

## Agency CNA

Please Review the following and sign/date the bottom. Please return to DON or Scheduler.

The following information is pertinent to the CNA's:

1. Location of electronic documentation for the CNA's care team and how to properly document during your shift.
2. Documentation expectations: all documentation is to be completed prior to leaving your shift.
3. Basic shift duties for CNA's. This is most important when specific duties are assigned on a particular shift. (Passing fresh linen, passing clean pitchers, etc.)
4. Notification expectations. It is important that CNA's know whom to inform when they arrive, and any time they leave the unit, including meal breaks.
5. Location of resident care information on the kardex. These may include color-coding for side transfer ability, pictorial coding for fall risk, coding for DNR.

Green=1 Assist, Yellow = sit to stand, Red = Hoyer with 2 staff assist

6. Location of information regarding use of Mechanical lifts.
7. Information on Infection control practice. Include Standard Precautions, and specific location of personal protective equipment.
8. Locations of Nursing supplies, linens, etc.
9. Facility practice for supplemental nourishment provision.
10. Location of the dirty utility room and shower room.
11. Review of CNA assignment sheets/schedule.
12. List of resident and staff meal times, location of break room.
13. Confidentiality policy.
14. Phone etiquette
15. Shift times (7a-3:30p, 3p-11:30p, 11p-7:30a)
16. Review of abuse policy

Call Administrator to report abuse

Call Nursing Manager for nursing questions or concerns

X

X

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Print Name  
Agency CNA

Sign Name  
Agency CNA

Today's Date: \_\_\_\_\_

Heritage Employee CNA Signature: \_\_\_\_\_



## Agency Nurse

Please review the following and sign/date the bottom. Please return to the DON or Scheduler.

The following is pertinent to LPN or RN's:

1. Location of electronic documentation for the nurses care team and how to properly document during your shift.
  - a. Location of the eTAR & eMAR
  - b. How to know who is on skilled charting
  - c. How to write a Health Status Note
2. Documentation expectations: all documentation is to be completed prior to leaving your shift.
3. Basic shift duties for nurses include med pass, treatment completion, communication with MD/NP, and communication with co-workers.
4. Notification expectations: It is important that the other nurses on the unit know when you take a break or leave the unit.
5. Location of resident care information on the kardex. These may include color-coding for side transfer ability, pictorial coding for fall risk, coding for DNR.
  - a. Green = 1 Assist, Yellow = sit to stand, Red = hoyer with 2 staff assist
  - b. Code status is noted in PCC and tablets
6. Location of information regarding use of mechanical lifts.
7. Information on Infection control practice. Include standard precautions, and specific location of Personal protective equipment.
8. Location of Nursing supplies, Linens, etc.
9. Location of Dirty utility room and shower room.
10. Review of CNA assignment sheets/schedule
11. List of resident and staff meal times, location of the break room.
12. Important numbers are at the Nurses station for in facility and within the community
13. Confidentiality policy
14. Phone etiquette
15. Shift times ( 7a-3:30p, 3p-11:30p, 11p-7:30a)
16. Review of Abuse policy
  - a. Call Administrator 309-826-2095 to report abuse
  - b. Call DON 309-202-0644 for nursing questions or concerns

**X**

Print Name  
Agency Nurse

**X**

Sign Name  
Agency Nurse

Today's date: \_\_\_\_\_

Heritage Employee Signature: \_\_\_\_\_



Agency Staff Member,

The following is an orientation checklist and Heritage Enterprises Policies and Procedures that we require everyone to follow. The Orientation sheet will cover the basics of how the facility operates. Please ask questions and get to know the facility. All items on the sheet are to be reviewed before signing and returning to either the DON or the scheduler. If we are not in the facility please leave signed documents in the basket outside the DON office or slide under the door. Failure to follow the policies will result in you no longer being able to work within our facility.

I also am including your login information for our electronic medical records. All documentation is electronic and is required to be completed prior to leaving your shift. Our recommendation is to chart as you work throughout your shift as to make it easier to leave at your assigned time.

Contact Numbers:

Administrator: 309-826-2095

DON: 309-202-0644

Scheduler: 309-826-7468

Facility: 309-452-7468

IT Help Desk: 1-855-238-5060

Login info:



## **WANDERING RESIDENT/ELOPEMENT**

### **Policy Statement**

It is the policy of this facility to provide a safe environment for all residents. The facility will properly assess residents and plan their care to prevent accidents related to wandering behavior or elopement. Wandering is defined as movement about the area without a fixed goal, and elopement is defined as slipping away secretly, running away, leaving without accompaniment or knowledge of the staff.

### **Policy Interpretation and Implementation**

#### **I. ASSESSMENT AND IDENTIFICATION OF WANDERING RESIDENTS**

History of behaviors, including wandering, will be obtained prior to admission. This can be accomplished during the pre-admission inquiry from family, hospital records, or physician's history.

Change in environment can stimulate wandering behavior in residents with no prior history. Observed behaviors will be documented in the medical record.

Each resident's level of supervision required will be assessed based on observed wandering behaviors. This information will be documented in the resident's medical record, and used in the care planning process.

Each resident will be reassessed quarterly and after a significant change in condition, the care plan modified as necessary.

#### **II. RESIDENTS IDENTIFIED AT RISK FOR ELOPEMENT**

Residents whose assessment identified wandering behavior does not necessarily place them at risk for elopement. Wandering is often a separate behavior, and the resident may never attempt to leave the facility. If a resident is identified at risk for elopement, the following steps will be taken:

- a. An alarm bracelet may be placed on the resident to audibly alert staff of attempts by the resident to exit, in facilities with this capability.
- b. The resident's care plan shall address behavior using resident specific goals and/or approaches as assessed by the interdisciplinary team.
- c. An ID bracelet containing the facility address and phone number may be placed on the resident for ease of identification should successful elopement occur.
- d. A current picture of the resident will be maintained in the facility.
- e. Facility staff will insure that all exit alarms are responded to immediately.

#### **III. ELOPEMENT RISK PROTOCOL/KNOWN RESIDENT ELOPER**

Residents with an elopement incident from the facility either on or off the grounds shall be considered at higher risk for further attempts at elopement. These residents will have the following precautionary measures implemented to prevent repeat incidents of elopement.

a. Alert the unit nurse and all shift personnel to search the facility. If the resident is not located, institute a grounds search.

b. If the resident is unaccounted for after a thorough search of the building and grounds, the following will be immediately notified:

- \* Administrator/Director of Nursing
- \* Family and/or legal representative
- \* Attending physician
- \* Police

c. A complete description of the resident will be given to police along with a current photo of the resident.

When the resident is located, the following procedures will be followed:

a. An assessment of the resident will be completed to determine if medical attention is required.

b. After assessment is completed, the attending physician will be notified and results of assessment reported. The physician's plan of care will be documented in the resident's record.

c. The resident's family/legal representative shall be notified of the resident's condition.

The resident's condition will be monitored every shift for 48 hours.

A detailed incident report will be completed and submitted to Administration.

The incident will be logged per facility protocol. Incidents for the month shall be reviewed at the monthly Safety Committee Meeting and again at each quarter with the Quality Assurance Committee

. The facility will notify the appropriate State Agency of:

- \* Any incident or accident which has, or is likely to have a significant effect on the health, safety or welfare of a resident or residents
- \* Any incident or accident requiring the services of a physician, hospital, police department, fire department, coroner or other service provided on an emergency basis.

Notification of the appropriate State Agency will be made:

- \* Within 24 hours of the serious accident/incident
- \* A narrative summary of each incident/accident will be forwarded to the appropriate State Agency within seven (7) days.

## **VI. EDUCATION**

All staff will be educated on proper identification, assessment, and treatment of residents identified as an exit seeking risk. This education will occur during orientation, and annually thereafter.

## **REGULATORY REFERENCE SOURCES:**

42 CFR references 483.25 (h)(2); 483.13 (c)

Survey Tag #s: F323, F324, F272, F297

77 Illinois Administrative Code Chapter 1, subchapter c, Part 300.690



## EXIT-SEEKING/WANDERING ASSESSMENT

RESIDENT \_\_\_\_\_

Please respond yes or no for each question. To be completed on admission, and then quarterly.

	Adm./ Annual	1st Qtr.	2nd Qtr.	3rd Qtr.
Date				
1. Is Resident physically able to leave the building on their own? If "No", disregard remaining questions.				
2. Is the Resident disoriented to place?				
Does the Resident have impaired decision-making (section B4 of MDS)?				
Does the Resident make statements about "going home", etc.?				
3. Does the Resident display persistent anger at family, staff, current placement or other residents?				
6. Is there a history of wandering?				
7. Is there a current behavior of wandering?				
AT RISK FOR POSSIBLE EXIT-SEEKING, COMPLETE PROFILE AND PLACE IN EXIT-SEEKING BOOK				
NOT CURRENTLY AT RISK FOR EXIT-SEEKING – WILL BE EVALUATED QUARTERLY OR AS NEEDED.				

Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

Signature/Title \_\_\_\_\_ Date \_\_\_\_\_



## **Heritage Health (insert facility name) Fire Safety and Evacuation Policy**

Fire drills must be performed each quarter of the year covering all shifts for a total of 12 drills per year by a *trained* staff member of the facility. All employees of this facility must familiarize themselves with the duties and expectations as an employee in the event of a fire or fire drill. In order to properly perform your duties, you must be familiar with the fire alarm pull stations located throughout the building and fire extinguisher use and location as well. It is essential that all staff be knowledgeable of the fire plan and act automatically and responsibly in the event of a fire. The staff will use the code phrase **Code Red** for a fire and **Code Brown** for smoke. If the staff member that discovers the fire has the need to assist a resident in immediate danger due to a fire, the code phrase **Code Black** is to be used. This will alert other staff members that an individual staff member issuing the code phrase is protecting a resident and will need assistance. Follow these steps, but be aware that these actions may be done simultaneously, in the event of a fire.

**Note: In the event of noticeable smoke or fire in the facility, activate a pull station immediately upon visual confirmation of a fire and call your 911 immediately to report even if the alarm is already sounding to ensure the proper local authorities have been notified.**

- **R** – Rescue anyone in immediate danger.
- **A** – Alert other staff members of the fire. Pull the nearest fire alarm.
- **C** – Contain the fire. Close all doors and windows adjacent to the fire. Shut off all fans and air conditioners as these feed the fire and spread smoke.
- **E** – Extinguish if the fire is small. The extinguisher should be aimed low at the base of the fire, then move slowly upward with a sweeping motion.
  - Never aim high at the middle or top of the flames as this will cause the fire to spread.
  - If you cannot extinguish the fire, evacuate the area.

### **Treat every drill as if it were a real fire!**

All staff will complete in-servicing annually on fire safety in long term care which includes the proper use of a fire extinguisher and the types of extinguishers as well as a mock Fire Drill that includes pulling the Fire Alarm after notifying the Alarm Company that it is a mock drill.

### **When fire alarm is activated:**

- Alarm notifies the alarm company automatically
- Alarm company dispatches the fire department and the police
- Alarm company contacts the Administrator

In the unlikely event of a fire alarm system malfunction, proceed to the nearest intercom or centralized area and use the phrase "FIRE ALARM FAILURE, FIRE ALARM FAILURE", and proceed with the containment of the fire.

The most common cause of death in a fire is smoke, not flames. Keep low to the floor and avoid inhaling too much smoke.

If there are residents visiting throughout the facility and away from their room or hall, they should remain where they are, escorted to a safe place, and remain there until all clear is sounded.

### **Duties of Personnel**

**Nursing assistants** – Report to your assigned hall immediately. Close all windows and doors in their section. All hallways are to be clear of ALL obstacles (chairs, scales, lifts, etc.) These obstacles should be temporarily stored in unoccupied rooms, shower rooms, bathrooms, etc. Do not clear the hall by placing these items in rooms with residents. In the event of an ordered evacuation ALL HALLWAYS AND RESIDENT ROOMS MUST BE READILY ACCESSIBLE.

**Visitors** – should be escorted to a safe place and requested to remain there. No residents or visitors should be in the hallway.

**Charge Nurses** – During the first shift (day shift during business hours), the Charge nurse should stay on their unit. During the Second and Third shift (evenings and nights), the Charge nurse is in charge of the building. The charge nurse delegates a staff member to meet the fire department at the front door and advise them of any available information as to the location of the fire. The Charge nurse must notify the Administrator, Maintenance Director and Director of Nursing. In any shift, the Charge Nurse must silence the fire panel alarm in order to speak on the overhead page notifying building occupants as to the location of the fire. A staff person must be designated to start a whole facility head count of the residence.

**Director of Nursing** – Make rounds throughout the facility and assess for follow through on the facility's plan. Make corrections and recommendations as needed. When complete, report to the lobby to await instructions from the fire department.

**Therapy Care Coordinator (Restorative Nurse)** – Report to the Nurse's station to gather information from other departments as they gather it.

**Activity Department** – If in the middle of an activity do not leave the residents, but get a head count of those in attendance. Be prepared to give the information to the staff member that is taking entire facility head count.

**Beautician** – Turn off all equipment in the area. Take headcount of those residents in the beauty shop. Be prepared to give information to the staff member that is taking the entire facility head count. Do not leave the residents.

**Therapy Department** – Return to the therapy department. Residents in the therapy room should remain there. Take a head count and be prepared to give the information to the staff member that is taking entire facility head count.

**Housekeepers** – Go to the assigned unit and assist nursing assistants with closing windows, drapes and doors.

**Laundry Aides** – Secure your work area. Close windows and doors before leaving your area. Report to the Nurse's station for further direction.

**Business Office Manager** – Remain in the office if able. Answer phones and be prepared to direct the emergency staff as needed. Pull current census and resident list.

**Dietary Staff** – Secure your work area. Close windows and doors before leaving your area. Report to the Nurse's station for further direction.

**Maintenance Director** – report to the area of the fire. Coordinate the response of the facility to follow the direction of the fire department.

**Administrator** – Supervise operations

**Managers with staff** – Remain with your staff and assist with their areas as described above.

**Activity Director** – Remain in the unit and direct nursing assistants as needed with their procedure. Take a head count and be prepared to give information to the designated person.

**MDS Coordinator** – Report to the nurses' station and assist as needed. Be prepared to gather and remove charts as needed.

**Depending on the location of the fire, residents may be evacuated to another portion (smoke zone) of the building rather than a total facility evacuation. However, in the event that a partial or complete evacuation of the facility becomes necessary due to other possible disasters, the following procedure shall be followed.**

- The shift charge nurse shall immediately contact the Administrator, Maintenance Director and the Director of Nursing if they are not present at the time.
- Once the Administrator, DON, and Maintenance Director arrive at the facility and determine an evacuation is needed, the call tree will be put into effect (see below) in order to obtain available persons to evacuate the resident to safety.
  - Administrator contacts: Business Office Manager, Community Relations Coordinator and Activity Director.
  - DON contacts: Resident Service Director, Therapy Care Coordinator, MDS Coordinator, and Medical Records.
  - Maintenance Director contacts: Housekeeping/Laundry Supervisor, Dietary Manager, and Social Services.

- The following code phrases shall be used over the paging system and/or verbally to inform staff of the need to evacuate and to what location.
  - The phrase “**Code Yellow**” shall be used to inform staff to move resident to another hall. An example would be “Attention staff this is a code Yellow, 100 hall to 200 hall.”
  - Once the fire chief arrives and determines that the building needs to be evacuated the phrase “**Code Green**” shall be announced.
- Once the Business Office Manager and the Medical Records Clerk arrive, they will contact the Regional Director and off duty staff to come and assist.
- A command center shall be established per the Administrator’s direction. This will be a convenient location out of danger’s way. (The Administrator or his/her designee will become the “commander” in order to direct people to areas of needing assistance).
- Alternate placement for residents must be arranged. The Administrator, or his/her designee, shall designate someone to coordinate shelter (contacting evacuation locations).
- The Administrator, or his/her designee, will assign a second person to assist with alternate placement arrangements.
- The residents will be evacuated in this order: residents in immediate danger, ambulatory residents, wheelchair residents, and non-ambulatory or bedridden residents.
- Once the temporary shelter is arranged, the commander shall designate a meeting spot outside the facility. Residents shall be evacuated out of the building in an orderly fashion.
- All department staff shall report to the designated location with the supplies they are assigned to gather.
- Medical Records Clerk and the MDS Coordinator will be responsible for tagging and identifying all residents upon evacuation. They will also be responsible for ensuring the clinical record is transported with the resident. (Recommend to keep a supply of safety pins and post-it notes for this purpose).
- The nursing staff is responsible for caring for the residents. The charge nurse will be responsible for taking the medication and treatment carts to the meeting spot.
- The DON will be responsible for coordinating the staffing in the facility and the meeting spot to ensure adequate care is given at both locations.
- Housekeeping and Laundry staff will be responsible for gathering all linens and supplies needed for resident care. Attempts should be made to gather personal clothing, if possible without risk.
- Dietary staff will be responsible for gathering food and dietary supplies.
- The Resident Services Director and Community Relations Coordinator will be responsible for contacting family members to notify them of the disaster and evacuation. Also, to where residents are to be relocated.
- The Business Office Manager will also be responsible for keeping an official roster with names of residents, staff, volunteers, and other personnel assisting with the evacuation. This information should include: the name of the resident and the next of kin, shelter

transferred to and the person accompanying the resident, medications, medication sheet and chart sent with the resident to the location of transfer.

- The Administrator or his/her designee will check each room before leaving the grounds. An "X" will be placed on each resident room door verifying the room is empty. This person will subsequently do the same for all common areas, office and storage areas verifying there are not employees or residents left in the building.

At the time of a disaster it is imperative that the Administrator be contacted in order to give staff proper direction. The steps above are clear guidelines for providing resident care and ensuring resident safety in the event of a disaster. Each situation will be different and each situation may not follow the outline above and be implemented in the specific order listed.

Horizontal Evacuation: from one area of the facility to another area on the same floor. The move would take residents from the area of the fire, smoke or danger, and move them to the opposite part of the floor on the other side of the fire doors.

In an evacuation:

- Always assign at least one staff person to remain with the newly evacuated resident, to maintain calm, offer reassurance, and to prevent anyone from re-entering the facility or area being evacuated.
- Keep all visitors, residents, and staff away from exit areas. Keep exits free for further evacuations and emergency personnel.
- The Administrator or DON will notify the Central Office and make arrangements to transfer to other Heritage Facilities, hospitals, and other nursing facilities.

