HOME HEALTHCARE JOB DESCRIPTION

Qualifications and Competencies

PREFERRED experience working with individuals with Developmental Disabilities, Mental Health and /or other physical disabilities. It is preferred that the PCA/CNA have at least one year of experience with medications administration, patient care, assisting with daily living skills and other skills necessary to the overall care, assistance and supervision of others.

Competencies

CPR, First Aid certification, CPI training, HS diploma OR GED

Required Documentation-

Driver's License verification, 7 year Motor Vehicle Report, NCIC Criminal Background Checks, Physical Exam, TB test

Safety and Care

It is your duty to ensure the **safety and well being** of the individuals at all times. They must never be left alone or unattended.

Due to the 24 hour care and service provided to the individuals we serve, staff must provide written request for a day off. The Director must receive request at least 5 days prior to the day off to ensure the individuals are cared for properly. Staff is responsible for ensuring coverage on requested days off by contacting their co-workers and securing coverage.

Staff Duties and Responsibilities

- Bathing and assistance with the personal hygiene of the clients (shaving, shampooing, oral care, etc.)
- Meal preparation (three meals per day and 2 snacks; assistance with feeding as needed)
- Assist with dressing clients as needed
- Laundering of all client's clothing and bed linens (all soiled clothing and linens must be laundered immediately)if applicable.
- Maintain a clean and organized home at all times (all beds must be made daily, all dishes must be cleaned after every meal, dusting of furniture weekly, sweeping and vacuuming daily, take trash to curb weekly or as needed, etc) Supervise clients with their medications. (remind clients to take medications, **lock up** all medications, call-

in refills or notify appropriate personnel when medication refills are approaching, assist with scheduling doctor appointments, as needed)if applicable.

- The overnight shift is a wake shift and bed checks during the night are required.
- The overnight staff person must call supervisor daily with a full report of overnight and morning issues, concerns , problems or progress.
- Answer telephone professionally at all times and write down all messages
- Staff must provide activities and fun time with clients (Movie watching, board games, card games, puzzles, conversations, exercise, making popcorn, pizza night, etc)
- Write clear and thorough Progress Notes
- Track ISP Goals daily or as required
- Track maladaptive behaviors on the ABC tracking form
- **Sign and initial** all MAR (medication administration record) documentation
- Respect Confidentiality of individuals and staff
- Follow ISP, Behavior Support Plan, etc
- Respect the rights of Consumer at all times
- Personal vehicle use required for outings
- Any other duties as indicated by Director
- Adhere to all Policies and Procedures

Expectations

- ❖ Staff must fulfill the training requirement (including but not limited to 16 hr training) yearly to continue employment with this agency.
- ❖ Staff must maintain personnel file which includes updates of certifications, trainings, tests and other requirements
- ❖ To respect and uphold agency values at all times
- ❖ Report to work on time every day
- ❖ **Not to abuse, neglect or steal from Individuals/agency**
- ❖ All employees, contractors, volunteers, and interns will be the subject of an NCIC Criminal History Record Check and that the applicant has the right to challenge the contents of their Criminal History Record Information, should they choose to do so.

PRINT: _____SIGN: _____DATE:_____

Criminal Background Check

All candidates must have a Criminal Background check done prior to employment. The fee for the background check is $52.75, payable by the candidate. Complete this form to be registered your background check and turn in with a money order for $52.75. (You may also use a charge card.) Location where fingerprints will be done will be assigned once payment is received.

Last Name:_____

First Name:_____

Middle Name:_____

Suffix:_____

Date of Birth:_____

Place of Birth:_____

SSN:_____

Sex:_____

Race:_____

Eye Color:_____

Hair Color:_____

Height:_____

Weight:_____

Country of Citizenship:_____

Driver's License No._____

Driver's License State:_____

Address:_____

City:_____

State:_____Zip:_____

Phone#:_____

Employee Name:

Address:

City:

State:

Zip:

Date of Birth: _____ / _____ / _____

Phone:

Verification Information

Verification Date: _____ ☐ Valid? ☐ Invalid?

