


# Homewatch CareGivers
# New Hire Training

APRIL 2019: REV 1.0

# New Caregiver Checklist

| | |
|---|---|
| Applicant Authorization to Release Records | Completed: _____ |
| Applicant Assessment Test | Completed: _____ |
| Car Insurance (Valid & Photocopied) | Completed: _____ |
| Drivers' License (Valid & Photocopied) | Completed: _____ |
| Drug Screen | Completed: _____ |
| Employee Policy Manual & Caregiver Policy Handbook | Completed: _____ |
| Employment Eligibility Verification (I9) | Completed: _____ |
| Genius Scan App Downloaded | Completed: _____ |
| Illinois Dept. of Public Health (Health Care Background Check) | Completed: _____ |
| Kantime Private Duty App Downloaded | Completed: _____ |
| PAYCHEX – Direct Deposit/Access Card Authorization | Completed: _____ |
| Social Security / Work Permit | Completed: _____ |
| Timekeeping & Pay Rate Acknowledgment Form | Completed: _____ |
| W-4 (Illinois Withholding Allowance Worksheet – 2 sheets) | Completed: _____ |

All the above items must be completed prior to the end of training.

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# SECTION 1: OVERVIEW AND OBJECTIVES

## 1A. Homewatch CareGivers Organization

Homewatch CareGivers Northshore is a professional home care agency dedicated to providing comprehensive in-home care services focusing on seniors, including Alzheimer's and dementia care.

- We offer care ranging from hourly to 24-hour live-in care to the Chicago area and North Shore suburbs, including Cook County and Lake County
- We strive to maintain our clients' independence, dignity, and self-esteem, while supplying them with the support and care they need
- With more than 35 years of in-home care experience, our compassionate team of in-home caregivers are ready to ensure continued safety and security of seniors at home
- We pride ourselves on maintaining close ties to our clients and the community. By keeping a local focus, Homewatch CareGivers provides home care services with a caring and personalized approach that makes us stand out from other elder care providers.

## 1B. Management Philosophy

To provide our clients with quality service they deserve while providing employees with satisfying and meaningful work.

### Vision

The vision of Homewatch CareGivers is to be recognized as the premier provider of home care services worldwide.

### Mission

The mission of Homewatch CareGivers is to preserve dignity, protect independence, and provide peace of mind for our clients and their loved ones by providing exceptional home care.

### Values

We exemplify integrity, compassion, and a commitment to delivering the highest quality service.

## 1C. Learning Objectives

During this training, we will achieve the following learning objectives:

- Understand and fulfill the overall company philosophy, mission, values and way in which we provide the best possible care to our clients
- Understand the services provided by Homewatch CareGivers and the ways in which caregivers deliver those important support services
- Learn the process and procedures set in place to complete paperwork accurately and in a timely manner
- Recognize and effectively use the tools and resources necessary to perform your job
- Know the resources and methods of communicating affectively with the Homewatch CareGivers office regarding clients, as well as keeping personal information up-to-date

## 1D. Office Support Resources

**Administrator/Managing Director**:
Mitch Abrams
(847) 480-5700

- New Client Intake Assessment

**Acting Administrator:**
Betty Wilfong
(847) 480-5700 (Ext. 22)
betty@thehomecarespot.com

- Caregiver Management
- Scheduling Management
- On-Call

**Financial Operation Manager:**
Kathy Nichols
(847) 480-5700 (Ext. 25)
billing@thehomecarespot.com

- Billing and Payroll
- Insurance Submission
- Daily Activity Log Management

**Recruiting Specialist:**
Liz Jaiyeoba
(847) 480-5700 (Ext. 28)
staffing@TheHomeCareSpot.com

- On-boarding New Caregiver Hires
- Job Fairs
- Caregiver Paperwork/Files

**Case Manager:**
(847) 480-5700 (Ext. 27)
CaseMgr@TheHomeCareSpot.com

- Quarterly QA Visits
- New Client Start up Process
- Client Issue Resolution

**Director of Client Services:**
Leslie Cano
(847) 480-5700 (Ext. 26)
Leslie@TheHomeCareSpot.com

- Scheduling Management
- On-Call
- New Client Intake Calls

**Client Services Manager:**
Lea Keilwitz
(847) 480-5700 (Ext. 24)
ClientSvc@TheHomeCareSpot.com

- Scheduling Management
- On-Call

**Client Services Manager:**
Chris Prelletz
(847) 480-5700 (Ext. 27)
ClientSvc2@TheHomeCareSpot.com

- Scheduling Management
- On-Call

## 1E. Caregiver Job Description

Caregivers provide services to the agency's home care clients following the written Plan of Care as established by the Homewatch CareGivers representative, the client, and the client's family/representative. Services the caregiver may be expected to perform include:

- Comprehensive Personal Care
- Quality of Life Care or Companion Care
- Surgical Recovery Support
- Respite Care
- Hospice Care
- Elderly Transportation Services

Since the caregivers see the client on a regular basis, the caregiver is in the position to notice changes in the senior's health, activity level, and mental state. The caregiver is responsible for reporting these observations to the office in a timely manner so that family members can be notified, and appropriate actions can be taken to keep the client safe.

## 1F. Code of Ethics and Professional Responsibility

As a representative of Homewatch CareGivers, I agree to conduct myself according to the following principles:

1. My priority is the client and their family.
2. I will present our services in a truthful and honest manner, treating clients as if they were members of my own family.
3. I will acknowledge the importance of the client, their family, or their advocate in the development of the customized Plan of Care.
4. I will, to the best of my ability, meet the needs of the client, as they define them, by listening and responding appropriately.
5. I will keep all client information strictly confidential in accordance with HIPAA Regulations (Health Insurance Portability and Accountability Act of 1996).
6. I will care for clients with respect and dignity because I know my actions will have a positive impact, helping them stay in their homes.
7. I will report any signs of neglect or abuse to my supervisor immediately.
8. I will conduct myself with the highest standards of integrity, compassion and responsibility because I know my actions have far-reaching effects on Homewatch CareGivers.
9. I will make the "Golden Rule" my daily priority – treating others as I would have them treat me.
10. I will be courteous and prompt in handling all questions and complaints, following Homewatch CareGivers policies and procedures.
11. I will maintain my competency with continued education, improving my skills, knowledge, commitment, and attitude, to provide the best possible care.

## 1G. Homewatch Services



Homewatch CareGivers®

*Let our family care for yours.*™

**Homewatch CareGivers Northshore** provides Home Health Services, personal care and homemakers support for people of all ages who are recovering, rehabilitating and recuperating in their residences or at a facility. General services include the following:

### PERSONAL CARE

- Bathing and Grooming Assistance
- Blood Pressure Monitoring
- Bowel & Bladder Management
- Care Management
- Catheter Care
- Dressing
- Denture Care
- Feeding & Feeding Tubes
- Finger & Nail Care
- G-Tube & Hoyer Lift
- Medication Reminders
- Mobility Assistance & Transfers
- Monitoring Oxygen
- Oral Care
- Range of Motion Exercises
- Taking Vital Signs
- Transfers
- Toileting
- Shaving
- Walker Assistance
- Wound Care

### ELDERLY TRANSPORTATION SERVICES

- Doctor's Appointments
- Hair Salon
- Hospital Discharge Assistance
- Pick Up Prescriptions & Groceries
- Restaurants
- Shopping
- Visit with Friends

### COMPANION CARE

- Ambulation Supervision
- Change Bed Linens
- Dressing Assistance
- Home Safety & Housekeeping
- Meal Preparation
- Medication Reminders
- Menu Planning
- Respite Care
- Shopping & Transportation
- Wheelchair & Walker Support

Caregiver services are flexible and are based on the needs of each individual client. To support this diversity in skills, we offer our caregivers monthly training and on-going educational courses. Caregivers who have achieved expertise in highly specialized areas of care are able to service clients in these and other areas:

### CHRONIC CARE

- ALS
- Alzheimer's / Dementia
- Diabetes
- Heart Disease
- Muscular Dystrophy
- Multiple Sclerosis
- Parkinson's
- Stroke

### AFTER CARE

- Cancer Treatment
- Heart Surgery
- Gastro Reduction
- Joint Replacement Surgery
- Orthopedic Surgery
- Plastic Surgery
- Transplantation

# SECTION 2: COMMUNICATIONS

## 2A. Homewatch CareGivers Contact Information

900 Skokie Blvd, Suite 126, Northbrook, IL 60062
Office Phone Number: (847) 480-5700
Office Fax Number: (847) 480-5720

## 2B. Office Hours

Monday through Friday 7:30 AM to 6:00 PM

## 2C. After Hours Procedure

If you are calling after office hours or on the weekend, the office phone is forwarded to the staff member on call. **Always call the Homewatch office at (847) 480-5700.** Leave a message if you do not get an answer. If you do not get a return call within 15 minutes, call the office number again.

Please do not use the personal cell phone numbers of the office staff unless you are specifically directed to do so.

## 2D. Communication Procedures

Call the office if:

- You are going to be late to the client.
- There is a change in the client's schedule, whether at their request or because you need to change a day. Inform the office about the change when it occurs so that the schedule can be adjusted on our system and so can check in and out of your shift.
- You are unable to make your shift. When you call off, another caregiver must be called to take care of your client. Give as much advance notice as you can!
- There is a problem with your client. Whenever a client falls, needs 911, has any issue that affects their health or safety, you need to notify the office immediately. Even if the client's family member is there, the office needs to be informed.
- We do not encourage caregivers to give their cell phone number to the client, as sometimes clients will call inappropriately. If a client has a message for a caregiver, they should call the office and we will call the caregiver.
- Caregivers who call the office regularly to update their availability and inquire about open shifts will be given priority for assignments.

Important Reminders:

- Remember to call the office if your phone number changes or if you have a problem with your phone. Provide an alternate method of reaching you, if possible.
- Set up and/or empty your voicemail boxes. If we cannot leave messages for you then you will not get assignments and important schedule changes!
- Return calls from the office promptly. It is helpful to listen to messages before returning office calls, so you know who called you.

## 2E. Texting

- The Homewatch office number (847) 480-5700 is a landline and therefore cannot receive texts.
- In emergencies the Homewatch staff may use their personal cellphone to contact a caregiver. Do not text those numbers to communicate with the office.
- Caregivers are required to always contact the office by phone using 847-480-5700.