**Note: This procedure should be approved by the local AHJ (Authority having jurisdiction) on a yearly basis to ensure proper protocols within the city parameters. Contact the local Fire Marshall or Fire Chief to review each year.**





**RESIDENT CARE POLICY AND PROCEDURE REGARDING  
ABUSE AND NEGLECT, INVOLUNTARY SECLUSION, EXPLOITATION,  
MISAPPROPRIATION OF RESIDENT PROPERTY, INJURIES OF UNKNOWN  
ORIGIN, AND SOCIAL MEDIA**

<b>SUBJECT:</b> ABUSE PROHIBITION	<b>REFERENCE #</b>
<b>DEPARTMENT:</b> ADMINISTRATIVE	<b>EFFECTIVE DATE:</b>
	<b>REVIEW DATE:</b>
	<b>REVISED DATE:</b> 3/15/2018
<b>APPROVED BY:</b> ADMINISTRATOR / MEDICAL DIRECTOR	<b>ARCHIVED DATE:</b>

**Abuse and Neglect Prohibited**

This facility, for the protection of the residents, utilizes the seven stages of the CMS STRIIPP abuse prohibition protocol. These stages include: S, screening potential hires; T, training new and existing employees; R, reporting of incidents, investigations, and facility response to the result of the investigations; I, identification of possible incidents or allegations which need investigation; I, Investigation of incidents and allegations; P, Protection of residents during investigations; and P, Prevention policies and procedures.

1. All residents have the right to be free of from verbal, sexual, physical, mental abuse, corporal punishment, involuntary seclusion, neglect, misappropriation of property, exploitation. This includes but is not limited to freedom from corporal punishment, and involuntary seclusion and physical or chemical restraints not required to treat the resident's symptoms. When the use of restraints is indicated, the facility must use the least restrictive alternative for the least amount of time with ongoing re-evaluation and documentation of the need for restraints (42CFR 483.12 (a)(2))
2. All residents have the right to personal privacy of not only their own physical body; but also of their personal space, including personal care, and living accommodations.
3. An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (77 Ill. Adm. Code Section 300.324(a))
4. The facility will not knowingly employ individuals or otherwise engage individuals who have been found guilty of abuse, neglect, exploitation, and misappropriation of property or mistreatment by a court of law. This includes individuals who have findings entered into the State Nurse Aide registry or those who have had disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property.
5. The facility will not use composite distinct parts to segregate residents by payment source or on a basis other than care needs.

## **Definitions**

1. **Abuse** is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish. Abuse includes deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, or psychosocial well-being. Abuse may be verbal, sexual, physical, and mental abuse, including abuse facilitated or enabled through the use of technology or social media. Willful as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm. (77 Ill. Adm. Code Section 300.330/42 CFR 483.5)
2. **Adverse Event** is an untoward, undesirable, and usually unanticipated event that causes serious injury or the risk thereof.
3. **Composite Distinct Part** is a distinct part consisting of two or more noncontiguous components that are not located within the same campus, as defined in 413.65 (a)(2)
4. **Corporal Punishment** means any physical punishment intentionally inflicted on the body of a resident.
5. **Covered Individual** is anyone who is an owner, operator, employee, manager, agent or contractor of the facility (See section 1150B(a)(3) of the Act).
6. **Exploitation** means taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion.
7. **Involuntary Seclusion** means separation of a resident from other residents or from his or her room or confinement to his or her room (with or without roommates) against the resident's will, or the will of the resident's legal representative.  
  
(Note: Emergency or short-term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs.) (42 CFR 483.13(b) (guidance))
8. **Mental Abuse** includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation, or offensive physical contact by an employee or agent. (77 Ill. Admin. Code Section 300.330) mental abuse includes photographs or recordings used in any manner that would demean, humiliate, or embarrass any resident.
9. **Misappropriation of Resident Property** is the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a resident's belongings or money without the resident's consent. (CFR 483.5)
10. **Mistreatment** is the inappropriate treatment or exploitation of a resident. (CFR 483.5)
11. **Neglect** means a failure in a facility, its employees, or service providers to provide goods and services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress (42 CFR 483.5) (77 Ill. Administrator. Code Section 300.330)

12. **Physical Abuse** means the infliction of injury on a resident that occurs other than by accidental means and that required (whether or not given) medical attention. (77 Ill. Adm. Code Section [300.330] Physical abuse may include, but is not limited to such acts as: hitting, slapping, kicking, hair pulling and pinching, etc.
13. **Serious Bodily Injury** means an injury involving extreme physical pain; involving substantial risk of death; involving protracted loss or impairment of the function of a bodily member, organ, or mental faculty; requiring medical intervention such as surgery, hospitalization, or physical rehabilitation; or an injury resulting from criminal sexual abuse (See section 2011(19)(A) of the Act).
14. **Sexual Abuse** is non-consensual sexual contact of any type which includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault. (42 CFR 483.13(b) (guidance) Sexual coercion shall include any intentional or knowingly touching or fondling a non-consenting resident's sex organs, anus or breast either directly or through clothing for the purpose of sexual gratification or arousal of the accused. Sexual assault means sexual penetration.
15. **Verbal Abuse** means the use by an employee or agent of oral, written or gestured language that includes disparaging and derogatory terms to a resident or within his or her hearing or seeing distance, regardless of the resident's age, ability to comprehend or disability. (77 Ill. Administrator Code Section 300.330)

#### **SCREENING - Prevention of Abuse**

1. Screening of potential employees will be conducted and hiring will be dependent upon the screening result. Screening shall include:
  - (a) A Uniform Criminal Information Act (UCLA) non -fingerprint conviction information check for every potential employee through the IDPH web portal.

If there is nothing to keep you from hiring the individual (disqualifying convictions) and if the individual has not previously had a FEE\_APP or CAAPP background check then you must initiate a new fingerprint background check.
  - (b) Fingerprinting of all personnel per the State background-check implementation schedule.
  - (c) Reference checks/checks with appropriate licensing boards and/or registries when applicable.
2. Residents and/or families will be oriented to the Abuse Prohibition Policy upon admission. They will be instructed to report any abuse or suspected abuse to the administrator (Coordinator of the Abuse Prohibition Program). They also will be informed that notification of abuse or suspected abuse can be anonymously called into the Compliance Hotline number 1-877-267-1928.
3. Assurance will be given that notification of concerns, incidents and grievances will be highly regarded, and there will be no retribution.

4. The physical environment will be accessed and high-risk areas will be identified. This would include an evaluation of security devices, as to capability and functionality of systems. Special attention will be directed to areas with low or no staffing. This would include, but is not limited to:
  - (a) Storage areas;
  - (b) Areas not staffed during business hours;
  - (c) Unoccupied resident rooms;
  - (d) Delivery areas;
  - (e) Foyer/vestibules.
5. These high-risk areas will be included for review during regular quality assurance walkthroughs.
6. The areas identified, as high risk will be communicated to supervisory staff, as to heighten awareness and increase oversight.
7. Staffing levels will be determined by a review of resident need. A thorough analysis will encompass an in-depth assessment of the facility resident composition. Special attention will be given to identifying behavior that increases the resident's potential for abusing others, or self or being the victim of abuse.
8. Appropriate interventions to address identified behaviors will be included on resident care plans, and reviewed as/when change occurs. These interactions will be communicated to the direct caregivers.
9. Those residents who are totally dependent, or have communication disorders, will be identified.
10. A charge nurse will be identified, and it will be emphasized that supervision needs to be expanded to include awareness of inappropriate staff behaviors. These behaviors would include, but are not limited to:
  - (a) Derogatory language
  - (b) Rough Handling;
  - (c) Ignoring resident requests;
  - (d) Not observing appropriate safety measures that would endanger residents.

#### **TRAINING - Empowerment**

1. Employees who have successfully completed the screening process and have been hired will be oriented on the Abuse Prohibition Policy (on hire and annually); including protecting resident privacy and prohibition of mental abuse related to the use of photographs or audio/video recordings by staff.
2. All employees will have ongoing in-services on the Abuse Prohibition Policy. Abuse awareness and prohibition will also be discussed at monthly department meetings.

3. All staff are trained that a facility will treat all residents with respect and dignity, promote and protect the rights of all residents and recognize their individuality.
4. All Staff will have training on dementia management and abuse prevention.
5. The Administrator (Coordinator of the Abuse Prohibition Program) will in-service all staff on the need to immediately report any signs of abuse or suspected abuse to the Administrator, as well as a reasonable suspicion of a crime. This in-service will include definitions of abuse, neglect, involuntary seclusion, exploitation, misappropriation of resident property and resident injuries of unknown source. Additional emphasis will be placed on what constitutes physical, verbal and sexual abuse, and mental abuse; especially as it pertains to the use of social media.
6. All employees will be assured that the Non-retaliation P o l i c y will protect them if and when they witness or become aware of abuse or suspected abuse and/or allegations of abuse and report to the administrator.
7. All employees will be reminded that the organization that employs them, takes abuse seriously and failure to report knowledge of abuse or suspected abuse can lead to termination.
8. Employees will be instructed to watch for signs of stress and burnout and to report concerns regarding these issues to supervisors.
9. Employees will be instructed to take themselves out of confrontational situations with a resident until they can regain composure.
10. Employees will be in-serviced on appropriate interventions to deal with aggressive and/or catastrophic reactions of residents.
11. Any employees who have knowledge of an employee taking or using photographs or audio/video recordings that would demean or humiliate a resident must be reported to the administrator immediately.