Approval Signature: _____ Date: _____

Is a copy of the license attached to this form? (YES ☐) (NO ☐)

STATEMENT FORM

I do hereby state and declare that I have never have been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by oral or written statement to this effect obtained at the time of application. It is also promised herby to promptly notify the Governing Board and the agency if any of these events occurs in the future.

ABUSE

POLICY: No employee of LOVE N CARE HEALTHCARE SERVICES abuse any client. The organization has a zero tolerance policy. Any employee of LOVE N CARE HEALTHCARE SERVICES, has the duty to report abuse of any client immediately to the appropriate personnel.

Any employee suspected of abuse will be released of duties prior to an investigation.

The employee and the allegations will be investigated and the proper channels will be handled to protect the client:

- The client's family will be notified.
- The proper authority will be notified.
- The local sheriff department will be notified.
- The Department of Human Resources

The complaint and/or charge will be placed in the employee file.

If the complaint is substantiated, the employee will be terminated.

COMPLAINT POLICY

POLICY: discrimination or retaliation and to have them investigated by the provider within a reasonable period of time. LOVE N CARE HEALTHCARE SERVICES, will ensure all consumers/families that all complaints will be handled in an objective and efficient manner while affording the client sufficient avenues of resolution.

Complaint will be logged onto the complaint log when received. The provider's actions will also be documented on the complaint log. This log will be kept at the PHCP's office at 1402 Bombay Lane, Roswell, GA 30076 for 7 years.

All clients and/or responsible party have to right to submit complaints without fear of

PROCEDURE:

1. Clients and or families who are dissatisfied with any aspect of LOVE N CARE HEALTHCARE SERVICES, may express their concerns in writing to the provider.
2. In any situation where written communication is not possible, client/families/legal representation shall contact the Provider, who will then log in the concern and/or complaint.
3. Upon receipt of the verbal or written concern/complaint the Provider will report back to the source of the complaint within 7 business days.
4. Within 5 business days the Provider will review circumstances, verify information, initiate the investigative process, and resolve the complaint.
5. The resolution will be shared in writing with the client/family/legal representation within 7 days of the original filing of the complaint.
6. Clients and/or family who are not satisfied with the resolution may then redirect their concerns to the provider for reevaluation.
7. The Provider will review original information and proposed resolution. The results of this reevaluation will be communicated in writing with the client/family/legal representation within 5 business days.
8. If client/family or legal representative remains dissatisfied with final decision, they will be advised to contact DHR-ORS for further guidance.

CONFIDENTIAL INFORMTION AND NONDISCLOSURE

Policy: By continuing employment with LOVE N CARE HEALTHCARE SERVICES, employees agree that they will not disclose or use any of LOVE N CARE HEALTHCARE SERVICES, confidential information, either during or after their employment. LOVE N CARE HEALTHCARE SERVICES, sincerely hopes that its relationship with its employees will be long-term and mutually rewarding. However, employment with LOVE N CARE HEALTHCARE SERVICES assumes an obligation to maintain confidentiality, even after an employee LOVE N CARE HEALTHCARE SERVICES employee.

All medical information contained in the patient's record is confidential and should not be released without a valid patient's consent. Failure to comply with the company policy of patient confidentiality and release of information may result in punitive actions, which may include immediate dismissal and possible legal repercussion or prosecution.

Employees of the provider shall not disclose or knowingly permit the disclosure of any information in a client record except to appropriate provider staff, the client or responsible party, the client's physician or other health care provider, the department, other individuals authorized by the client in writing or by subpoena.

Disciplinary Action (Staff)

Policy: The organization will provide its clients with competent and caring staff members. The following are grounds for termination:

1. Falsification of records
2. Undisclosed conviction on the employee application
3. Any abuse to clients
4. Failure to complete tracking and progress notes
5. Excessive tardiness
6. Excessive absenteeism
7. Failure to maintain a clean work environment
8. Failure to comply with agency's rules and regulation

Staff will be disciplined accordingly:

1. The 1st offense will result in a documented verbal counseling
2. The 2nd offense will result in written counseling
3. The 3rd offense will result in suspension without pay for 3 days
4. The 4th offense will result in termination

In all cases of abuse or neglect the staff person will be taken off the schedule and an investigation will be conducted by the administrator. Incident will be reported to ORS within 24 hours. An incident report will be filled out and submitted accordingly.