## 2F. Email Contact

There are 2 emails for the Homewatch Caregivers office:

- Caring@TheHomeCareSpot.com: All email communication with the office, except for Daily Activity Logs goes, to this email. Do not send emails to individual office personnel as those emails may not be read in a timely fashion.
- Do not email office if you are not able to make it for a shift. You must call the office at (847) 480-5700 if you are going to be absent.
- Billing@TheHomeCareSpot.com: This email is used exclusively to send in the Daily Activity Logs (see section 4H)
- Whenever a caregiver is given an assignment, 2 emails will be sent out:
    1. Client Plan of Care
    2. Work Schedule
- If you do not receive these emails within a few hours of accepting an assignment, call the office to report you have not received the information so it can be resent.
- Upon receiving the assignment information, the caregiver must respond either by email or phone call confirming the case is accepted.

## 2G. Change of Personal Information

If your personal information: phone number, address, email, bank information changes, notify the office immediately.

## 2H. Clocking In and Clocking Out of a Shift

When you arrive and leave your assignment you must clock in and clock out of your shift using the client's home phone.

**Call: (877) 894-0237**

**Your ID # _____**

**Follow prompts to clock in and clock out.**

All clock in and clock out times must be recorded either by using the client's home telephone or the KanTime app (see section 6D). Failure to clock in and/or out of the shift which requires the office to call for the time will result in a fine of 1 hour's pay.

If client's home phone is not available to use to clock in or clock out:

- Use KanTime App to clock in or clock out(see section 6D)
- Call office at (847) 480-5700 to be manually clocked in or clocked out. Caregivers must provide a reason why the clients phone is not available for use.

Caregivers may not use their cell phones to call (877) 894-0237 to clock in and clock out

Grace Periods:

- 15 minutes before the start of a shift—KanTime will not allow clock ins more than 15 minutes before a shift. If you arrive at the clients early, call the office to be clock in.
- KanTime will allow clock outs up to 2 hours after the end of the shift. The office must be informed to approve the extra time.

Enter Mileage When Clocking Out:

- System will ask if you have mileage after you have clocked out
- Mileage will not be paid if it's only written on the Daily Activity Log. Mileage must be entered into the telephone system
- Round mileage to nearest whole number
- Mileage is paid at $0.55 per mile
- If you forget to enter mileage or enter it wrong, call office to make the correction

Call Office if:

- You will be more than 5 minutes late
- If you receive an error message or you are asked to clock in as a sub when clocking in
- If client's home phone is not available to use and you do not have the KanTime App

# SECTION 3: FINANCIAL INFORMATION

## 3A. Payroll Process

The pay period is calculated every 2 weeks from Monday to Sunday. Caregivers are paid by direct deposit to a bank account every other Thursday. If the caregiver does not provide information for direct deposit, a paper check will be mailed by the following Tuesday after payroll, unless the caregiver informs the office to hold the check for pick-up.

Homewatch CareGivers offers caregivers the opportunity to open a checking account with PNC Bank and receive special benefits. If you are interested in a free checking account, you can speak to the PNC representative.

Caregivers who do not submit the client's Daily Activity Log on time or properly completed may have their direct deposit cancelled and could be required to come to the office to turn in missing paperwork before receiving their check.

Homewatch CareGivers does not provide pay advances on unearned wages to employees.

## 3B. Payroll Calendar

| If you work between | and | You will get your direct deposit on |
|---|---|---|
| 12/17/18 | 12/30/18 | 1/3/19 |
| 12/31/18 | 1/13/19 | 1/17/19 |
| 1/14/19 | 1/27/19 | 1/31/19 |
| 1/28/19 | 2/10/19 | 2/14/19 |
| 2/11/19 | 2/24/19 | 2/28/19 |
| 2/25/19 | 3/10/19 | 3/14/19 |
| 3/11/19 | 3/24/19 | 3/28/19 |
| 3/25/19 | 4/7/19 | 4/11/19 |
| 4/8/19 | 4/21/19 | 4/25/19 |
| 4/22/19 | 5/5/19 | 5/9/19 |
| 5/6/19 | 5/19/19 | 5/23/19 |
| 5/20/19 | 6/2/19 | 6/6/19 |
| 6/3/19 | 6/16/19 | 6/20/19 |
| 6/17/19 | 6/30/19 | 7/3/19 |
| 7/1/19 | 7/14/19 | 7/18/19 |
| 7/15/19 | 7/28/19 | 8/1/19 |
| 7/29/19 | 8/11/19 | 8/15/19 |
| 8/12/19 | 8/25/19 | 8/29/19 |
| 8/26/19 | 9/8/19 | 9/12/19 |
| 9/9/19 | 9/22/19 | 9/26/19 |
| 9/23/19 | 10/6/19 | 10/10/19 |
| 10/7/19 | 10/20/19 | 10/24/19 |
| 10/21/19 | 11/3/19 | 11/7/19 |
| 11/4/19 | 11/17/19 | 11/21/19 |
| 11/18/19 | 12/1/19 | 12/5/19 |
| 12/2/19 | 12/15/19 | 12/19/19 |
| 12/16/19 | 12/29/19 | 1/2/20 |

### 3C. ACA Insurance

Full-time employee - averaging 130 hours per month or 30 hours per week - are eligible for company-provided health insurance under the Affordable Care Act. You must have worked 90 days to qualify. When you are eligible, the office will contact you with details.



### 3D. AFLAC Insurance

All employees are eligible to sign up for supplemental insurance from AFLAC. The 4 policies offered are:

1. Accident (both on and off work)
2. Payment while hospitalized (This is not paid to the hospital, the payment is made directly to the insured)
3. Cancer Coverage
4. Short-Term Disability

The cost for each policy individually is approximately $6 per week. Spouses and children can be enrolled at additional cost for the first 3 policies.

For additional information and to enroll, please complete the Aflac Attendance Form (See section 12A) and an Aflac representative will contact you.



# SECTION 4: CLIENT ASSIGNMENTS:

## 4A. Permanent Client Assignment

It is our goal for each caregiver to have a permanent assignment with one (or more) clients. However, frequently a new hire will be asked to take some emergency fill-in shifts until they are matched with their permanent client(s.)

- Factors considered when assigning a caregiver to a client:
    - Location of client and caregiver
    - Caregiver's given availability compared to client's requested schedule
    - Caregiver's level of experience compared to client's level of need
- Office staff will make calls to caregivers who fit the criteria the best:
    - If you receive a call regarding a new assignment, call the office back immediately
    - Assignments are given on a first come, first serve basis

## 4B. Client Plan of Care

Prior to being accepted as a Homewatch CareGivers client, someone from the management team meets with the client and any other parties involved in establishing care, such as family members or social workers. The management team completes an extensive questionnaire in order to develop a plan of care that will inform the caregiver about the client needs and requirements.

Whenever a caregiver is given an assignment, they will be emailed the client's plan of care. The caregiver should read it over in advance and call the office if they have any questions about the plan of care.

**Plan of Care Details:**

- Client Demographic Info: basic information such as name, address, age, height, weight
- Emergency Contacts: may be multiple names
- Client Conditions: Medically diagnosed conditions. Occasionally a client does not have a specific diagnosis, and this will be blank
- Client Physician List: Primary doctor plus specialists if available
- Plan of Care Descriptive items: These are the most important highlights about the client, including what they/the family consider to be the most important things they need
    - Medications/Allergies—in addition to information about allergies, whenever possible this will show who is responsible for filling the client's medication box (Caregivers are NOT allowed to fill medication boxes—they can only dispense the medications from the pre-filled containers at the appropriate times.)
    - Directions to Home—ALWAYS check for specific instructions on parking, door codes, location of key, etc.
- Duties: This is the checklist of support that should be provided by the caregiver when working with client. All items listed are part of the client's care.
- Care Plan Notes: Additional care instructions usually provided by the caregiver to the office after establishing a routine with the client. This information will include where the Blue Client Folder (see section 4D) is kept, details of routine appointments, and details on the daily or weekly routine.

**Sample of Current Plan of Care (page 1 of 2):**

**Homewatch CareGivers - NorthShore**
900 Skokie Blvd, Suite 126 , Northbrook, IL 60062
Phone: (847) 480-5700

**Plan of Care**

**Date Printed: 3/6/2019**

**Valid From: 08/21/2014 To:**

***Client: Doe, Jane (1269)***

| | | | |
|---|---|---|---|
| **Name:** | Doe, Jane (1269) | **Care Start Date:** | 04/08/2013 |
| **Address:** | 900 Skokie Bld | **Location:** | |
| | | **Gender:** | Female |
| **City:** | Northbrook | **Birthday:** | 12/31/1930 |
| **State:** | IL **Zip:** 60062 | **Age:** | 88 |
| **Home Phone:** | (847) 480-5700 | **Live Alone:** | No |
| **Cell:** | | **Height:** | 5'2 |
| **Work Phone:** | | **Weight:** | 110 |
| **Recent fall:** | No | **Language:** | |
| **Need ADLs Help:** | Yes | **Religion:** | |
| **Address Notes:** | | | |

***Emergency Contacts***

| Name | Relation | Home Phone | Cell Phone | WorkPhone |
|---|---|---|---|---|
| Doe, Mary | daughter | | (123) 456-7890 | |

***Client Condition***

- Alzheimer's/Dementia
- Diabetes
- Lung disease, COPD

***Client Physician List***

| Physician | Phone | Name Of Practice | Hospital | Pharmacy |
|---|---|---|---|---|
| Dr. White | | 123 10th St. Chicago | | CVS Foster and Milwaukee |

* Indicates Primary Physician

***Plan Of Care Descriptive Items***

**Primary Diagnosis & Comments:**
Alzheimers; physical weakness due to COPD

**Primary Needs:**
ADLS; prompting for activities; FALL RISK; be sure she drinks water throughout day; engage in activities so she doesn't just watch TV
Record sugar level before breakfast--report if over 120

**Mental Status:**
Alzheimers

**Medications/Allergies:**
med box filled by visiting nurse

**Special Equipment:**
oxygen

**Directions to Home:**
Park in the driveway on the right side

***Duties***

- ☑ Northshore Master Plan-DO ALL ITEMS LISTED
  - ☑ Ambulation/Transferring
    - ☑ Client Uses:
      - ☑ Walker
    - ☑ FALL RISK
    - ☑ Encourage Movement/Walking
    - ☑ Standby Assist Assist
    - ☑ Transfer Assist