#### **REPORTING - Allegations of Abuse and Neglect**

1. A facility employee or agent or covered individual who becomes aware of alleged abuse or neglect of a resident shall immediately report the matter to the facility administrator. (77 Ill. Administrator Code Section 300.3240(b))
2. A facility administrator who becomes aware of alleged abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. (77 Ill. Administrator Code Section 300.3240(c))
3. If the incident involves alleged abuse, neglect, or incident of unknown origin, the incident will immediately be reported to the Administrator and the Administrator shall provide the Illinois Department of Public Health with initial notice of the alleged abuse, neglect, or incident of unknown origin by telefaxing to the Department a copy of a report of the

incident completed immediately after the incident becomes known. (77 Ill. Administrator Code Section 300.3240(d))

4. Each covered individual/facility Administrator shall report immediately, but not later than 2 hours after forming the suspicion, if the events that cause the suspicion result in serious bodily injury, or not later than 24 hours if the events that cause the suspicion do not result in serious bodily injury.
5. The facility shall post the notice on how to report reasonable suspicion that a crime against a resident has occurred. This notice identifies that there shall be no penalties or retaliation for reporting.

#### **IDENTIFICATION - Of Incidents/Allegations Needing Investigation**

1. Employees or agents shall identify and report all incidents or allegations involving resident abuse (including physical, mental, and verbal), neglect, misappropriation of resident property, resident bruises and injuries of unknown origin, or use of involuntary seclusion immediately to the Administrator.

#### **INVESTIGATING Abuse**

1. After an initial report of suspected abuse or neglect is sent to IDPH, the Administrator or designee shall investigate all alleged incidents of abuse or neglect.
2. The investigation shall include, if possible:
  - (a) Interviews with all involved parties and potential witnesses. If possible, at least two interviewers shall be present for each witness interview. At least one interviewer shall take notes.
  - (b) When possible the investigation shall include signed statements from those persons who saw or heard information pertinent to the incident. Statements should be taken from the suspect, the person making the accusations, the resident abused or neglected (if cognitive level permits), other staff or residents who may have witnessed the incident, and any other person who may have information related to the incident.
  - (c) All witnesses will be informed of their duty to report suspected abuse and neglect. The identity of witnesses will be held confidential if possible, but if the matter is investigated by IDPH or if the matter goes to Court, the identity of witnesses may ultimately become known.
  - (d) The Administrator shall keep copies of all notes of all interviews conducted by the Administrator or other facility interviewer in the course of the investigation.
3. The Administrator shall be responsible for supervising the investigation and reporting the results of the investigation to the Illinois Department of Public Health.
4. The Administrator shall be responsible for resident's protection from retaliation during and after the investigation.

### **Misappropriation of Resident Property**

1. No person shall misappropriate or steal any resident's Property. Any person who becomes aware of any alleged misappropriation or theft of resident property shall report the incident to the Administrator immediately.
2. The Administrator, or designee, shall investigate the alleged misappropriation or theft of resident property.
3. The investigation shall include, if possible:
  - (a) Interviews with all involved parties.
  - (b) Signed statements from those persons who saw or heard information pertinent to the incident. Statements shall be taken from the suspect, person making the accusations, residents involved (if cognitive level permits), reliable residents who may have witnessed the incident, and any other person who may have information related to the incident.
4. The Administrator shall be responsible for supervising the investigation and reporting the results of the investigation to the Illinois Department of Public Health.
5. The Administrator shall notify the resident's representative and/or responsible party of the alleged misappropriation or theft and the results of the facility's investigation of the incident.

### **Identification and Injuries of Unknown Origin**

1. Injuries of unknown source, including, but not limited to, significant bruises, fractures, dislocations, lacerations, abrasions, contusions, lumps and/or severe swelling shall be reported immediately to the charge nurse, the Director of Nurses and the Administrator.
2. The charge nurse shall document the nature of the injury in the resident's medical record and assure that the Administrator and Director of Nurses are informed of the injury.
3. The charge nurse shall complete an Incident Report describing the injury and the circumstances surrounding the discovery of the injury.
4. The charge nurse shall inform the resident's attending physician of the injury. The Charge nurse shall inform the resident's family and/or resident's representative of the injury.
5. The facility shall notify IDPH of any injury of unknown source, which has, or is likely to have, an effect on the health, safety, or welfare of a resident. Injuries requiring the services of a physician, hospital, police or fire department on an emergency basis shall be reported to the Department. Notification shall be made by a phone call to the Regional Office within 24 hours of discovery. A copy of the report of the incident concerning the injury shall be faxed to the Department within 24 hours of discovery.
6. The Administrator shall assure that IDPH is notified of the injury of unknown source.

7. The Administrator or designee shall investigate all injuries of unknown source. The investigation shall include, if possible:
  - (a) Interviews with all involved parties.
  - (b) Signed statements from those persons, if any, who saw or heard information pertinent to the injury. The time and date that the injury was first discovered and by whom, shall be determined.
8. Staffing schedules for all staff having access to the resident during the three days prior to the discovery of the injury shall be reviewed. If possible, all staff having access to the resident during the three days prior to the discovery of the injury shall be interviewed to ascertain whether they have any information concerning the injury. The interviews may be conducted by telephone. Reliable residents who may have witnessed the cause of the injury and any other person who may have information related to the incident shall be interviewed. The injured resident shall be interviewed if cognitive level permits.
9. The Administrator shall be responsible for supervising the investigation and reporting the results of the investigation to the Illinois Department of Public Health within 5 days.

#### **Social Media**

1. Abuse Related to use of audio/video recordings or photographs
2. Each resident has the right to be free from all types of abuse including mental abuse. Mental abuse includes but is not limited to, abuse that is facilitated or caused by nursing home staff taking or using photographs or recordings in any manner that would demean or humiliate a resident. Nursing home staff includes all employees, contractors, consultants, volunteers and other caregivers who provide care and services to residents on behalf of the facility.
3. A resident has the right to personal privacy of not only his /her own physical body, but also of his/her own personal space, including accommodations and personal care. Taking photographs or recordings of a resident and /or his private space without the resident's or designated representative's written consent, is a violation of the resident's right to privacy and confidentiality. This may include but is not limited to unauthorized photographs or a resident's living quarters, bathroom facility, or furnishings, (which may or may not include the resident in the photograph), or a resident eating in the dining room, participating in an activity or in a common area of the facility.
4. Each resident must be provided individualized care with dignity and respect. All residents have the right to privacy and confidentiality in all aspects of care and services. Only authorized staff directly involved in providing care and services for the resident should be present when care is provided unless the resident consents to other individuals being present.
5. Taking unauthorized photographs or recording of residents in any state of dress or undress using any type of equipment (cameras, smart phones, any electronic device) and or keeping



or distributing them through multimedia messages or on social media networks is a violation of a resident's right to privacy and confidentiality. Such violations are deemed to meet the definition of abuse and will be reported, investigated, remediated, and all aspects of such acts will be handled as outlined in this document, the Policy and Procedure Regarding Abuse and Neglect, Involuntary seclusion, Misappropriation of Property, Injuries of Unknown Origin, and Social Media.

6. This violation is further defined to include any use of photographs or recordings, that demean or humiliates a resident; regardless of whether the resident provided consent and regardless of resident's cognitive status. Mental abuse may occur through either verbal or nonverbal conduct, which causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation or degradation.

#### **PROTECTION - Of Residents during investigations**

1. If the incident involves suspected abuse, then the charge nurse shall assure that the suspected abuser has no further contact with the resident involved or with any other resident.

#### **Employee as Perpetrator of Abuse**

1. When an allegation of suspected abuse is received that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation, prosecution or disciplinary action against the employee.
2. If the incident involves alleged abuse by an employee as the perpetrator of the abuse, then the Administrator shall immediately suspend the employee suspected to be involved in the alleged abuse without pay pending investigation of the incident.
3. If an employee is the suspected perpetrator of the abuse, then the employee shall be kept separate from all residents until further orders. The suspected employee should be sent to an office or lounge away from all residents to await further instructions.
4. In the event that an allegation involving a staff member is founded, the staff member shall be immediately terminated. Illinois Department of Public Health will be notified of the termination. In addition, either the Illinois Nurse Aid Registry or the Illinois Department of Financial and Professional Regulation will be notified, based on the employee's job classification,

#### **Resident as Perpetrator of Abuse**

1. When an allegation of suspected abuse is received that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility.

2. If another resident is the suspected perpetrator of the abuse, then the suspected resident shall be supervised 1:1 or kept physically separate from all other residents until further orders.
3. If the incident involves alleged abuse by another resident of the facility as the perpetrator of the abuse, then the Administrator shall take all steps necessary to protect all residents in the facility from abuse until the alleged perpetrator can be evaluated.