Employee Incidents/Complaints

Policy: Employees are obligated to report any incidents or submit any complaints about their present work assignments. The following is the procedure to filing an incident or complaint:

Procedure:

1. Call the Administrator on duty when an incident or complaint occurs.
2. Obtain the Employee Incident/Complaint Form and completely fill it out.
3. Make sure to get the Administrator's Name and note the date and time of contact.
4. Once form is complete fax it or email it to the administration office.
5. The provider will then log the incident or complaint into the complaint log.
6. The provider will report back to the employee within 7 business days.
7. Within 5 business days the provider will review the circumstance, verify information, initiate the investigative process, and resolve the incident/complaint.
8. The resolution will be shared in writing with the employee/legal representation within 7 business days of the original filing of the complaint.

9. If the employee is not satisfied with the resolution, they may then redirect their concerns to the administrator for reevaluation.
10. The administrator will review the original information and proposed resolution. The results of this reevaluation will be communicated in writing to the employee/legal representation within 7 business days.
11. If the employee remains dissatisfied with the final decision, they will be advised to contact DHR-ORS for further guidance.

ETHICAL STANDARDS

Policy: LOVE N CARE HEALTHCARE SERVICES, insists on the highest ethical standards in conducting its business. Doing the right thing and acting with integrity will be the two driving forces behind LOVE N CARE HEALTHCARE SERVICES great success story. When faced with ethical issues, employees are expected to make the right professional decision consistent with LOVE N CARE HEALTHCARE SERVICES principles and standards.

The employee may not:

- Use the client's car
- Consume the client's food or drinks
- Use the client's phone for personal calls
- Discus his/her personal problems, religious and/or political beliefs
- Accept gifts or monetary tips from the client or his family
- Lend money to the client or borrow money from the client
- Purchase or sell gifts, food, or other items to/from the client
- Bring friends, children, relatives or pets to the client's home
- Consume alcoholic beverages or other illegal substances prior to delivery of service or within the client's home
- Sleep in the client's home
- Remain on the premises after services have been rendered
- Transport client in employee car
- Show up at client's home on weekends off or on off duty times
- Do things not listed on the care plan or assignment sheet without permission
- Smoke in the client's house

Exposure to Tuberculosis (TB) and Hepatitis

Policy: All employees have to report exposure to Tuberculosis (TB) and Hepatitis immediately to my employer, LOVE N CARE HEALTHCARE SERVICES, to safe guard and protect myself and the clients I serve. I will submit to a yearly TB skin test and physical.

Alcohol and Substance Abuse (4.11)

It is the policy of LOVE N CARE HEALTHCARES that the workplace be free of illicit drugs and alcoholic beverages, and free of their use. In addition to damage to respiratory and immune systems, malnutrition, seizures, loss of brain function, liver damage, and kidney damage, the abuse of drugs and alcohol has been proven to impair the coordination, reaction time, emotional stability, and judgment of the user. This could have tragic consequences where demanding or stressful work situations call for quick and sound decisions to be made.

LOVE N CARE HEALTHCARE SERVICES is a drug free workplace. All employees are subjected to random drug testing. Failure to pass the test is grounds for immediate termination from employment.

HANDLING MEDICAL EMERGENCIES (5.6)

POLICY: In case of an emergency at a client's home, you must immediately contact the clients emergency contact name (as stated in the client's file) and notify the Agency.

In an emergency situation, it is sometimes hard to know when to call for help. A general rule of thumb is to call the fire department, ambulance, or police if you have to ask yourself whether or not you should call. Your instincts will usually let you know when you need help. Know the emergency numbers in your care recipient's area. Most areas use the 911 system, if they do not, write down the numbers ahead of time and have them posted by the phone. The numbers you should have readily available may include:

Bleeding

The most common first aid procedure you may have to perform is caring for bleeding. The basic principles are:

- Cover with a clean cloth
- Apply pressure
- Elevate the area
- Do NOT remove any object stuck in the site, such as glass
- Do NOT remove original bandage, cover with another one if needed

Shock

It is also important to know how to recognize shock and how to treat it. Older people can go into shock easier than someone younger can. The signs include:

- Pale, cold, and clammy skin
- Person may feel sick or actually vomit
- Person may complain of feeling thirsty
- Pulse speeds up but is weaker
- Respirations become faster and more shallow

You will need to treat shock right away if these signs develop. After calling for an ambulance, treatment includes doing the following:

- Lay the person flat, with the legs elevated, if possible
- Cover the person with a blanket to keep warm
- Do NOT give the person anything to drink, but you can moisten the lips slightly
- Loosen clothing for better breathing and comfort First Aid

In general, you should NEVER move the care recipient when an accident has happened. Moving them may result in further injury. Of course, if there is immediate danger to the care recipient, such as a fire, then you should.

Poison Prevention

To prevent accidental poisoning consider the following:

- Store cleaning products properly
- Never mix products together
- If one product is put into another container, it should be relabeled
- Make sure your care recipient is able to read the labels on containers
- Lock up poisonous products for those who tend to be easily confused.

Recognizing and Responding to Changes in Client's Condition

Emergency Management

Policy: In the event of an accident or sudden adverse change in the client's condition, the employee will immediate obtain needed care and notify the legal representative or emergency contact person. The employee will follow the employee incident policy included in this policy manual. In the event of medical emergencies such as no heart beat or not breathing, staff will immediately call 9-1-1 and begin CPR until EMS arrives. For other emergencies, call 9-1-1 and do what is instructed by the 9-1-1 operator until help arrives.

CLIENT'S RIGHTS AND RESPONSIBILITIES

All Clients have the:

A. Right to be informed about plan of service and to participate in the planning

B. Right to be promptly and fully informed of any changes in the plan of service

C. Right to accept or refuse services

D. Right to be fully informed of the charges for the services

E. Right to be informed of the name, business telephone number and business address of the person supervising the services and how to contact that person:

Marilynn Sessions
1110 Satellite Blvd. Suite 301
Suwanee, Ga 30024
770-360-5683

F. Right to be informed of the complaint procedures and the right to submit complaints without fear of discrimination or retaliation and to have them investigated by the provider within a reasonable period of time. The complaint procedure provided shall include the name, business address and telephone number of the person designated by the provider to handle complaints and questions.

G. Right of confidentiality of their client record

H. Right to have property and residence treated with respect

I. Right to receive a written notice of the address and telephone number of the state licensing authority:

Department of Human Resources Office of Regulatory Services
Health Care Section
Two Peachtree Street, NW
Suite 33-250
Atlanta, GA 30303-3142
404-657-5550
Complaints Only: 404-657-5728 or 1-800-878-6442

J. Right to obtain a copy of the provider's most recent completed report of licensure inspection from the provider upon written request. The provider is not required to release the report of licensure inspection until the provider has had an opportunity to file a written plan of correction for the violation, if any, identified. The facility may charge the client reasonable photocopying charges

K. Right to be advised that the client and/or the responsible party, must advise the provider of any changes in the client's in the client's condition or any events that affect the client's service needs.

COMPLAINT PROCEDURE:

1. Clients and or families who are dissatisfied with any aspect of LOVE N CARE HEALTHCARE SERVICES, may express their concerns in writing to the provider.
2. In any situation where written communication is not possible, client/families/legal representation shall contact the Provider, who will then log in the concern and/or complaint.
3. Upon receipt of the verbal or written concern/complaint the Provider will report back to the source of the complaint within 7 business days.
4. Within 5 business days the Provider will review circumstances, verify information, initiate the investigative process, and resolve the complaint.
5. The resolution will be shared in writing with the client/family/legal representation within 7 days of the original filing of the complaint.
6. Clients and/or family who are not satisfied with the resolution may then redirect their concerns to the provider for reevaluation.
7. The Provider will review original information and proposed resolution. The results of this reevaluation will be communicated in writing with the client/family/legal representation within 5 business days.
8. If client/family or legal representative remains dissatisfied with final decision, they will be advised to contact DHR-ORS for further guidance.

All consumers have a right to voice problems to the provider and or DHR/ORS. The following are the addresses to the provider and DHR/ORS.