Page 1 of 2

**Sample of Current Plan of Care (page 2 of 2):**

***Client: Doe, Jane (1269)***

- ☑ Bathing and Grooming
  - ☑ Bathing Assistance
    - ☑ Shower Notes: twice weekly
  - ☑ Apply Lotion
  - ☑ Dressing/Undressing Assistance
  - ☑ Hair Care
    - ☑ Brush/Comb
    - ☑ Shampoo
  - ☑ Nail Care--NO CUTTING
  - ☑ Oral Care
    - ☑ Denture Care
  - ☑ Skin Observation
- ☑ Cognitive Status
  - ☑ Cognitive Issues Diagnosed Notes: Alzheimers
- ☑ Companionship
- ☑ Housekeeping
  - ☑ Change Bed
  - ☑ Clean Bathroom
  - ☑ Dishes
  - ☑ Dust
  - ☑ Kitchen Cleanup
  - ☑ Laundry
  - ☑ Mop Floor
  - ☑ Vacuum
- ☑ Meals
  - ☑ Restricted Diet Notes: diabetic
  - ☑ Meal Preparation/Cleanup
- ☑ Medication Reminders
  - ☑ Time #1 Notes: 9 am
  - ☑ Time #2 Notes: 9 pm
- ☑ Toileting
  - ☑ Assist with Toileting
  - ☑ Assist with Disposable Undergarments
- ☑ Transportation
  - ☑ Client not allowed to drive
  - ☑ Transportation to following:
    - ☑ Doctor Appointments
    - ☑ Errands
      - ☑ With Client
      - ☑ Without Client
    - ☑ Grocery Shopping
  - ☑ Caregiver Needs to Drive
  - ☑ Caregiver Needs Car
- ☑ Emergency Instructions
  - ☑ Client does NOT want CPR
  - ☑ Client has Advance Directive
    - ☑ Location of Advance Directive Notes: desk in living room, top drawer

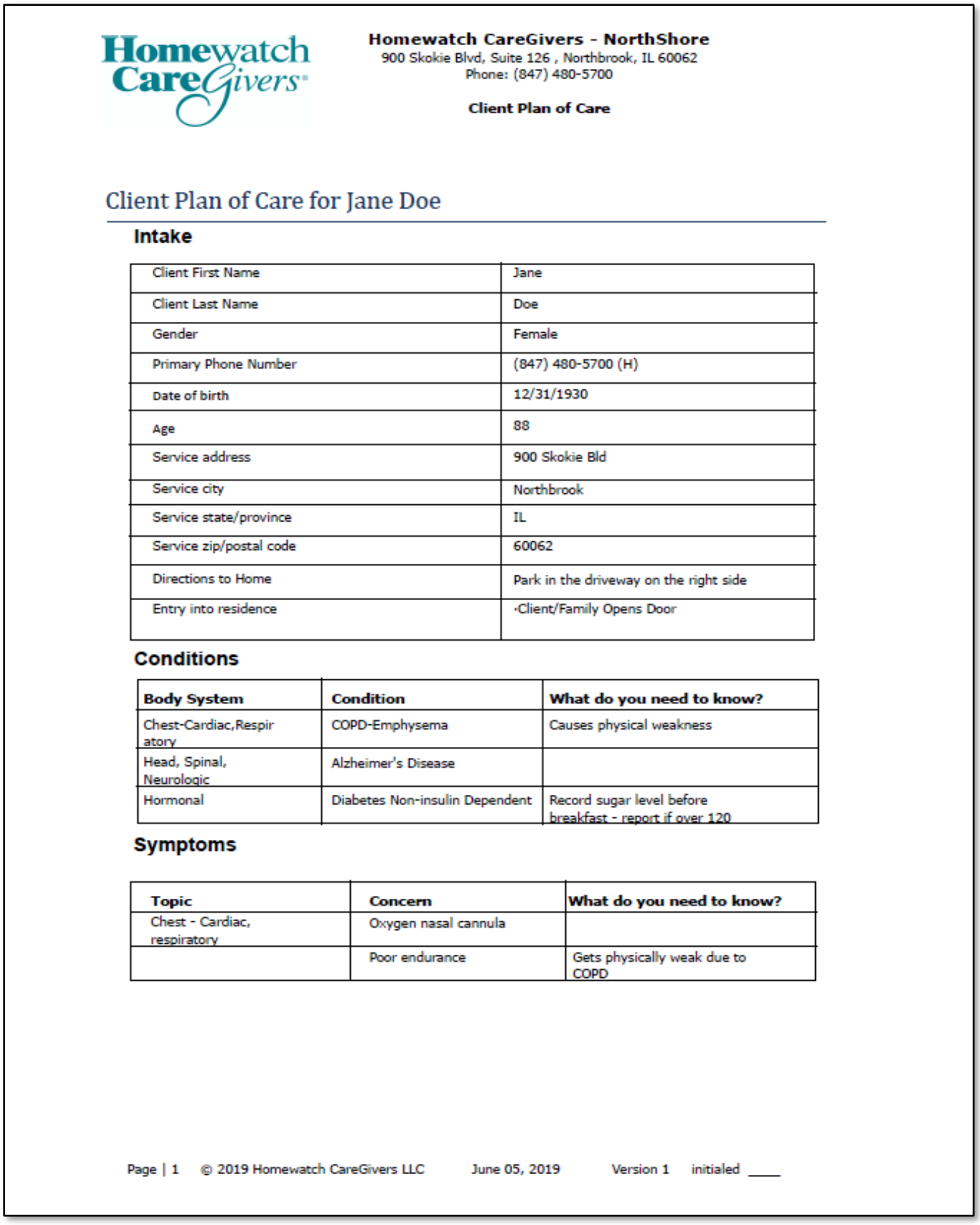
**Care Plan Notes:**

Blue folder on dining room table
Daughter gets groceries--keep a running list for her to pick up on weekends
Beauty Shop every other Thursday afternoon--caregiver should make next appointment while there
Mimi's Salon 847 10th St Chicago 60653 224-333-5679

Client does best with routine:
Breakfast 8-9 am
Shower Tu & Fr after Breakfast, sponge bath other days
Lunch 12-1 try to work fruits/veggies in every day
Watches game shows in afternoon

Page 2 of 2

**Sample of New Plan of Care (page 1 of 3):**



Homewatch CareGivers

**Homewatch CareGivers - NorthShore**
900 Skokie Blvd, Suite 126 , Northbrook, IL 60062
Phone: (847) 480-5700

**Client Plan of Care**

## Client Plan of Care for Jane Doe

### Intake

| | |
|---|---|
| Client First Name | Jane |
| Client Last Name | Doe |
| Gender | Female |
| Primary Phone Number | (847) 480-5700 (H) |
| Date of birth | 12/31/1930 |
| Age | 88 |
| Service address | 900 Skokie Bld |
| Service city | Northbrook |
| Service state/province | IL |
| Service zip/postal code | 60062 |
| Directions to Home | Park in the driveway on the right side |
| Entry into residence | ·Client/Family Opens Door |

### Conditions

| Body System | Condition | What do you need to know? |
|---|---|---|
| Chest-Cardiac,Respiratory | COPD-Emphysema | Causes physical weakness |
| Head, Spinal, Neurologic | Alzheimer's Disease | |
| Hormonal | Diabetes Non-insulin Dependent | Record sugar level before breakfast - report if over 120 |

### Symptoms

| Topic | Concern | What do you need to know? |
|---|---|---|
| Chest - Cardiac, respiratory | Oxygen nasal cannula | |
| | Poor endurance | Gets physically weak due to COPD |

Page | 1 © 2019 Homewatch CareGivers LLC June 05, 2019 Version 1 initialed ____

**Sample of New Plan of Care (page 2 of 3):**

## Client Plan of Care for Jane Doe

### Social History

| Topic | Selection | What do you need to know? |
|---|---|---|
| Expectations from Homecare | | Blue Folder on dining room table<br><br>HOUSEKEEPING: Assist with all housekeeping chores as needed daily<br><br>TRANSPORTATION: CG needs to drive, CG needs to have car<br>Client goes to Beauty shop every other Thursday afternoon - caregiver should make next appointment while there Mimi's Salon (8474 10th St, Chicago, IL 60653 224.333.5679)<br><br>Daughter gets groceries - keep a running list for her to pick up on weekends<br><br>Engage client in activities so she doesn't just watch TV |
| Hobbies/Interests | Activities/Topics Client Enjoys | Beauty shop every other Thursday |
| | TV | Game shows |
| Does your faith impact our care for you? | No | |
| Pets | No | |
| Valid Advanced Directive, Do not Resuscitate or Living Will | Yes | Client does NOT want CPR - Advance Directives in desk in living room, top drawer |

### Fall Risk

| | |
|---|---|
| The client's fall risk has been evaluated based on the scale 0 is no risk and 13 is the highest risk | Our client scored 8 out of a possible 13 |
| Summary of actions for caregivers from Fallrisk. | Standby assist - gets physically weak at times, encourage walking; hands on transfer assist, especially during showers |

### Pain

| | |
|---|---|
| Rate your level of pain - 0 is no pain and 10 is the worst imaginable | 8 |

### Nutrition

| Topic | Selection | What do you need to know? |
|---|---|---|
| Dietary Considerations | Low Concentrated Sugar | Diabetic diet |
| | Other | Try to work in fruits/veggies into meals every day<br><br>Breakfast 8-9am<br>Lunch 12-1pm |
| Hydration considerations | Fluid requirements | Be sure client drinks water throughout the day |

**Sample of New Plan of Care (page 3 of 3):**

## Client Plan of Care for Jane Doe

### Supportive/Assistive Devices

| Device Name | What do you need to know? |
|---|---|
| Dentures | |
| Diapers/Briefs | |
| Oxygen | |
| Walker | |

### ADL-IADL

| Topic | Description |
|---|---|
| **ADL** | |
| Ambulation | Ambulates with assistance, e.g. another person, wheelchair |
| Bathing | Washes face and hands only, but can't bathe rest of body |
| Dressing | Needs moderate assistance in dressing or selection of clothes |
| Eating | Eats with minor assitance at meal times and/or with special prep of food or help in cleaning up |
| Grooming | Needs moderate and regular assistance or supervision |
| Toilet | Needs to be reminded or needs help in cleaning self or has rare (weekly at most) accidents |
| **IADL** | |
| Finance | This function cannot be assessed because it is being managed by someone else |
| Food Preparation | Needs to have meals prepared and served |
| Housekeeping | Needs help with all home maintenance tasks |
| Laundry | All laundry done by others |
| Medications | Takes responsibility if medication is prepared in advance in separate dosages |
| Shopping | Needs to be accompanied on shopping trips |
| Telephone/Cell | Answers telephone but doesn't call out |
| Transportation | Travels on public transportation when arranged or accompanied by another |
| ADL-IADL Score | 20 |

### Goals and Observations

| Topic | Selection |
|---|---|
| Other Observations | BATHING: shower 2x/week - Tues and Fri after breakfast, sponge bath other days. Hands-on assist with transfers, assist with dressing, apply lotion, hair, nail and oral care, assist with toileting as needed - changing disposable undergarments<br>MEDS: medication reminders 9am and 9pm; med box filled by visiting nurse |

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## 4C. First Day on the Job

The first impression you make when meeting the client for the first time is critical. Be early - not just on time. Leave your house earlier than what your GPS says to allow for unexpected traffic and parking problems. Being late the very first day with a new client sets up a negative cycle that will make it harder for the client to accept you!