#### **Visitor/s as Perpetrator of Abuse**

1. If a visitor or family member is the suspected perpetrator of the abuse, then the suspected visitor/family member shall be directed to leave the resident area immediately. Should the visitor/family member refuse to leave, attempt to escort the visitor or family member to the Administrator's office. Should the visitor or family member continue to refuse, remove the resident from contact with the visitor, and notify the local police department; never leave any resident alone with the alleged perpetrator.
2. If the incident involves alleged abuse by a visitor or family member as the perpetrator of the abuse, then the Administrator shall immediately restrict or prohibit all contact with the resident until the investigation is complete.
3. The charge nurse on duty who is first made aware of any allegation of abuse or neglect concerning any resident shall immediately examine the resident involved to determine whether the resident is in any distress or has suffered any injury. The nurse shall take all steps necessary to protect the resident from danger.
4. The charge nurse shall call the resident's attending physician.
5. As soon as possible, the charge nurse shall do a full body check of the resident and document any injury in the resident's clinical record. If no injury is present, then the absence of any injury shall be documented in the resident's clinical record.
6. The charge nurse shall document the incident, providing all known factual information and communications made.
7. The charge nurse or Director of Nurses shall complete an Incident Report regarding the incident. The Incident Report must include (a) the name and age of the resident; (b) the name of the person completing the Incident Report; (c) the nature of the alleged incident; the nature and extent of any injuries sustained or the condition resulting from the alleged incident; (d) the names of any persons involved in or witnessing the incident; (e) whether the resident was sent to the hospital; and (f) whether the resident's physician was called.
8. The Administrator shall verify that the resident's attending physician has been informed of the alleged abuse or neglect.
9. The Administrator shall verify the resident's representative, guardian, and/or responsible family member has been informed of the alleged abuse or neglect.

### **Who Must Report**

1. Covered Individuals who must comply with this law are: owner(s), operators, employees, managers, volunteers, agents or contractors of this LTC facility. This law applies to the above individuals associated with nursing facilities, skilled nursing facilities, hospices that provide services in LTC facilities, and Intermediate Care Facilities for the mentally Retarded (ICFs/MR).

### **Penalties for not Reporting**

1. Individuals, who fail to report, are subject to a civil monetary penalty of up to \$300,000 and possible exclusion from participation in any Federal health care program as an "excluded individual."

### **No Penalties for Reporting**

1. A facility cannot punish or retaliate against you for lawfully reporting a crime under this law. Examples of punishment or retaliation include: firing/discharge, demotion, threatening these actions, harassment, and denial of promotion or any other employment-related benefit or any discrimination against an employee in the terms and conditions of employment. In addition, a facility may not file a complaint or report against a nurse or other licensed individual or employee with the state professional disciplinary agencies because the individual lawfully reports the suspicion of a crime.
2. Employees can file a complaint with the state survey agency against the facility if there is retaliation for reporting, causing a report to be made, or for taking steps in furtherance of making a report of a reasonable suspicion of a crime to the appropriate authorities.

### **How do I Report**

1. Individuals reporting suspicion of a crime must call, fax, or email both local law enforcement and the state survey agency.
2. Multiple individuals can report a suspicion of a crime jointly and will be considered in compliance with the law. However, an individual may report the suspicion separately if he/she chooses to do so and the facility may not prevent an individual from reporting.



LICENSED NURSE ORIENTATION

EMPLOYEE \_\_\_\_\_ TITLE \_\_\_\_\_  
SHIFT \_\_\_\_\_ DATE ORIENTATION LIST BEGINS \_\_\_\_\_

[This list is to be completed in addition to the Nursing Services Department Orientation]

1. JOB DESCRIPTION \_\_\_\_\_
  - a. Copy
  - b. Review
2. MONTHLY SUMMARIES \_\_\_\_\_
  - a. Schedule
  - b. Use of Care Plan
3. C.N.A CARE ASSIGNMENTS \_\_\_\_\_
  - a. C.N.A. Supervision
  - b. Vital signs monthly/daily
  - c. Showers
  - d. Weights – weekly/monthly/notification of physician
4. FLOWSHEET DOCUMENTATION \_\_\_\_\_
  - a. BM record – laxative if no bm x 2 days/suppository/enemas
  - b. Nutritional Intake Flowsheet
  - c. Behavior Tracking Forms
  - d. Adverse side effects r/t psychotropic medications
  - e. Intake & Output – all catheters/all admits or readmits x 3 days; 24 hour totals; IV & tube feedings
5. CONTACTS \_\_\_\_\_
  - a. Speed dial
  - b. Physician on call
  - c. Contacting physicians on weekends
  - d. Ambulance
  - e. IDPH survey team arrival
  - f. Authorized Serviceman Listing
  - g. Poison Control
  - h. Transportation Arrangements – family notified when resident sent out/arranging transportation
6. ROUNDS \_\_\_\_\_
  - a. Physician/Podiatry/Eye Dr./Psychiatrist
  - b. Documenting Rounds
  - c. Shift Report Walking Rounds
7. COMMUNICATIONS \_\_\_\_\_
  - a. Shift to Shift Report
  - b. Shift Report to Administration-admits, discharges, room changes, physician visits, antibiotics, medicare, incidents, staff absence, change of condition
  - c. Midnight Census



LICENSED NURSE ORIENTATION

EMPLOYEE \_\_\_\_\_

TITLE \_\_\_\_\_

SHIFT \_\_\_\_\_

DATE ORIENTATION LIST BEGINS \_\_\_\_\_

[This list is to be completed in addition to the Nursing Services Department Orientation]

- d. Maintenance Requests
- e. Resident/Family Requests or Concerns
- f. Diet Orders
- g. Narcotic Count
- 8. EMERGENCY EQUIPMENT \_\_\_\_\_
  - a. Oxygen/suction/cannulas
  - b. Location
  - c. Readiness/preparation
  - d. Emergency Cart (if used)
- 9. MEDICATION CART \_\_\_\_\_
  - a. Locked when not in visual control
  - b. Cleaning/stocking at end of shift
  - c. Internal/external products separated
  - d. Controlled substance proof of use sheets and shift count record
  - e. Supplements "on-ice"
  - f. Store cart in med room when not in use
  - g. Double lock class II narcotics
  - h. Handling of expired or discontinued medications
- 10. TREATMENT CART \_\_\_\_\_
  - a. Locked when not in visual control/ storage when not in use
  - b. Treatments separated
  - c. Do not do treatments when passing medications
  - d. Treatment sheets
  - e. Discarding expired or discontinued treatment supplies
  - f. Cleaning/sanitizing the treatment cart
  - g. Supply charge stickers and orbits
- 11. LINENS \_\_\_\_\_
  - a. Soiled linen handling/barrels closed/location on hall
  - b. Clean linen handling
  - c. Soiled and clean linens separate storage
  - d. Isolation linens
- 12. DIETARY \_\_\_\_\_
  - a. Diets available – manual
  - b. Diet changes – speech therapy referral needed for thickened liquids
  - c. Documenting weights and variances
  - d. Weight variance protocol
  - e. Supplemental nourishments
  - f. Offering substitutes
  - g. Dietary Recommendations Follow Up/Physician Order Updates





LICENSED NURSE ORIENTATION

EMPLOYEE \_\_\_\_\_

TITLE \_\_\_\_\_

SHIFT \_\_\_\_\_

DATE ORIENTATION LIST BEGINS \_\_\_\_\_

[This list is to be completed in addition to the Nursing Services Department Orientation]

13. PHARMACY \_\_\_\_\_

- a. Medication Ordering Procedure/Off-Hour Medication Procedure
- b. Medication Receiving Procedure
- c. Medications Returned/Documentation
- d. Narcotics Handling/Count/Disposal
- e. Alternate Pharmacy
- f. Pharmacy Consultant Review and Recommendations
- g. When on Medicare -- Only order 1 week of medications
- h. Notification of Pharmacy of payment source on admission
- i. Communicating Pharmacy Issues to the Director of Nursing

14. DOCUMENTATION \_\_\_\_\_

- a. Charting -- date/time/entry/signature
- b. Military Time Only
- c. Telephone Order Documentation Procedure
- d. Medication Administration Record (MAR)
- e. Treatment Administration Record (TAR)
- f. Medicare Charting -- Guidelines/Every Shift
- g. Admission Procedure
- h. Discharge Procedure -- Home, Hospital, Death
- i. Discharge Order
- j. Release of Responsibility for Discharges Against Medical Advice
- k. Reporting condition changes and follow up
- l. Transfers: transfer form
  - Copies sent/copies kept
  - Transfers within the facility
  - Bedhold Letter
- m. Labs:
  - Completing the Requisition
  - Standing Orders
  - New Lab Orders
  - Stat Lab Orders
  - Appropriate Diagnosis for Lab
  - Receiving Lab Reports and Physician Notification
  - Forward to DON
- n. Consent forms: CPR/DNR
  - Restraints -- includes wedge, g/c, low bed, lap buddy, vest
  - Requires pre-screening assessment
  - Requires MD order to remove every 2 hours
  - & when under direct supervision
  - Required to document tolerance/removal



## LICENSED NURSE ORIENTATION

EMPLOYEE \_\_\_\_\_ TITLE \_\_\_\_\_  
SHIFT \_\_\_\_\_ DATE ORIENTATION LIST BEGINS \_\_\_\_\_  
[This list is to be completed in addition to the Nursing Services Department Orientation]

Psychotropic Consent

Siderails

Release of Information

Referrals (therapy/podiatry/wound care/optometry)

- o. Foley Catheter Care – treatment record documentation monthly & prn
- p. G tube/ NG tube changes
- q. Incident Reports – resident/visitor/employee
  - Family & physician notification
  - 48 hour follow up every shift
  - Full vital signs on all falls
  - Form completed entirely/submitted to DON
  - Always measure sites in assessment
- r. Wound treatment / Ulcer treatment sheets/care plan:
  - One per site
  - Weekly documentation till healed
  - Forward to DON when implemented/healed
- s. Infection Reports – complete with s/s infection and/or antibiotic tx
  - Forward to DON on completion
- t. Medication Errors – reports, notification, documentation, monitoring