Marilynn Sessions, Administrator

1110 Satellite Blvd. Suite 301
Suwanee, Ga 30024
770-360-5683

DHR/ORS2
2 Peachtree Street, Suite 33
Atlanta, GA 30303-3142
1-800-878-6442

Service Plan

Policy: A written plan of service will be established in collaboration with the client and the responsible party, and the client's personal physician if services provided are nursing services. Service plans shall be completed by the service supervisor within seven working days after services are initially provided in the residence. Service plans for nursing services shall be reviewed and updated at least every sixty-two days. Other service plans shall be reviewed and updated at the time of each supervisory visit. Parts of the plans must be revised whenever there are problems identified with the plan.

The Service Plan process will respect the patient's right to make choices by allowing them to accept or refuse services. The Client will participate in the service planning process.

A physician's order is required for nursing services. This order will be placed on the client's record and incorporated into the service plan. If the physician changes an order and/or renew an order verbally, he/she will fax a written copy of the order to LOVE N CARE HEALTHCARE SERVICES,Inc. office to be placed in the client's record.

The service plan will include the functional limitations of the client, the type of service required, the expected times and frequency of service delivery in the client's residence, the expected duration of services that will be provided, the stated goals and objectives of the services and the discharge plans.

The purpose of the service plan is to direct staff action for a specific client. The Service Plan must be individualized and contain adequate information for staff action. The Service Plan will contain a description of the client's functional limitations, which may include difficulties with hearing, vision, speech, mobility, swallowing, eating, breathing, or cognitive abilities. The limitations will be described in detail.

The Service Plan will include the specific tasks and specific directions for task where appropriate. Information about medications and treatments will be included if the staff is expected to assist with the medication or treatment. The description of the task to be performed by staff will be detailed enough for the staff member to know what is expected from them.

The expected times and frequency of service delivery indicates how often staff will go to the client's home. The Service Plan will specify on what days and at what time of day, a.m. or p.m. service will be delivered. The Service Plan will specify how long staff will remain in the home to accomplish the task assigned.

The goals and objectives (or outcome criteria) are statements describing measurable outcomes of care. If goals/objectives are not being achieved, the RN or LPN will reevaluate the client and revise the service plan. If the service plan is revised by the LPN the RN must review and sign it. Goals/objectives may be standardized for personal care and companion/sitter clients. Monitoring the client's response to the care and modification of the service plan is an ongoing process. Revisions of the plan are based on a reassessment.

When applicable to the condition of the client and the services to be provided, the [service] plan shall also include pertinent diagnoses, medications and treatments, equipment needs, and diet and nutritional needs as well as cognitive ability and emotional stability. A diagnosis of cognitive impairment or emotional instability due to Alzheimer's, mental retardation, head trauma, etc., may necessitate specific instruction on communicating with the client and managing behavior.

THEFT

The act of stealing; the wrongful taking and carrying away of the personal goods or property of another; larceny.

IT IS THE POLICY OF YILLA, PCH. INC, THAT ANY STAFF MEMBER CAUGHT STEALING ANY ITEMS INCLUDING BUT NOT LIMITED TO; (FOOD, MEDICAL/HOUSEHOLD ETC...) WILL BE TERMINATED IMMEDIATELY. LEGAL ACTIONS WILL BE TAKEN AGAINST THE PERPETRATOR!!!

Company theft causes financial hardship and a loss for the company, it hurts not only the employer and other employees, but most importantly it hurts our residents who benefit from the supplies we buy for them. **We have a ZERO TOLERANCE policy for this type of CRIME.**

No matter how small you may think the item is, for example: taking home a roll of toilet tissue, this is still considered stealing and taking something away from our staff and

residents. We have a company budget…this is why we've created an inventory list, to make sure we are staying within our means. **Every penny counts!!!**

REMEMBER: STEALING IS A CRIME. IF YOU DIDN'T BUY IT…DON'T TAKE IT!!!!!

Daily Task Sheets

Policy: It is required by LOVE N CARE HEALTHCARE for the client each day. This documentation will be incorporated into the client's file. The Daily Task Sheet will be reviewed by the RN or LPN. The staff performing the services is to send the task sheet in on a weekly basis. It can be sent by mail, fax or email.