- Dress professionally:
    - Scrubs are always appropriate
    - Khakis or colored denim, no blue jeans unless solid dark denim
    - Leggings must be paired with a hip-length top
    - Plain t-shirts, no logos
    - No cleavage, no tight shirts, no tank tops, no shorts, no workout clothes
    - No sandals, flip-flops, or open-toe shoes
    - Cover tattoos as much as possible
    - Fingernails must be trimmed, and hair should be secured
- Smile and be prepared to answer client questions about your background.
    - When a client says 'Tell me about yourself' they are not asking for information about your personal life, even though it may sound like that. The client is asking what experience you have working with seniors, particularly with issues like their own.
    - 'I have been a CNA. for 4 years and have worked with Parkinson's and stroke patients,'
    - 'I am new to professional caregiving, but I helped my grandparents with bathing, dressing, and making meals.
    - Kinds response will reassure the client.
- Know the client's care plan and be prepared to offer to perform one of the tasks right away: 'I see I will be helping with your laundry. Would you like me to start that now?'
- Speak clearly
- Always wear your ID badge
- Whenever possible, the case manager will meet the caregiver at the front door when a new case is starting.

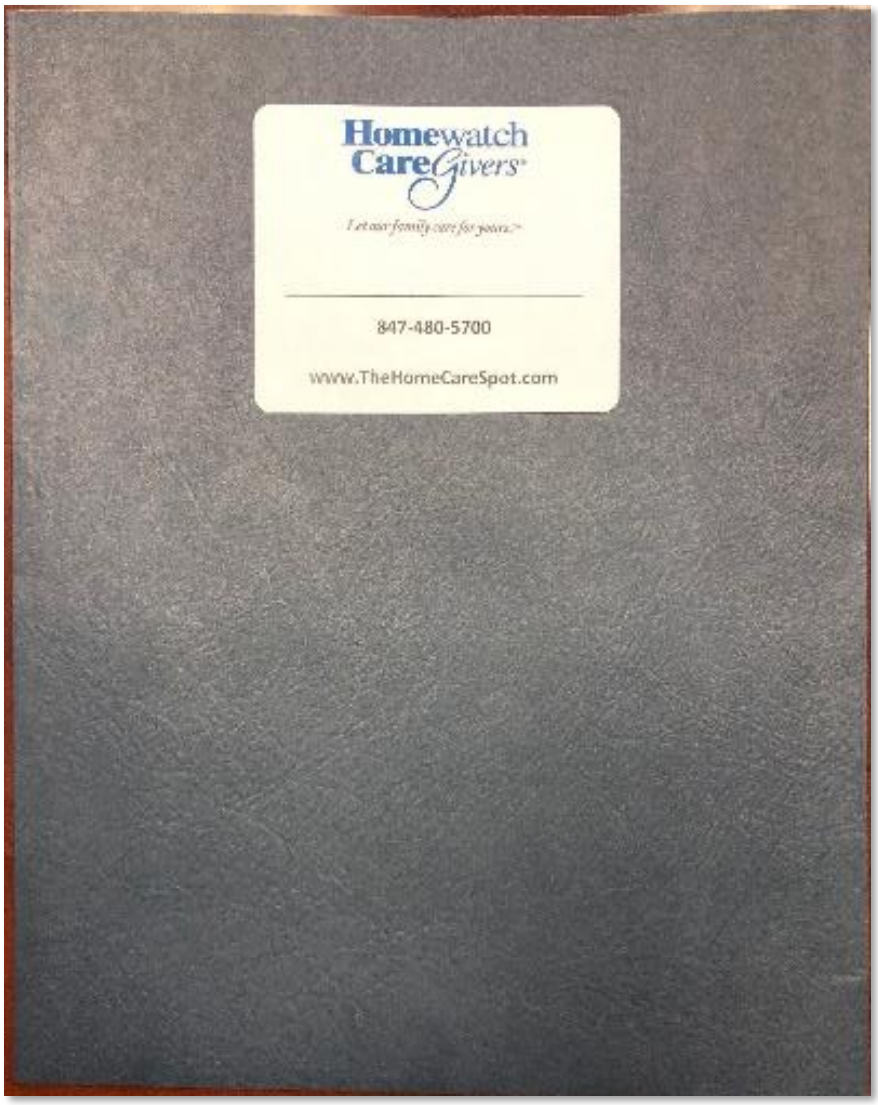
### 4D. Blue Client Folder

All clients have a blue folder in the home labeled with their name.

The Blue Client Folder contains the following documents:

- Client Plan of Care
- Medications List if provided
- Daily Activity Logs
- Critical Incident Report
- Safeguarding Personal Assets Instructions
- Purchase Log if applicable
- Notice of Privacy Practice

Typically, the Blue Client Folder is kept on top of the client's refrigerator. However, if the client chooses to keep it in another location, it is the caregiver's responsibility to inform the office of where it is being kept and it will be noted in the Plan of Care Notes.



## 4E. Fill-in Shifts

When a caregiver is unable to work their shift, the office must fill that shift with a substitute caregiver. Because of the nature of the shift being an emergency fill, caregivers are called based on availability first, location second.

- If you are contacted about filling an emergency shift, please call the office as quickly as possible whether you can accept the hours or not
- Information about the client will be communicated verbally, and if there is time the Plan of Care will be emailed. However, if the caregiver accepting the fill-in shift does not have immediate email access, the caregiver will be able to read the Plan of Care in the Blue Client Folder in the home
- Caregivers who are willing to frequently accept last-minute assignments receive special recognition at the end of the year

## 4F. Case Management

Homewatch CareGivers has a Case Manager on staff that provides Quality Assurance and wellness check visits to clients. The Case Manager, if available, will be present on the first day of service to introduce the caregiver to the client and walk through plan of care. The Case Manager also makes quarterly visits as well as random drop in visits to ensure quality of care is being provided.

## 4G. When to Contact the Office About Client

The Homewatch Caregivers office is here to handle any concerns or issues that a caregiver may have with their client.

Call the office if:

- There is any emergency (see section 7)
- The client falls
- Your client has any health or safety issue
- There is a problem with the client's physical surroundings such as:
    - Broken refrigerator
    - Electricity goes out
- There is a change in client's status such as:
    - Receiving services from visiting nurse, physical therapy, etc.
    - Placed on hospice
- There is any schedule change
- There are any changes in the Plan of Care
- You have questions about the Plan of Care or care the client is receiving
- You have questions regarding instructions from the client's family
- You have concerns about the client's care when you are not there
    - Questions about how the family is handling the client
    - Questions about how another caregiver is handling the client

If you have concerns or issues with another caregiver who also works with your client, do not discuss it with the client or client's family. Report the issue to the Homewatch office only. Making derogatory comments about another Homewatch employee is not acceptable.

## 4H. Daily Activity Logs

All caregivers are required to fill out a daily activity log which document the care provided to clients on a weekly basis. Daily activity logs are an Illinois Department of Public Health and Long-Term Care insurance requirement.

- Daily activity logs are due in the office every Tuesday by 12PM.
- Daily activity logs can be sent to the office by:
  1. Fax: (847) 480-5720
  2. Email: billing@TheHomeCareSpot.com
  3. Mail: Homewatch Caregivers
     900 N Skokie Blvd
     Suite #126
     Northbrook, IL 60062
  4. Brought in to the office during business hours
- You must contact the office if for any reason you will not be able to get your daily activity log in by Tuesday at 12 PM.
- Caregivers will receive an email confirmation response when emailing daily activity logs. If you do not get a confirmation, call the office during business hours
- When faxing daily activity logs, call during business hours to confirm fax was received
- If the office does not get properly filled out logs on time:
  1. First offense: warning email
  2. Second offense: direct deposit of the caregiver's paycheck will be stopped, and the caregiver will need to come to the office to turn in the missing or corrected logs before getting their check
  3. Repeat offenders will not be returned on direct deposit until logs are submitted correctly and on time for 2 payroll cycles

Homewatch CareGivers

## DAILY ACTIVITY LOG

Client Name _____

Fax: **847-480-5720** email: **Billing@TheHomeCareSpot.com** mail: **900 N Skokie Blvd #126, Northbrook IL 60062**

**This is to be submitted weekly for your client – every TUESDAY by 12pm**

| | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|
| Date | | | | | | | |
| Caregiver #1 | | | | | | | |
| Time In | | | | | | | |
| Time Out | | | | | | | |
| Caregiver #2 | | | | | | | |
| Time In | | | | | | | |
| Time Out | | | | | | | |
| Companionship | | | | | | | |
| **CHECK** medication box | | | | | | | |
| Med Reminder: TIME | | | | | | | |
| Med Reminder: TIME | | | | | | | |
| Med Reminder: TIME | | | | | | | |
| Med as Needed: TIME WHAT | | | | | | | |
| **Bathing** | | | | | | | |
| **Toileting Assistance** | | | | | | | |
| **Personal Care** | | | | | | | |
| **Dressing/Undressing** | | | | | | | |
| **Ambulating Assist** | | | | | | | |
| **Transfer Assist** | | | | | | | |
| **Reposition** | | | | | | | |
| **Supervise Exercise** | | | | | | | |
| Breakfast | | | | | | | |
| Lunch | | | | | | | |
| Dinner | | | | | | | |
| Snacks | | | | | | | |
| Change Linens | | | | | | | |
| Laundry | | | | | | | |
| Clean Bathroom | | | | | | | |
| Clean Kitchen | | | | | | | |
| Vacuum, Mop Floors | | | | | | | |
| Other | | | | | | | |
| Calls to Office: who did you speak with? | | | | | | | |
| Transportation **# of Miles** | | | | | | | |
| Where did you go? | | | | | | | |

Client Signature_____Date_____

WRITE ADDITONAL NOTES ON REVERSE 5.2018

**Elements of Daily Activity Logs**

Activities completed require caregiver initials, not checkmarks.