### 15. MEDICAL RECORDS \_\_\_\_\_

- a. Chart Order
- b. Chart Change Procedure
- c. Discharge Record Submission
- d. Request for Nursing Forms
- e. Medicaid (2448) Certification
- f. Medicare Certification

### 16. EXIT-SEEKING/ELOPEMENT PROCEDURE \_\_\_\_\_

- a. Risk Assessment – admit, quarterly, annual, with significant change
- b. Photo
- c. Wander Guard/ Secure Care – no MD order required
- d. Visual Checks and Forms
- e. Door Alarm Response

### 17. TOUR/KEYS \_\_\_\_\_

- a. Nursing Supply Room/Supply Ordering
- b. Medication Rooms
- c. Treatment Room
- d. Convenience & Emergency Box
- e. Mechanics/Maintenance Room
- f. Laundry



## LICENSED NURSE ORIENTATION

EMPLOYEE \_\_\_\_\_ TITLE \_\_\_\_\_  
SHIFT \_\_\_\_\_ DATE ORIENTATION LIST BEGINS \_\_\_\_\_

[This list is to be completed in addition to the Nursing Service Department Orientation]

### 18. OXYGEN \_\_\_\_\_

- a. Tank storage/Port Tank Fills
- b. Concentrator use
- c. Liquid Oxygen Handling and Storage
- d. Posting oxygen use on room doors
- e. Documenting oxygen use

### 19. RESOURCE MANUALS \_\_\_\_\_

- a. Policy/Procedure Manual
- b. Nursing Skills Manual
- c. Shift Supervisor Manual
- d. Pharmacy Manual
- e. PDR/Nursing Drug Handbook
- f. Off Hours Survey Book
- g. Master Forms (originals)
- h. Pharmacy/Physician Faxes
- i. IV Therapy Manual

### 20. EMPLOYEE INCIDENT REPORTS \_\_\_\_\_

- a. Supervisor to complete with employee
- b. Send to designated physician if in office hours unless emergent
- c. Required drug screen
- d. Contact Administrator

### 21. THERAPY PROGRAMS \_\_\_\_\_

- a. Location of therapy room
- b. Communicating physician orders to therapy

### 22. MACHINES \_\_\_\_\_

- a. Fax
- b. Copy
- c. Oxygen tanks/concentrators/liquid oxygen
- d. Suction
- e. Pulse oximeter
- f. Glucometer

### 23. PAIN MANAGEMENT \_\_\_\_\_

- a. Risk assessment
- b. Charting
- c. 0-10 scale
- d. Response to PRNs
- e. Requesting scheduled pain medication



LICENSED NURSE ORIENTATION

EMPLOYEE \_\_\_\_\_ TITLE \_\_\_\_\_  
SHIFT \_\_\_\_\_ DATE ORIENTATION LIST BEGINS \_\_\_\_\_

[This list is to be completed in addition to the Nursing Service Department Orientation]

24. MISCELLANEOUS \_\_\_\_\_

- a. Notify DON of all transports/deaths
- b. Notify DON of all resident incidents that resulted in patient transport to emergency room for evaluation/medical treatment
- c. Seal sharps container when  $\frac{3}{4}$  full and place for medical waste removal
- d. Inservice Attendance Requirement
- e. Employee Counseling
- f. Marketing: morale, leadership, inquiries, appearance
- g. Hospice
- h. Grievances

AS THE NURSE TRAINEE, I BELIEVE THAT THE ABOVE INFORMATION HAS BEEN EXPLAINED TO MY UNDERSTANDING. I ALSO UNDERSTAND THAT I AM TO CONTACT THE DIRECTOR OF NURSING SHOULD I HAVE QUESTIONS OR NEED FURTHER CLARIFICATION. I UNDERSTAND THAT FAILURE TO ADHERE TO POLICIES AND PROCEDURES OF THE FACILITY WHICH HAVE BEEN TRAINED ABOVE MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OF MY EMPLOYMENT.

NURSES SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_





## C.N.A. Orientation

EMPLOYEE \_\_\_\_\_ SHIFT \_\_\_\_\_

DATE ORIENTATION LIST BEGINS \_\_\_\_\_

[This list is to be completed in addition to the Nursing Service Department Orientation]

1. JOB DESCRIPTION \_\_\_\_\_
  - a. Copy
  - b. Review
2. GAIT BELT \_\_\_\_\_
  - a. Worn at all times
  - b. Purchase
  - c. Use when ambulating
3. ASSIGNMENTS \_\_\_\_\_
  - a. Permanent unless designated float
  - b. Teams may be changed as needed
  - c. Team leaders
  - d. Unit Control Book
  - e. Showers
  - f. Routine Vital Signs
  - g. Men/Ladies shaved daily
  - h. Denture/oral care daily
  - i. Nail care— trim/smooth with shower & prn, nurse or podiatrist  
only to care for diabetic nails
  - j. Glasses— on while awake, cleaned daily & prn
  - k. Hearing Aides place on in am/off in pm, clean prn, batteries prn,  
storage
  - l. Clothing- no tears, no stains, proper fit, appropriate to season,  
contact social services for resident needs
4. REPORTING TO NURSES \_\_\_\_\_
  - a. Intake & Output
  - b. Employee/resident/visitor incidents
  - c. Abnormal skin conditions
  - d. Change in resident condition
  - e. Shower sheets
  - f. Abnormal urine— smell, color, amount
  - g. Increase or change in behaviors
  - h. Results of laxative/suppository/enema
  - i. Coughing or choking with meals or liquids



## **Heritage Health- Normal**

### **Acknowledgement of Responsibility for Point of Care Devices**

A point of care device will be issued to each aide on every shift for the purpose of documenting in the electronic health record. The device will be assigned at the beginning of the shift and must be returned and verified by the RN on duty at the end of the shift.

By signing this form, I agree to the following:

- I am responsible for the point of care device that is issued to me.
- I will use the point of care device only in the manner it is intended.
- I will not leave the premises with the point of care device.
- I will return the point of care device at the end of each shift.
- I will be responsible for any damage done to the point of care device, excluding normal wear and tear.
- I will replace any point of care device that is lost while issued to me at my expense.
- I authorize a payroll deduction to cover the replacement cost of any point of care device issued to me that is damaged or not returned.

---

Employee Name (Please Print)

---

Signature

---

Date



## Resident Handling Policy "LIMITED LIFT"

The Resident Handling Policy exists to ensure a safe working environment for resident handlers. The policy is to be reviewed & signed by all staff that perform or may perform resident handling. This policy will be reviewed annually with changes made accordingly.

- Initial screening will be performed on all residents to assess transfer & ambulating status.
- Resident transfer status will be reviewed via care-plan time frame and on an as needed basis.
- The transfers will be designated into one of the following categories:
  - 0 = Independent
  - 1 = 1 person transfer ( $\leq$  25 lbs. of assistance from the caregiver)
  - SSS = Sit to Stand with Standard Sling
  - SSC = Sit to Stand with Carrier Sling
  - M = Mechanical Lift Transfer ("Hoyer™ type") with 2 caregivers
- Gait belt usage is mandatory for all resident handling with the exception of bed mobility & medical contraindications. The gait belt will be considered a part of the certified nursing assistant's uniform.
- Resident transfer status will be tagged in the resident's room to inform the staff of the appropriate transfer to use.
- Should a resident fall to the floor, the resident will be first be assessed by a nurse. If the resident is deemed medically appropriate to transfer from the floor, a full size mechanical ("Hoyer™ type") lift will be used. If the resident is not medically appropriate to transfer from the floor, emergency medical technicians will be notified, and said technicians will transfer the resident.
- This policy is to be followed at all times. Failure to adhere to the policy will result in disciplinary action set forth by this policy by the following criteria:
  1. The first violation will result in a verbal warning & a meeting with the charge nurse to discuss why the violation occurred.
  2. The second violation will result in a written warning with a meeting with the charge nurse & the D.O.N. to discuss the violation. This will be inserted in the employee personal file. Training will be initiated to review appropriate transfer techniques. The resident transfer status will be reviewed at this time to determine if the appropriate transfer is assigned.
  3. A third violation will result in employee suspension. Upon completion of the suspension, the employee will meet with the D.O.N. and Administrator to discuss possible termination if a fourth violation occurs.
  4. A fourth violation will result in termination.

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Director of Nursing

\_\_\_\_\_  
Date

\*\*The only exemption to this limited lift policy is when an employee is assuming the PRA or ORA duties where the resident's independence for lifting themselves is part of the therapy regiment and documented in the therapy care plan notes. Revised 11.22.2011

*It is our intention to assist the insured in its ongoing safety and health program. The policyholder and its representative maintain full responsibility for these matters and realize any suggestions from our visit were developed from the conditions, practices and unsafe acts at the time. Neither the Diamond Group nor its affiliate service providers asserts that compliance with the suggestions assure the safety and health of persons or property.*



## **JOB DESCRIPTION**

**POSITION:** Certified Nurse Aide/CNA  
**DEPARTMENT:** Nursing Services  
**DOT CODE:** 355.674-014  
**IMMEDIATE SUPERVISOR:** Director of Nursing Services/or Charge Nurse  
**STANDARD SHIFTS:** Shifts may vary by facility  
**EFFECTIVE:** September 1, 2018

### **QUALIFICATIONS:**

**LICENSE/CERTIFICATION/REGISTRATION:** Illinois law requires that all nurse aides become certified. If you are not certified, you can go to school to become certified. Heritage provides tuition assistance so that you can go to school. You will be given on-the-job training until you can get into a CNA class and successfully pass the competency test.

