

DIRECT HOME HEALTHCARE, INC.

HIPAA COMPLIANCE POLICY

You will be hearing many staff members say “HIPAA” when talking in public areas. So what is HIPAA? HIPAA stands for HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT. HIPAA is a federal regulation and failure to comply may result in a fine and/or imprisonment.

HIPAA EXPECTS YOU AS A HEALTHCARE WORKER TO RESPECT AND PROTECT A PATIENT’S PRIVATE HEALTH INFORMATION (PHI).

As an employee of Direct Home Healthcare Inc. you need to be aware of your responsibility to protect the patient’s PROTECTED HEALTH INFORMATION.

All patient information (PHI) is on a need-to-know basis and is confidential. It is not to be discussed with anyone except a doctor or nurse behind the nurse’s station or closed doors when appropriate with other employee members.

No information (PHI) is to be left out in the open or carried from one area to another without being covered. This includes charts, rosters, faxes, log books or any other documents containing information or referencing patients.

All signs restricting personnel in certain areas must be observed. Only go into areas of the facility that pertain to your job or “employee only areas.”
(ex. Business office area, MD’s office)

I understand the importance of the HIPAA regulation, have received information about HIPAA and agree to follow the guidelines explained to me. I also understand that consistent failure to follow the guidelines may result in termination.

The sheet attached explains what PHI is and provides examples.

Employee Signature

Date

What is Protected Health Information or PHI?

In a nutshell, PHI is any health information created or received by your employer that identifies a specific person. The main categories of PHI are electronic records, paper records, and spoken communication.

A patient's medical record is one of the most visible pieces of PHI, PHI can include other materials and information that you may not have thought about before. Things like a patient status boards, insurance, cards, codes that document a certain procedure, physician dictation tapes – even calling out a patient's name in the waiting room can count as PHI.

Some kinds of information become PHI only in combination with other pieces of information. A ZIP code alone won't identify a person, but along with other identifiers – like an insurance card and a telephone number – the ZIP code could be an important clue to the person's identity. Therefore, the ZIP code is PHI because it gives you a reasonable basis for connecting information to a person's identity.

Along these lines, any information that reveals the past, current, or likely future state of a person's health counts as PHI.

All health information that identifies an individual is protected under HIPAA. It doesn't matter whether your organization creates the health information or receives it from another source, like a lab or an ambulance service. You must treat it just as carefully as information generated by your facility.

Individual Identifiers can include:

- Names
- Zip code
- Date of Birth
- Telephone numbers
- Fax number
- E-mail addresses
- Social Security Numbers
- Medical Records numbers
- Health Plan beneficiary numbers
- Account numbers
- Device identifiers and serial numbers
- Finger and voice prints
- Photographs

DIRECT HOME HEALTHCARE, INC.

CONFIDENTIALITY STATEMENT

Disclosure of confidential information gained through your employment by Direct Home Healthcare Inc. is stated as act of prohibited conduct subject to formal disciplinary action. Any information concerning a patient’s illness, family, financial condition or personal peculiarities is strictly confidential. When a patient’s history or condition is reviewed, it must be done in privacy with only those persons involved with the care of the patient. Any other information coming to you in the course of your work concerning another person or employee is also considered confidential and may not become the topic of conversation with others.

Name of Applicant / Employee

Date

Signature of Applicant / Employee

Name of Witness (Company Representative)

Signature of Witness

DIRECT HOME HEALTHCARE, INC.

CONFLICT OF INTEREST DISCLOSURE

(Please check the applicable paragraph and complete this statement as appropriate.)

_____ I hereby affirm that I know of no issues that would present a conflict of interest arising from any situation related to my involvement/association with Direct Home Healthcare, Inc.

_____ I may have a conflict of interest arising from the following situation:

(Describe the potential conflict, including both the other entity in which you have an interest and the dealings it has with Direct Home Healthcare, Inc. and the appropriate date(s) the conflict arose.

I understand that the Conflict of Interest Policy prohibits my involvement in transactions in which I have a conflict. Therefore, in any instance in which I may be required to participate in a situation impacted by such conflict, I will notify the direct of Patient Care services/Administrator of the conflict of interest and will abide by the resultant decision.

Name

Title

DIRECT HOME HEALTHCARE, INC.

COMPUTER PASSWORD STATEMENT

I understand the need and responsibility to maintain a high level of security with computer access. I will not allow anyone to use my computer password and accept full responsibility for the security of my computer password.

Signature

Date

DIRECT HOME HEALTHCARE, INC.

ACKNOWLEDGEMENT OF EMPLOYEE'S MANUAL

I hereby acknowledge that I have read and understood the Employee's Manual of Direct Home Healthcare Inc.

Signature

Date