The items initialed on the daily activity log need to match what duties are listed on the client's care plan.

- **Client Name:** first and last name
- **Date** goes under the correct day of the week. Include the year. Leave days you do not work blank.
- **Caregiver #1** (or #2 if you are the second shift): first initial & last name
- **Time In & Time Out:** Must match the actual clock time. Caregivers can check the KanTime record by using the KanTime app (See section 6D) if they forget to write down the time.
- **Companionship**: all clients are getting companionship
- **Check Medication Box:** Check the med box to be sure that medications scheduled to be taken before your shift were taken. If they are still in the med box, call the office.
- **Medication Reminder Time:** Record time and initial when you remind client to take medications
- **Medications as Needed:** Any supplemental meds taken, record what medication was taken and the associated time
- **Bathing**: Includes anything you do that helps a client keep themselve clean, such as:
    - Handing a washcloth to clean up after eating
    - Helping a client step into the tub
    - Reminding a client to wash up and/or shower
    - Being on standby for the independent client in case they need assistance.
    - If the client's Plan of Care states they should be showering and the client does not do this for the week, write 'Refused' in the box
- **Toileting:** Includes toileting reminders and stand-by assistance
- **Personal Care:** Any other care provided to a client physically: hair care; mouth care; lotion; nail care; shaving
- **Dressing/Undressing:** All clients get a visual check that they are dress appropriately: clothes are clean, buttoned properly, etc. This also includes getting clothes out; helping with a coat, shoes, etc.
- **Ambulating Assist:** All clients are getting ambulating assistance. This includes using a gait belt or wheelchair; handing the client their cane or walker; escorting up or down stairs; visually observing that the client is safe when moving around
- **Transfer Assist:** helping a client in any way with lying/sitting/standing, including assistance in and out of a vehicle
- **Reposition:** minimum of every 2 hours for bedbound and wheelchair bound clients
- **Supervise Exercise:** If a client has had physical therapy, be sure that the client does their exercises per the therapist's instructions. If they do not have a PT plan, make sure the client moves around by taking walks indoors or outdoors.
- **Breakfast, Lunch, Dinner, Snacks**: Initial if you provided any assistance with meals
- **Change Linens, Laundry, Clean Bathroom, Clean Kitchen, Vacuum, Mop Floors**: Initial any time you perform these tasks. The bathroom and kitchen should be cleaned daily for sanitary reasons.

- **Other:** if you perform any other household duties such as dusting, pet care, packing boxes, etc.
- **Calls to Office:** Write the name of who you talk to anytime you call the office, and on the back of the page write what the call was about (called to clock in, reported the client fell, etc.)
- **Transportation:** Miles/Where did you go. If you take the client in your car or do an errand for them with your car, record the mileage and where you went. You must enter the mileage in the KanTime system when you clock out in order to be reimbursed as this record is for the insurance company only
- **Signature:** Will need client or a family member to sign
- **Write additional notes on reverse**: Please underline or circle if you have written on the back of the sheet

**Sample of Daily Activity Log**

Homewatch CareGivers®

**DAILY ACTIVITY LOG** CLIENT FIRST AND LAST NAME

Client Name JANE DOE

Fax: **847-480-5720** email: **Billing@TheHomeCareSpot.com** mail: **900 N Skokie Blvd #126, Northbrook IL 60062**

**This is to be submitted weekly for your client – every TUESDAY by 12pm**

| | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|
| Date | 8-28-18 | 8-29-18 | 8-30-18 | ← DATE INCLUDING YEAR | | | |
| Caregiver #1 | BWILFONG | BWILFONG | BWILFONG | ← FIRST AND LAST NAME | | | |
| Time In | 10:18 AM | 10:32 AM | 10:15 AM | ← EXACT | TIME CLOCK IN NOT | SCHEDULE | |
| Time Out | 3:15 PM | 3:56 PM | 3:21 PM | ← EXACT | TIME CLOCK OUT | | |
| Caregiver #2 | | | | | | | |
| Time In | | | | | | | |
| Time Out | | | | | | | |
| Companionship | BW | BW | BW | ← EVERY CLIENT GETS COMPANIONSHIP | | | |
| **CHECK** medication box | BW | BW | BW | ← CHECK THAT MEDS WERE TAKEN | | | |
| Med Reminder: TIME | BW 1:00 | BW 1:10 | BW 12:56 | ← INITIAL AND TIME | MEDS TAKEN | | |
| Med Reminder: TIME | | | | | | | |
| Med Reminder: TIME | | | | | | | |
| Med as Needed: TIME<br>WHAT | TYLENOL 2:50 PM | | TYLENOL 12:00 PM | ← ANY MEDS CLIENT TAKES NOT IN MED BOX | | | |
| **Bathing** | BW | BW | BW | ← ANYTHING THAT KEEPS CLIENT'S BODY CLEAN | | | |
| **Toileting Assistance** | BW | BW | BW | ← INCLUDES REMINDERS | | | |
| **Personal Care** | BW | BW | BW | ← ANY CARE THAT TOUCHES CLIENT'S BODY | | | |
| **Dressing/Undressing** | BW | BW | BW | ← ALL CLIENTS GET VISUAL CHECK | | | |
| **Ambulating Assist** | BW | BW | BW | ← ALL CLIENTS GET ASSISTANCE FOR SAFETY | | | |
| **Transfer Assist** | BW | BW | BW | ← ANY HELP WITH SITTING/STANDING/LYING | | | |
| **Reposition** | | | | ← EVERY 2 HRS FOR BED BOUND CLIENT | | | |
| **Supervise Exercise** | BW | BW | BW | ← IF NO P.T. MAKE SURE CLIENT IS ACTIVE | | | |
| Breakfast | | | | | | | |
| Lunch | BW | BW | BW | | | | |
| Dinner | | | | | | | |
| Snacks | BW | BW | BW | | | | |
| Change Linens | BW | | | | | | |
| Laundry | | | BW | | | | |
| Clean Bathroom | BW | BW | BW | ← SANITIZE DAILY | | | |
| Clean Kitchen | BW | BW | BW | ← DAILY: DISHES, COUNTERS, | | | TRASH |
| Vacuum, Mop Floors | | BW | | | | | |
| Other | | | | | | | |
| Calls to Office:<br>who did you speak with? | LESLIE | | LESLIE | ← WRITE | REASON FOR CALL OR BACK | | |
| Transportation<br>**# of Miles** | 12 | | 5 | ← IF CLIENT IN YOUR CAR OR YOU DO ERRAND FOR THEM | | | |
| Where did you go? | JEWEL, WALGREEN | | BEAUTY SHOP | | BE SURE TO ENTER MILEAGE ON KANTIME AT CLOCK OUT | | |

CLIENT OR FAMILY SIGNS

Client Signature Jane Doe Date 8-30-18

WRITE ADDITONAL NOTES ON REVERSE

5.2018

**Sample of Unacceptable Daily Activity Log**

Homewatch CareGivers®

**DAILY ACTIVITY LOG**

Client Name Brenda Jones

Fax: **847-480-5720** email: **Billing@TheHomeCareSpot.com** mail: **900 N Skokie Blvd #126, Northbrook IL 60062**

**This is to be submitted weekly for your client – every TUESDAY by 12pm**

| | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|
| Date | | | | | 2-23-18 | 2-24-18 | |
| Caregiver #1 | | | | | RWalk | | |
| Time In | | | | | 9:00 | 9:00 | |
| Time Out | | | | | 3:00 | 3:00 | |
| Caregiver #2 | | | | | | | |
| Time In | | | | | | | |
| Time Out | | | | | | | |
| Companionship | | | | | RWalk | RWalk | |
| **CHECK** medication box | | | | | | | |
| Med Reminder: TIME | | | | | | | |
| Med Reminder: TIME | | | | | | | |
| Med Reminder: TIME | | | | | | | |
| Med as Needed: TIME WHAT | | | | | | | |
| **Bathing** | | | | | | | |
| **Toileting Assistance** | | | | | | | |
| **Personal Care** | | | | | | | |
| **Dressing/Undressing** | | | | | | | |
| **Ambulating Assist** | | | | | | | |
| **Transfer Assist** | | | | | | | |
| **Reposition** | | | | | | | |
| **Supervise Exercise** | | | | | | | |
| Breakfast | | | | | RW | RW | |
| Lunch | | | | | RW | RW | |
| Dinner | | | | | | | |
| Snacks | | | | | | | |
| Change Linens | | | | | | | |
| Laundry | | | | | | | |
| Clean Bathroom | | | | | RW | | |
| Clean Kitchen | | | | | RW | | |
| Vacuum, Mop Floors | | | | | | | |
| Other | | | | | | | |
| Calls to Office: who did you speak with? | | | | | | | |
| Transportation **# of Miles** | | | | | | | |
| Where did you go? | | | | | | | |

Client Signature [signature] Date 2-27-2018

WRITE ADDITONAL NOTES ON REVERSE

5.2018

# SECTION 5: COMPANY POLICIES

## 5A. Employee Policy Manual

Every caregiver is given an Employee Policy Manual when they are hired, prior to attending training. Caregivers are responsible for reading and understanding the information in the Employee Policy Manual. If you have any questions, please call the office to clarify.

## 5B. Punctuality

- If a caregiver is going to be late for a shift, call the office so that the client can be notified
- Chronic tardiness is unacceptable

## 5C. Absenteeism

Accepting an assignment is a commitment.