**CONTINUING EDUCATION:** The state requires that each nurse aide receive 12 hours of in-service each year. Heritage Health will schedule the in-services and you are required to attend to obtain your required number of hours.

**EDUCATION:** High school diploma (or equivalent) and completion of the state-approved Nurse Aide training course; or meets the State of Illinois Department of Public Health waiver standards designating him or her a qualified Nurse Aide by virtue of past training, employment history, and on the job experience. Computer literacy is a must.

**EXPERIENCE:** Prefer some previous experience in geriatric care in a nursing home or in other related health care facilities.

**ESSENTIAL JOB FUNCTIONS:** The following job functions are all essential job function as defined by the ADA.

- Responsible for understanding and consistently following the principles of the Happy to Oblige (H to O) program.
- Ambulate and transfer residents utilizing appropriate assistive devices and body mechanics.
- Routinely turn and position residents.
- Make beds every day, changing linens per facility policy and as needed.
- Measure and record residents' heights and weights.
- Take temperature, pulse, respirations, and blood pressure as directed by the nurse.
- Care for incontinent residents.
- Measure and record residents' intake and output.
- Collect sputum, urine, and stool specimens.
- Assist residents in all activities of daily living.
- Pass out trays and feed/assist residents as needed.
- Observe and document food, nourishment, and fluid intake of each resident.
- Keep assigned resident bedside area clean at all times and personal belongings in orderly arrangement.
- Assist with development and review of the resident care plans in conjunction with nursing and other disciplines.





- Ensure resident privacy, respect, and dignity.
- Assist in orientation of new nursing aides.
- Participate in in-services.
- Exhibit and perform proper hand washing techniques.
- Maintain proper infection control procedures when handling clothing and linens.
- Detect, correct, and report to the charge nurse any unsafe conditions which may result in bodily injury or fire.
- Receive oral reports and written assignments from charge nurse at beginning of each tour of duty.
- Provide maximum resident-care services to assure well-being of resident to greatest degree.
- Execute duties and responsibilities in conformance with established routine.
- Assist with the execution of resident assessment and plan of care.
- Assure physical comfort, safety, and mental well-being of residents.
- Assist in daily requirements and tasks in care and treatment of residents, such as toileting, grooming, bathing, feeding, dressing, observing intake of food, care of hair and nails, moving residents from area to area, responding to calls, etc.
- Detect and correct situations that have a probability of causing accidents or injuries to residents.
- Observe and report symptoms, reactions, and changes of residents.
- Possess knowledge of procedures and techniques.
- Understand standard techniques in personal service-care of residents.
- Be aware of sterile procedures and avoid contaminations.
- Immediately answer the nurse's call buzzer of each resident.
- Encourage and motivate residents to participate in recreational, occupational, and physical therapies and other rehabilitative measures to promote activity of mind and body.
- Foster self-respect and esteem by recognizing, accepting, and respecting those entrusted to his/her care.
- Clean used equipment and return to proper place after using, such as wash basins, bed pans, urinals, enema cans, gloves, colon tubes, and any other equipment that may be used.
- Record bowel movements and kidney output of assigned residents as directed by the charge nurse.
- Check residents frequently, and before going off duty, to be sure that they are clean and dry.

#### **PHYSICAL DEMANDS:**

- Lifts and carries light objects such as resident charts, thermometers, linen, resident care treatment items, appliances, etc., ranging from less than 10 to 25 pounds without assistance.
- Sustained physical activity throughout the work period. Performs work tasks involving pushing, pulling, bending, stooping, carrying, transferring, and lifting various weight up to 25 pounds without assistance and over 25 pounds with assistance.
- Pushes/pulls residents weighting 75-250 pounds in wheel chairs and geri-chairs on hard surfaces and carpeted floors.
- Stand or walk up to 90 percent of assigned shift to provide resident care and assistance.
- Perform tasks which require hand-eye coordination such as recording resident weights and food intake, temperature taking, adjusting bathtub temperature setting, etc.
- Reaching overhead is required to obtain linens and stock from shelves ranging from floor to 6 feet, and to remove or replace resident items on closet shelves.
- A sense of balance is required to safely transfer residents from one area to another, such as chair to bed, toilet to chair, etc.
- Able to wear gloves and other protective equipment.
- Clear speech, reading and hearing skills are required continuously to comprehend and communicate with residents and co-workers, to follow written plans of care and respond to emergency alarms.
- Requires ability to identify residents, call lights, unusual occurrences on unit, at a distance of 50 feet.



- Requires ability to read small print in typed and written materials, thermometers, observe changes in resident's condition, etc.
- Concentrates on moderate detail with some interruptions necessary to perform variety of tasks related to nursing.
- Comprehend oral and written instructions.
- Memory capable of remembering task/assignment ranging from a few hours to long periods of time.

#### **WORK ENVIRONMENT:**

- Occasional exposure to blood/body fluids as required for invasive procedures and treatments.
- Frequent exposure to microbial bacteria and other infectious agents inherent to care of ill/dying residents.
- Frequent exposure to chemical compounds of medication and treatments.
- Continuous exposure to hazardous chemicals such as disinfectants, cleansers, soap, etc. as identified by SDS manual.
- Continuous exposure to plastic and/or materials which are used for personal protective equipment.
- Occasional exposure to bodily injuries due to unpredictable behaviors of residents.
- Occasional exposure to loud and unpleasant noises due to unpredictable behaviors of residents.
- Seasonal exposure to high humidity due to resident's option to control their environment.
- Employees may also be required to wear additional items as part of their uniform (ie: gait belts).

#### **Hourly, non-exempt employees as defined by the US Department of Labor Wage and Hour Division and as designated by the company are required to abide by the following:**

- **LUNCH BREAK:** You are given a ½ hour unpaid lunch during your shift and breaks as designed by your supervisor. You are expected to take a full ½ hour uninterrupted lunch break. If you are called back on the floor for any work-related reason during your lunch, you must notify your supervisor immediately so we may compensate you for this time.
- **BAD WEATHER:** Our work goes on regardless of whether it is snowing or raining. If the weather delays you, you are asked to continue to try to report to work even if you are late. Most employees make it to work even if they are late!
- **MISSING PUNCHES:** It is your responsibility and part of your job duties to punch in/out for your scheduled shifts and for lunch breaks. It is also your responsibility to report any missed punches immediately to your supervisor or the Business Office Manager or Administrative Services Director for Evergreen Employees. These missed punches include the start of shift time, lunch periods, and end of shift time. You will be required to complete a missed punch slip and/or authorize edits to your timesheet.

#### **ACCEPTANCE STATEMENT:**

I have carefully read, understand and accept the job description, including the qualifications and requirements of the position of CERTIFIED NURSE AIDE/CNA, and if employed, I certify that I can and will perform the essential functions of the position.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date





## **JOB DESCRIPTION**

**POSITION:** Licensed Practical Nurse/LPN  
**DEPARTMENT:** Nursing Services  
**DOT CODE:** 354.374-010  
**IMMEDIATE SUPERVISOR:** Director of Nursing Services/or Assistant Director of Nursing  
**STANDARD SHIFTS:** Shifts may vary by facility  
**EFFECTIVE:** September 1, 2018

### **QUALIFICATIONS:**

**LICENSE/CERTIFICATION/REGISTRATION:** Hold a current, active license as Practical/Vocational Nurse in Illinois.

**CONTINUING EDUCATION:** As required to retain license and registration.

**EDUCATION:** Must be a graduate of an accredited school of nursing.

**EXPERIENCE:** On-the-job training as an integral part of the licensed-training program and at least one year of experience preferred in geriatric nursing either in a nursing home or a health-care related facility. Computer literacy is a must.

**ESSENTIAL JOB FUNCTIONS:** The following job functions are all essential job function as defined by the ADA.

- Responsible for understanding and consistently following the principles of the Happy to Oblige (H to O) program.
- Responsible for nursing care of assigned residents in accordance with nursing facility and nursing service policies and procedures.
- Recognize changes in conditions during his/her shift and notify the attending physician and family when resident becomes ill or is injured.
- Supervise resident-care personnel on his/her shift.
- Prepare and administer medications and treatment. Chart medications and treatments according to procedure.
- Supervise serving of diets and fluid intake.
- Ensure rehabilitative nursing procedures are performed.
- Maintain charts on his/her shift.
- Verify inventory of drugs covered by Controlled Substances Act of 1970.
- Participate in staff meetings.
- Consult with Director of Nursing and Assistant Director of Nursing when necessary.
- Assist in interpreting goals and objectives of facility for nursing service personnel.
- Supervise nurse.
- Administer parenteral, intramuscular, and sub-cutaneous injections. IV therapy as defined by IL Nurse Practice Act.