- The office must be notified by phone, as soon as a caregiver realizes they will not be able to work a scheduled shift
- No Call/No Show is grounds for immediate dismissal from employment
- Do not accept an assignment if you will not be able to work the necessary hours
- Requests for personal time off must be submitted at least 7 days in advance.
- Time off requests around holidays must be submitted 3 weeks in advance and are allowed on a first-come, first-serve basis
- Repeated absences will result in a caregiver's dismissal

## 5D. Phone Use While with a Client

Your client expects and deserves your full attention while you are with them. Caregivers should not be using their cell phones for personal calls while with a client. This includes text messaging.

- If the caregiver needs to return a call to the office while with a client, the client needs to be informed that an office call is being returned
- In the event of an emergency and/or need for contact with an employee's family, an employee may briefly use their cell phone after informing their client of the need to use their phone
- Cell phones should be kept on vibrate or silent mode while on duty
- You may not use a client's phone for personal calls

## 5E. Professional Appearance

- Employees are expected to dress in a manner conveying their professional status (see section 4B)
- Always wear your ID badge

## 5F. Transporting a Client in the Caregiver's Car

Make sure the vehicle is presentable and senior-friendly. The caregiver's car represents Homewatch CareGivers just as the caregiver does.

- Seatbelts must be worn by everyone in the car
- Do not talk on the phone while driving, even if you are set up for hands-free
- Caregivers will be reimbursed for mileage incurred when transporting a client or while on an errand for the client only
- Homewatch CareGivers will not reimburse employees for mileage to and from the job site
- Mileage will be reimbursed at $0.55 per mile and must be reported on the KanTime Telephone system and on the Daily Activity Log to be reimbursed
- If you are involved in an accident or receive a ticket while the client is in your car you must notify the office immediately

Employees who may be transporting clients are required to keep a clean and safe driving record. Change in license status must be reported to the office immediately. Employees must provide the office with a copy of their driver's license and auto insurance card and update it at each renewal.

## 5G. Safeguarding Personal Assets

- Caregivers cannot accept gifts from clients. If a client tries to give you money or a gift you must inform the office immediately
- You may observe a client handling their money or valuables inappropriately (keeping cash in shoeboxes, giving items to visitors.) Report this behavior to the office so it can be documented
- You may not use a client's credit or debit card to do their shopping. If they do not have cash, notify the office and a PNC debit card will be provided. Whether using cash or the PNC debit card, the caregiver must complete the Purchase Tracking Log
- Do not discuss your personal finances with a client

## 5H. Additional Guideline Reminders

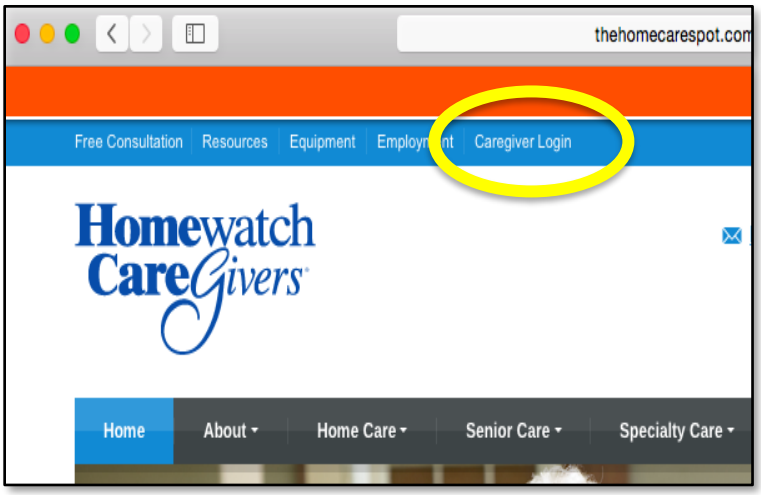
- Our agency is covered by the same HIPAA privacy policy as doctors' offices. Do not discuss your client with anyone other than the office and your partner on the case
- Our agency is licensed to provide med reminders only—you may not fill a client's medication box. Notify the office if there is a problem with it
- Smoking is prohibited in the client's home. Excessive smoking breaks are not allowed.
- A caregiver may not have visitors or bring pets to a client's home
- Return your ID badge and scrub top if you leave Homewatch. Homewatch CareGivers may withhold the employee's final check until all company property, including ID badges and scrub tops, are returned

# SECTION 6: ONLINE RESOURCES

## 6A. www.TheHomeCareSpot.com

As part of the Homewatch CareGivers team, all caregivers have access to online support at www.TheHomeCareSpot.com/cafregiver-login/ You will be able to view and download documents such as the Daily Activity Logs, Critical Incident Report, Employee Handbook, and Payroll Schedule.

### Access & Password

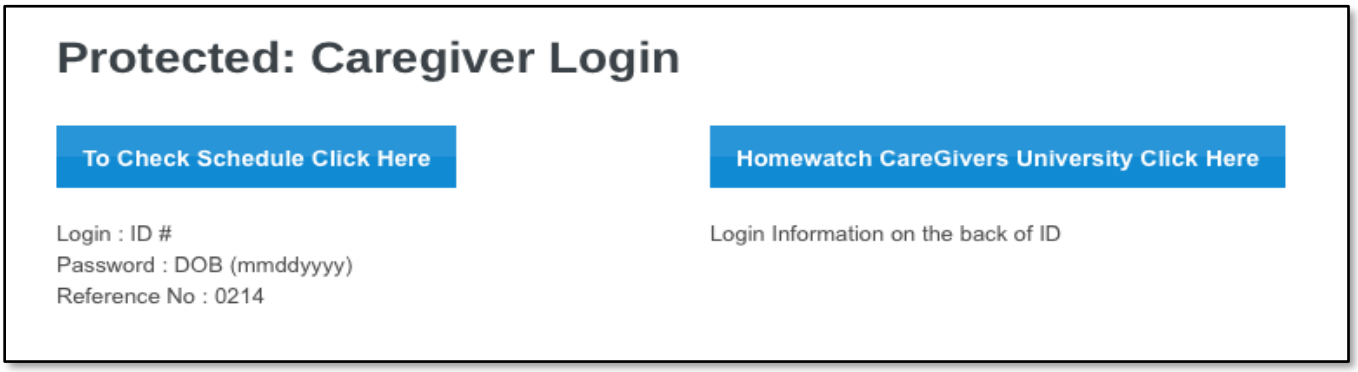



- Login at www.TheHomeCareSpot.com
- Click on **Caregiver Login** at the very top of the page
- **Password : caring1**

### Available Resources

Once you are logged into www.TheHomeCareSpot.com/catregiver-login/, you have unlimited access to all the documents posted.

Links to KanTime Caregiver Schedules and Homewatch CareGivers University can also be found on this page.



## 6B. Homewatch University

In keeping with the State of Illinois requirement of continuing education for our caregivers, all active caregivers must complete 8 hours of continuing education every year. In order to ensure all caregivers are compliant with this requirement, all caregivers Are enrolled in In Homewatch University.

- During the 1st year of employment, 4 CEU hours will be covered during the orientation class.
- Within the first 30 days of hire, you will be assigned to complete 4 mandatory classes
- Annually, you will be assigned 8 mandatory classes that will need to be completed before your annual review
- In addition to the assigned mandatory classes, you will get PAID for completing up to 4 more classes of your choice
- All caregivers have unlimited access to all classes on Homewatch University

**Access & Password**

www.thehomecarespot.com/resources/university-login/

Scroll down and click on picture of computer.

Your User Name: hwcg(initial of first name)(full last name)(mmdd of birthday)

Your Password: Zip Code

You have 30 days from the day of hire to complete the assigned courses.

Caregivers who do not complete the training by the due date may not be scheduled for further clients per state regulations. If you do not have access to a computer, you are welcome to make an appointment to use the office computer. Each class takes approximately one hour to complete

- You will be paid for training time upon completion of each course
- You must disable your popup blocker for this site to run
- Upon logging in, you will see on the Current Training tab the courses that you have been assigned. Listed will be the course titles, how long each course should take to complete and when the courses must be completed by. Click on the green “Take Now” button to begin. Courses must be completed in their entirety to pay for each course
- You can print out transcripts of completed courses for your records
- You may take any of the courses available (over 1,000!) on your own time
- For your convenience, Relias Learning is free and available for iPad & Android devices.

Please call the office at (847) 480-5700 if you have any questions about login or password.

**Overview of Required Courses**

**1. Effective Communication**

There is a lot of “noise” in today’s workplace like stress, technology, multitasking, and information overload that can make it hard to communicate effectively. Poor communication negatively affects relationships and work quality which ultimately costs time and money. This course will help you to communicate clearly, concisely, and professionally. You’ll increase understanding between you and your coworkers by learning what to say, how to say it, and the barriers to good communication.

**2. Dementia Care: Normal Aging vs. Dementia/ Alzheimer’s**

How many of you know what to expect with the process of normal aging? Will those later years be filled with the destruction of your memory? Will you lose your mental capabilities? By learning the differences between the symptoms of normal aging, dementia and Alzheimer's disease you will become more aware of abnormal symptoms. This course provides the caregivers with information concerning the differences between normal aging, dementia, and Alzheimer's disease.

**3. Understanding Alzheimer’s Disease/Dementia**

This course will help students gain an understanding of Alzheimer's disease and the effect the disease has on patient behavior. When equipped with this knowledge, home care staff will be better able to provide the care and problem solving that the Alzheimer's patient needs. Home care staff will also be better able to provide needed support and education to patient caregivers and other family and friends of the Alzheimer's patient.

**4. Hand Hygiene: The Basics**

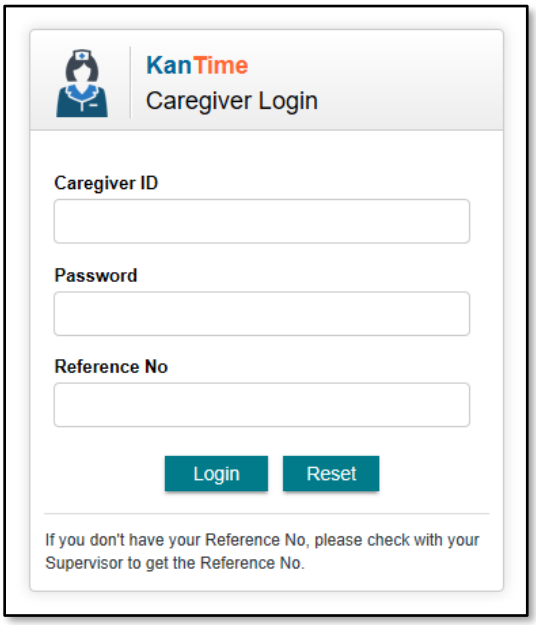
Every day you encounter several harmful germs capable of making you and others in your environment sick. So how to you protect yourself and others from these harmful germs? By following proper infection control practices. Hand hygiene is the single most important infection control measure to prevent the spread of germs. In this course, you will learn when hand hygiene is necessary as well as the correct procedure for hand washing and the use of alcohol-based hand rubs.

## 6C. Caregiver Schedules – Online Access

Caregivers can now view their schedules, employee profiles, and clients' Plan of Care on KanTime through www.KanTime.net.

### Access & Password




- Go to www.KanTime.net
- Click on link on left hand side labeled Caregiver Login
- Caregiver ID: Employee ID #
- Password: DOB (mmddyyyy)
- Reference No: 0214

### Calendar & Timesheets

You will be able to see up to 2 months of your schedule, 2-week periods of your timesheet , along with the clock in and clock out for each shift.

You will NOT be able to make any changes to your schedules or personal information through KanTime. Please call the office if you find any errors or need to make any changes.

## 6D. KanTime App

KanTime has a mobile app that can be downloaded onto mobile phones from either the Apple App Store or Google Play store for free.

**Download Source**




**KanTime App**



**Download Procedures**

- Search **KanTime Private Duty** in your App Store or Google Play Store
- Download – **IT'S FREE!!**
- Register and login
    - Caregiver ID
    - Password: Your DOB (mmddyyyy)
    - Reference No: 0214

**Functionality**

- If client's home phone is not available to use to clock in/out, caregivers can use the KanTime App to clock in and out for their shifts
- Caregiver must have location services on phone turned on
- Caregiver must be at least 200 meters from the client's home to use app
    - Office will get notification if caregivers are clocking in/out outside of these parameters
    - Persistent violators will lose use of this feature of the app
- Caregivers will be able to see up to 28 days of upcoming and previous schedules
    - Blue Circle around date – upcoming schedule
    - Orange Circle around date – caregiver has clocked in for shift
    - Green Circle around date – caregiver has clocked out for shift
- Caregivers will have access to active clients' address and phone number

## 6E. Genius Scan App

The Genius Scan app quickly scans any document using the camera on your phone and converts the images into easy to read and ready to share PDF files. It can be downloaded on any mobile phone from the Apple App Store or Google Play Store for free.

**Download Source**




**Genius Scan App**



### Download Procedures

- Search Genius Scan app in your App Store or Google Play Store
- Download – **IT'S FREE!!!**

### Functionality

- Click on the icon of a camera or "+" on bottom corner
  - Allow access to camera
  - Make sure flash is on or on auto
- Documents you are scanning:
  - Must be on a flat surface with contrasting color (not a white surface)
  - Do not have other pieces of paper or clutter around document
- Hold phone directly over document (not on an angle), making sure you see the entire document on phone screen
- Orange box will appear and focus on the document
- App will automatically take the picture once focused
- Picture of document should be clear and in black and white
- Click share and email document to billing@TheHomeCareSpot.com

# SECTION 7: EMERGENCY PROCEDURES

The caregiver has the authority and responsibility to call 911 for emergencies except in hospice cases (see hospice instructions below.) After calling 911 the caregiver must call the office and provide a status report.

### 7A. 911 Emergencies

- Signs of a stroke
  - One-sided body weakness
  - Difficulty speaking/slurred speech
  - Loss of vision or blurred vision
- Signs of a heart attack
  - Chest or left arm pain or pressure
  - Jaw or back pain or pressure
  - Sudden and excessive fatigue
  - Sudden change in skin color, either very red or very pale
  - Sudden excessive sweating
- Falls resulting in injury
- Bleeding
- Vomiting blood
- Severe headache
- Breathing difficulty
- Chest pain
- Unconsciousness
- Complaints of physical pain
- Sudden mental confusion
- Fire
- The caregiver should always call 911 if requested to do so by the client (except in hospice cases.)

### 7B. Non-911 Health Concerns

If the emergency is not immediately life-threatening the caregiver should call the office for instructions.

- Vomiting
- Blood in urine or stool
- Vomiting
- Skin abrasions/tears
- Bedbound clients or clients who sit in one position for long hours must be repositioned every 2 hours to avoid skin breakdown
- Bruises
- Minor falls: All fall must be reported to the office

## 7C. Hospice Emergency Protocols

Homewatch CareGivers takes guidance and direction from the hospice team and nurses. They are the medical professionals in the client's home, and we support their efforts.

- Do not call 911
- Call the client's Hospice nurse for any emergency. The number will be provided in the house and in the Plan of Care

## 7D. Abuse & Neglect

Homewatch CareGivers is a mandated report of elder abuse. Any employee observing sings of abuse of a client should immediately report the issue to the office.

Any caregiver found to be abusing or neglecting a client will be discharged immediately.

The seven forms of neglect recognized by Illinois regulations:

1. Mental abuse is ignoring the senior or making statements to coerce behavior, such as stating if you do not do this, you won't get that.
2. Sexual abuse is touching the private parts for reasons other than hygiene or having any type of sexual relations.
3. Physical abuse is anything that hurts the body i.e. pinching, slapping, hair pulling, etc.
4. Neglect is to be remiss in the care or treatment of one's duties, or to failure to carry out or perform orders and assigned tasks. *Active Neglect* is purposefully withholding food, personal items and not assisting the client. *Passive Neglect* is forgetting to provide timely and proper care, such as forgetting to change soiled undergarments, not putting in dentures, etc.
5. Isolation (Involuntary Seclusion) is keeping the elder from contact with other people.
6. Theft is taking money, property, or anything that has a value. Homewatch Caregiver employees are prohibited from handling a client's financial matters in any fashion.
7. Verbal abuse is yelling, screaming, name calling, making threats, and similar behavior.

### 7e. Critical Incident Report

If 911 is called, there is a fall of any kind, or any other incident or accident, the caregiver must complete a Critical Incident Report and submit it to the office within 24 hours.

***CRITICAL INCIDENT REPORT***

Homewatch CareGivers

Date_____

Client_____

Caregiver_____

Type of Incident (check all that apply)

- Fall/Injury
- Medical Issue
- Behavior Issue
- Other_____

Incident observed by: _____

When did the incident occur? _____

Where did the incident occur? _____

Describe what happened in detail: _____

_____

_____

_____

_____

Homewatch office called: Date_____ Time_____

Reported to_____

Other persons notified of incident:

Name_____Date_____Time_____

Name_____Date_____Time_____

Signature of person reporting incident_____

***Mail/fax/email this report to Homewatch Caregivers promptly.***

900 N. Skokie Blvd #126, Northbrook IL 60062
Fax 847-480-5720
caring@thehomecarespot.com

# SECTION 8: DEMENTIA TRAINING

## 8A. Dementia Overview

Dementia is a general term for a decline in mental ability severe enough to interfere with daily life. There are many causes of dementia, the most common being Alzheimer's disease. Other causes can be Parkinson's disease or vascular dementia from a stroke. Dementia is caused by damage to brain cells which interferes with the ability of the brain cells to communicate with each other. When brain cells cannot communicate normally, thinking, behavior, and feelings can be affected. Depending on what area of the brain is affected, the individual's behavior will vary.

Frequently the senior will have unexplainable mood swings and it is important that the caregiver understand the behavior is not connected to what the caregiver is doing. It is most important to remember the client's behavior is not intentional and to not react negatively.

## 8B. Communication Techniques

The most effective way of handling an outburst from a dementia client is to redirect to another activity.

Mrs. Smith is a 90-year-old client with dementia. It is 10 PM and she is insisting she wants to take a walk. Instead of telling her that she can't go out because it's too late, the caregiver offers a distraction:

- "Before you go out, how about we have a snack?"
- "How about we watch your TV show?"
- "Before you go out you probably want to put on a warmer shirt."—getting the client involved in choosing clothes to distract from going out

There are methods of communicating that are helpful when working with dementia clients which may make it easier for the client to understand what they need to do.

- Ask questions that can be answered with 'yes' or 'no'
- Offer specific but limited choices
    - 'Do you want a ham sandwich or a peanut butter sandwich?'
    - Not 'What do you want for lunch?'
- Give instructions one step at a time
- Follow along with where their mind is
    - "I don't want to eat supper until my husband comes home"
    - "We'll put his dinner in the fridge and reheat it when he gets here"
    - "How did you meet your husband?'
- Write things down (a whiteboard listing the day's activities which are crossed off when done can be very helpful)

## 8C. Suggested Activities

Dementia clients require close attention and it is a major part of the caregiver's responsibility to find useful and fun activities the client can participate in.

- Play music every day—it provides brain stimulation
- Cooking and sharing favorite recipes
- Clipping coupons
- Looking at photo albums
- Playing board and card games
- Physical activity such as walking
- Coloring, puzzles, and craft activities
- Sorting laundry
- Avoid violent TV and violent movies

Key factors to remember when working with dementia clients:

- Agree and redirect, don't argue
- Distract, don't reason
- Be kind, don't shame
- Reassure, don't lecture
- Repeat, don't say 'I already told you'
- Let them try to do what they can, don't say 'you can't'
- Ask, don't demand
- Encourage, don't condescend

## 8D. Dementia Stories

**If I Get Dementia** *by Rachael Wonderin*

- If I get dementia, please embrace my reality. If I think my spouse is still alive or if I think we're visiting my parents for dinner, let me believe those things.
- If I get dementia, don't treat me like a child, I'm still an adult
- If I get dementia, I still want to enjoy the things that I've always enjoyed.
- If I get dementia, ask me to tell you a story from my past.
- If I get dementia and I become agitated, take time to figure out what is bothering me.
- If I get dementia be sure that I eat often enough to not get hungry—even now if I don't eat, I get angry.
- If I get dementia, don't talk about me as if I'm not in the room.
- If I get dementia, don't get act frustrated if I mix up names, events, or places. It's not my fault.
- If I get dementia, play my favorite music for me.
- If I get dementia and carry things around with me, help me return things to their original places.
- If I get dementia, know that I still like receiving hugs or handshakes.
- If I get dementia, treat me the way that you would want to be treated.