- Ensure Comprehensive Care Plan is followed.
- Assist in the development Resident Assessment and Comprehensive Care Plans.
- Personally receive or place calls to physician. Accurately transcribe physician's orders.
- Order medications.
- Be sensitive to families and respond in an appropriate professional manner.
- Admit, discharge, and transfer patients from their assigned unit.
- Complete assigned monthly summaries.
- Read the staffing schedule at beginning of shift to ensure proper personnel are working their assigned group. Report all tardiness or leaves before end of shift on daily assignment sheet.
- Assist CNA's with patient cares whenever necessary (ie. feeding, vitals, etc.)
- Maintain neat orderly work inversion.
- Report any repairs needed to Maintenance Department.
- Other duties as directed by the Director of Nursing or the Assistant Director of Nursing.

#### **PHYSICAL DEMANDS:**

- Physical activity throughout the work period. Performs work tasks involving carrying, transferring, and lifting various weight up to 25 pounds without assistance and over 25 pounds with assistance.
- Pushes/pulls medication carts requiring force of 10-30 pounds on hard surfaces and carpeted floors.
- Pushes/pulls residents weighing 75-250 pounds in wheel chairs and geri-chairs on hard surfaces and carpeted floors.
- Lifts and carries light objects such as resident charts without assistance.
- Stands and walks up to 75% of shift.
- Stoops, bends and squats as required to reach lower drawers in carts and files.
- Able to wear gloves and other protective equipment.
- Occasionally reaches overhead to obtain supplies and medications.
- Possesses skills for continuous handling, fingering and feeling required for palpation, operating and maintaining equipment, and providing medical treatments for abnormal conditions, ie: Wound care, resident care and medication administration.
- Possess necessary skills to continuously comprehend and communicate with residents and staff.
- Concentrate on moderate and/or fine detail with frequent interruptions necessary to perform a variety of functions.
- Remembers multiple messages, information and assignments from 8 hours to long periods of time given to self and others.
- Ability to read and write in English.
- Ability to remain calm under stress.
- Identifies residents, call lights, unusual occurrences on unit, at a distance of 50 feet.
- Read small print in typed and written materials, thermometers, assess changes in resident's condition, monitor equipment.

#### **WORK ENVIRONMENT:**

- Occasional exposure to blood/body fluids as required for invasive procedures and treatments.
- Frequent exposure to microbial bacteria and other infectious agents inherent to care of residents.
- Frequent exposure to chemical compounds of medication and treatments.





- Continuous exposure to hazardous chemicals such as disinfectants, cleansers, soap, etc. as identified by SDS manual.
- Continuous exposure to plastic and/or materials which are used for personal protective equipment.
- Occasional exposure to bodily injuries due to unpredictable behaviors of residents.
- Occasional exposure to loud and unpleasant noises due to unpredictable behaviors of residents.
- Seasonal exposure to high humidity due to residents' option to control their environment.
- Employees may also be required to wear additional items as part of their uniform (ie: gait belts).

**Hourly, non-exempt employees as defined by the US Department of Labor Wage and Hour Division and as designated by the company are required to abide by the following:**

- **LUNCH BREAK:** You are given a ½ hour unpaid lunch during your shift and breaks as designed by your supervisor. You are expected to take a full ½ hour uninterrupted lunch break. If you are called back on the floor for any work-related reason during your lunch, you must notify your supervisor immediately so we may compensate you for this time.
- **BAD WEATHER:** Our work goes on regardless of whether it is snowing or raining. If the weather delays you, you are asked to continue to try to report to work even if you are late. Most employees make it to work even if they are late!
- **MISSING PUNCHES:** It is your responsibility and part of your job duties to punch in/out for your scheduled shifts and for lunch breaks. It is also your responsibility to report any missed punches immediately to your supervisor or the Business Office Manager or Administrative Services Director for Evergreen Employees. These missed punches include the start of shift time, lunch periods, and end of shift time. You will be required to complete a missed punch slip and/or authorize edits to your timesheet.

**ACCEPTANCE STATEMENT:**

I have carefully read, understand and accept the job description, including the qualifications and requirements of the position of STAFF LICENSED PRACTICAL NURSE/LPN, and if employed, I certify that I can and will perform the essential functions of the position.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date





## **JOB DESCRIPTION**

**POSITION:** Registered Nurse/RN  
**DEPARTMENT:** Nursing Services  
**DOT CODE:** 075.364-010  
**IMMEDIATE SUPERVISOR:** Director of Nursing Services/or Charge Nurse  
**STANDARD SHIFTS:** Shifts may vary by facility  
**EFFECTIVE:** September 1, 2018

### **QUALIFICATIONS:**

**LICENSE/CERTIFICATION/REGISTRATION:** Hold a current, active license as a registered nurse in Illinois.

**CONTINUING EDUCATION:** As required to retain license and registration.

**EDUCATION:** Must be a graduate of an accredited school of nursing.

**EXPERIENCE:** Preferred at least six months as a registered nurse in a long-term care facility. Computer literacy is a must.

**ESSENTIAL JOB FUNCTIONS:** The following job functions are all essential job function as defined by the ADAAA.

- Responsible for understanding and consistently following the principles of the Happy to Oblige (H to O) program.
- Responsible for nursing care of assigned residents.
- Recognize changes in conditions during his/her shift.
- Supervise resident-care personnel on his/her shift.
- Prepare and administer medications and treatment.
- Chart medications and treatments according to procedure.
- Supervise serving of diets and fluid intake.
- Ensure rehabilitative nursing procedures are performed.
- Maintain charts on his/her shift.
- Verify inventory of drugs covered by Controlled Substances Act of 1970.
- Participate in staff meetings.
- Consult with supervisor and director of nursing when necessary.
- Assist in interpreting goals and objectives of facility for nursing service personnel.
- Administer parenteral, intramuscular, and sub-cutaneous injections and TV therapy.
- Ensure individual Resident Assessment and Comprehensive Care Plan is followed.
- Transcribe physician's orders. Personally receive or place calls to physician. Order medications.
- Assist in writing and updating Resident Assessment and Comprehensive Care Plans as resident's condition changes, assisted by nursing director, activities director, and food service supervisor.
- Be sensitive to families and respond in an appropriate professional manner.
- Other duties as directed by the Director of Nursing or the Assistant Director of Nursing.



## **PHYSICAL DEMANDS:**

- Physical activity throughout the work period. Performs work tasks involving carrying, transferring, and lifting various weight up to 25 pounds without assistance and over 25 pounds with assistance.
- Pushes/pulls medication carts requiring force of 10-30 pounds on hard surfaces and carpeted floors.
- Pushes/pulls residents weighting 75-250 pounds in wheel chairs and geri-chairs on hard surfaces and carpeted floors.
- Lifts and carries light objects such as resident charts without assistance.
- Stands and walks up to 75% of shift.
- Stoops, bends and squats as required to reach lower drawers in carts and file.
- Able to wear gloves and other protective equipment.
- Occasionally reaches overhead to obtain supplies and medications.
- Possesses skills for continuous handling, fingering and feeling required for palpation, operating and maintaining equipment, and providing medical treatments for abnormal conditions, ie: Wound care, resident care and medication administration.
- Possess necessary skills to continuously comprehend and communicate with residents and staff.
- Concentrate on moderate and/or fine detail with frequent interruptions necessary to perform a variety of functions.
- Remembers multiple messages, information and assignments from 8 hours to long periods of time given to self and others.
- Ability to read and write in English.
- Ability to remain calm under stress.
- Identifies residents, call lights, unusual occurrences on unit, at a distance of 50 feet.
- Read small print in typed and written materials, thermometers, assess changes in resident's condition, monitor equipment.

## **WORK ENVIRONMENT:**

- Occasional exposure to blood/body fluids as required for invasive procedures and treatments.
- Frequent exposure to microbial bacteria and other infectious agents inherent to care of residents.
- Frequent exposure to chemical compounds of medication and treatments.
- Continuous exposure to hazardous chemicals such as disinfectants, cleansers, soap, etc. as identified by SDS manual.
- Continuous exposure to plastic and/or materials which are used for personal protective equipment.
- Occasional exposure to bodily injuries due to unpredictable behaviors of residents. Occasional exposure to loud and unpleasant noises due to unpredictable behaviors of residents.
- Seasonal exposure to high humidity due to resident's option to control their environment.
- Employees may also be required to wear additional items as part of their uniform (ie: gait belts).



**Hourly, non-exempt employees as defined by the US Department of Labor Wage and Hour Division and as designated by the company are required to abide by the following:**

- **LUNCH BREAK:** You are given a ½ hour unpaid lunch during your shift and breaks as designed by your supervisor. You are expected to take a full ½ hour uninterrupted lunch break. If you are called back on the floor for any work-related reason during your lunch, you must notify your supervisor immediately so we may compensate you for this time.
- **BAD WEATHER:** Our work goes on regardless of whether it is snowing or raining. If the weather delays you, you are asked to continue to try to report to work even if you are late. Most employees make it to work even if they are late!
- **MISSING PUNCHES:** It is your responsibility and part of your job duties to punch in/out for your scheduled shifts and for lunch breaks. It is also your responsibility to report any missed punches immediately to your supervisor or the Business Office Manager or Administrative Services Coordinator for Evergreen Employees. These missed punches include the start of shift time, lunch periods, and end of shift time. You will be required to complete a missed punch slip and/or authorize edits to your timesheet.

**ACCEPTANCE STATEMENT:**

I have carefully read, understand and accept the job description, including the qualifications and requirements of the position of REGISTERED NURSE/RN, and if employed, I certify that I can and will perform the essential functions of the position.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