**The Train Journey—A Story of Dementia**

Imagine going on a long journey by train. As you leave, the landscape looks familiar and you sit back to relax. For a while you read, then you doze off.

When you wake from your nap, you notice something odd—when you look out the window, things look different. The buildings have strange shapes and colors and the trees don't look right. You think perhaps the train is traveling through an area with different architecture and plant life and it surprises you because you didn't think you were going anywhere so different.

You think about asking the other passengers about where you are, but they don't seem to be paying any attention to the changes. This makes you wonder if your mind is playing tricks on you. You decide to act as if everything is normal, but since it is not, you feel tense. When the attendant asks if you would like something to eat, you snap at her. You think the food might be as strange as the surroundings and you don't want to take a chance.

You go back to reading your book for a while, and then you look up and out the window again—and everything looks strange and unfamiliar! You get very scared--This is not the right train! You need to get off right now, so you get up to leave the train. You don't get far before the other passengers get in your way and take you back to your seat. You try explaining that you are on the wrong train, but they don't seem to understand, they just say, 'sit down' and 'it's all right' but you know it isn't.

You start to look through your purse for the train ticket to show the attendant what is wrong, but you can't find it. You take everything out of your purse and spread it around but there's no ticket! Did someone take it?

Some of the passengers try to help you, but they are looking at you, with pity, and they are treating you like you are a baby. Someone tells you to take your medication, but you don't remember having any prescriptions. Maybe they just want to give you something that will knock you out! You tell the woman you won't take it and she get mad and you get scared, so you pretend to take the pills but hide them in your hand until she leaves and then you drop them on the floor.

You must get away from here, so you head to the door again. You almost make it but just before you can open the door, hands pull you back. They march you back to your seat, yelling that you are acting reckless and that you need to sit still in your seat until the train stops.

You realize you will never make it home.

How sad you feel. You did not say goodbye to your family or your friends, they don't know where you are. A few of the passengers try to sit with you and talk to you, but the things they say don't make sense, especially when they say everything is okay, because it isn't. You don't' feel like eating or talking. When they want you get up and do things you are too afraid of where they might take you, so you refuse to move. Some of them get angry then.

You have no choice now. You must go along on the train no matter where it goes. You wish you had never gotten on this train, but you know you cannot go back.

# SECTION 9: CAREGIVER BASIC TRAINING

## 9A. Universal Precautions

The term “universal precautions” refers to body substance isolation.

**Hand washing*:*** Caregivers should wash their hands upon entering the client’s home, before and after using gloves, when handling food, after toileting, and when they are leaving the client.

- Use liquid soap when possible
- Scrub from fingertips to wrist, under fingernails and between fingers
- Avoid wearing rings or jewelry
- Lather and scrub for a minimum of 20 seconds (2 times singing “Happy Birthday”)
- Dry hands with a paper towel
- Use the paper towel to turn off the faucets

**Protective Gloves*:*** Caregivers must use gloves whenever care for the client could result in contact with any bodily fluid such as blood, urine, feces, and/or mucus.

- Gloves are to be provided by the client
- Always have your own spare gloves in case of emergency
- Inform the office if gloves are not available

## 9B. Equipment

Many of our clients use walkers.

- Encourage correct use of the walker
    - Stand up straight
    - Slide walker forward
    - Step into walker
- To use a walker to get up from a chair the client should:
    - Pull it as close to the chair as possible
    - Put hands on the seat under their thighs and push up
    - When the client’s forehead is past the crossbar the walker will not tip when grasped

Wheelchairs

- Always lock the brakes before transferring the client

Both walkers and wheelchairs

- Disinfect daily
- Practice opening and closing in advance of going out

Gait belt

- A gait belt is useful for a client who is unsteady walking to stabilize them
- Should be tight enough to allow the caregiver’s hand between belt and client’s clothing
- The caregiver holding the gait belt will not prevent the client from falling but it allows the fall to be controlled
- Do not use on a client who has had abdominal surgery

## 9C. Body Mechanics

When assisting a client out of a chair or transferring from a wheelchair, the caregiver should use proper body mechanics to avoid injury.

- Always tell the client what is happening step-by-step
- Spread feet apart, one forward, one behind
- Place your arms around the client's waist
- Rock back and forth to get momentum for the lift
- Either pivot or step side-to-side

# SECTION 10: CAREGIVER BENEFITS & INCENTIVES

| | |
|---|---|
| Health Insurance | $6 / Month |

- Available to full-time employees after 90 days
- Affordable Care Act compliant with multiple plan options

| | |
|---|---|
| AFLAC Insurance | Deep Discount |

- Accident and Disability insurance
- Hospitalization and cancer insurance

| | |
|---|---|
| Caregiver Applicant Referral: | $50 |

- Referral must complete training
- Work for 90 days
- Perform satisfactorily

| | |
|---|---|
| Client Referral: | $200 |

- Client must receive services for 90 days

| | |
|---|---|
| Caregiver of the Month | $25 |

- Office receives positive feedback from the client or client's family
- Accepting emergency shifts on short notice
- Proactive communication with the office

| | |
|---|---|
| Caregiver of the Year | $250 |
| Homewatch University Online Courses | Free |
| 3 Month Anniversary | Scrub Tops |
| 5 Year Anniversary | $500 Bonus |
| Special Merit Bonuses | Gift & Gas Cards |

## SECTION 11: REVIEW & TEST

1. What time can you call the office to report an emergency with your client?

   _____

2. What time can you call the office with a question about your paycheck?

   _____

3. It's your first day with a new client and the shift starts at 9 am. Your GPS says it will take you 20 minutes to get there. What time do you leave your house?

   _____

4. If you are clocking in and the automated system says "You do not have an assignment. If you wish to clock in as a substitute, press 1" what should you do?

   _____

5. What do you have to do if you answer your phone or make a call while you are with a client?

   _____

6. If a client wants to change their schedule, who calls the office?

   _____

7. The client's blue folder is kept where in most homes?

   _____

8. If your client keeps their blue folder in a different place, what should you do?

   _____

9. When you are given an assignment, how many emails will the office send?

   _____

10. When are Daily Activity Logs due in the office?

    _____

11. What are the 4 ways to send in your Daily Activity Logs?

    _____

12. If the client's care plan has items listed that are different from what you are doing in the home, what should you do?

    _____

13. Where can you go to check your schedule?

    _____

14. How many days do you have to complete the 4 courses on Homewatch University?

    _____

15. What's a good activity to do with a client who has dementia issues?

    _____

# SECTION 12: DOCUMENTS

**12A. Daily Activity Log**

**12B. Critical Incident Report**

**12C. Purchase Tracking Log**

**12D. AFLAC Attendance Form**

Homewatch CareGivers

# DAILY ACTIVITY LOG

Client Name _____

Fax: 847-480-5720 email: Billing@TheHomeCareSpot.com
mail: 900 N Skokie Blvd #126, Northbrook IL 60062
**This is to be submitted weekly for your client – every TUESDAY by 12pm**

| | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
|---|---|---|---|---|---|---|---|
| Date | | | | | | | |
| Caregiver #1 | | | | | | | |
| Time In | | | | | | | |
| Time Out | | | | | | | |
| Caregiver #2 | | | | | | | |
| Time In | | | | | | | |
| Time Out | | | | | | | |
| Companionship | | | | | | | |
| **CHECK** medication box | | | | | | | |
| Med Reminder: TIME | | | | | | | |
| Med Reminder: TIME | | | | | | | |
| Med Reminder: TIME | | | | | | | |
| Med as Needed: TIME<br>WHAT | | | | | | | |
| **Bathing** | | | | | | | |
| **Toileting Assistance** | | | | | | | |
| **Personal Care** | | | | | | | |
| **Dressing/Undressing** | | | | | | | |
| **Ambulating Assist** | | | | | | | |
| **Transfer Assist** | | | | | | | |
| **Reposition** | | | | | | | |
| **Supervise Exercise** | | | | | | | |
| Breakfast | | | | | | | |
| Lunch | | | | | | | |
| Dinner | | | | | | | |
| Snacks | | | | | | | |
| Change Linens | | | | | | | |
| Laundry | | | | | | | |
| Clean Bathroom | | | | | | | |
| Clean Kitchen | | | | | | | |
| Vacuum, Mop Floors | | | | | | | |
| Other | | | | | | | |
| Calls to Office:<br>who did you speak with? | | | | | | | |
| Transportation<br># of Miles | | | | | | | |
| Where did you go? | | | | | | | |

Client Signature_____Date_____

WRITE ADDITONAL NOTES ON REVERSE

5.2018

## CRITICAL INCIDENT REPORT

Date_____

Client_____

Caregiver_____

Type of Incident (check all that apply)

- Fall/Injury
- Medical Issue
- Behavior Issue
- Other_____

Incident observed by:_____

When did the incident occur?_____

Where did the incident occur?_____

Describe what happened in detail:_____

_____

_____

_____

_____

Homewatch office called: Date_____Time_____

Reported to_____

Other persons notified of incident:

Name_____Date_____Time_____

Name_____Date_____Time_____

Signature of person reporting incident_____

***Mail/fax/email this report to Homewatch Caregivers promptly.***

900 N. Skokie Blvd #126, Northbrook IL 60062
Fax 847-480-5720
caring@thehomecarespot.com

## Client Purchase Tracking Log

***Circle one:*** **Cash** **Debit Card**

**Client Name**_____

| Date | Amount of Cash Or Debit Card Balance | Amount Spent | Location Spent | Cash Returned Or Debit Card Balance | Caregiver Name | Client Initials |
|---|---|---|---|---|---|---|
| | | | | | | |
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*Place receipts in envelope. Send completed Log to caring@TheHomeCareSpot.com or fax 847-480-5700*

3.5.15

# Aflac Attendance Form

_____

Name

_____

Phone #

_____

E-mail

What is the best way to reach you? Phone or E-mail
(please circle 1)

**Please mark the following boxes:**

☐ **I would like to talk with a representative to receive additional information or enroll in Aflac policies.**

☐ **I do not wish to participate at this time and understand I am waiving my opportunity to participate until 2018.**

_____

**Signature**

_____

**Date**