Once the Daily Task Sheets are reviewed by the RN or LPN, it will be signed by the reviewer and include the reviewer's credentials and date that it was reviewed. The form will then be placed in the client record

Progress Notes: Reporting Client's Progress and Problems to the Supervisor

All staff are required to write a daily progress note on the progress or problems of the client in their care. The progress note will report all progress made by the client as well as any problems that were identified. The progress notes should be sent to the nursing supervisor on a weekly.

PROCEDURE FOR FILING GRIEVANCE

An individual is free to file a grievance at any given time. When an individual, legal guardian or family member, files a grievance with LOVE N CARE HEALTHCARE SERVICES, Inc., the following steps below are implemented.

- An individual may bypass LOVE N CARE HEALTHCARE SERVICES, Inc. procedures at any time during the grievance process and contact the DBHDD Regional office directly at 770-414-3052.

- When a grievance is filed with a staff, staff must contact the Administrator, via telephone immediately at 770-360-5683.

- Mrs. Kindler will work with the individual, legal guardian or family member to reach a mutually beneficial solution that is satisfactory to the individual.

- Mrs. Kindler shall report back to the individual/legal guardian or family member with a resolution within 5 business days.

- If unresolved or if the individual is not satisfied with the outcome, she/he may refer the complaint to the Regional Coordinator.

- If an individual is not satisfied with the outcome of the grievance or complaint, the individual or responsible part may contact the Department of Behavior Health and Developmental Disabilities to investigate the issue for a final decision. The telephone number is 404-657-5964.

- If the client's condition changes drastically and is considered an emergency the employee will immediately obtain needed care and notify the legal representative or emergency contact person. Please see policy on Emergency Management.

By signature below, I_____, an employee of LOVE N Care HEALTHCARE SERVICES, Inc. acknowledges that I have received a copy of the Rights, Responsibilities and Policies and that this information has been fully explained to me.

_____ _____

(Signature) **(Date)**

Rules and Regulations of
Department of Human Resources Division of Mental Health,
Developmental Disabilities and Addictive Diseases

Chapter 290-4-9

Client's Rights

Table of Contents

Chapter 290-4-9 can be found on the Rules and Regulations by Georgia Secretary of State website.

290-4-9-.01 Purpose, Implementation, and Definitions.

(1) Purpose. The purpose of these regulations is to safeguard the rights of persons treated pursuant to O.C.G.A. Chapters 37-3, 37-4, 37-5, and 37-7.

(2) Applicability. These regulations shall apply to all area community mental health, mental retardation and substance abuse programs, as defined in O.C.G.A. Chapters 37-2, 37-5, and 26-5, which are operated by the Boards of Health or Community Service Boards or funded through contracts with the Boards of Health, the Regional Boards, the Community Service Boards, or the Department of Human Resources, including licensed Personal Care Homes which are under contract with the Department, Boards of Health, Regional Boards or Community Service Boards to receive clients who have mental illness, mental retardation, or are substance abusers. These regulations shall in general apply to all persons served in such programs without regard to the type or source of entry into the program. When the client is a minor or an adult with a legally appointed guardian, the regulations are applicable to that parent or guardian, with certain exceptions, as specifically stated in various parts of the regulations. For persons being served by virtue of a court order related to a criminal matter, the regulations are applicable to the extent that they do not violate the provisions of the order nor the need to provide for the safety of the individual or of others.

(3) Implementation. Each Mental Health, Mental Retardation, and Substance Abuse Program shall instruct each staff member in the contents of these regulations. Each Program shall also provide, at the beginning of each client's treatment, the client or his parent or guardian, if applicable, a written summary of the rights and remedies contained in these regulations and their applicability to him. Insofar as is possible, notifications shall be done in such a manner commensurate with the individual's abilities and capabilities of comprehension and understanding and shall be documented in the client's record. Further, prior to the restriction of any client's rights (as permitted in these regulations), a staff member shall again inform the client, or his parent or guardian if applicable, of his right to administrative complaint of that restriction, except in cases where the client's condition makes this impractical, and in such cases the client shall be informed at the time when his condition permits.

(4) Definitions. Unless a different meaning is required by the context, the following terms as used in these regulations shall have the meanings hereinafter set forth:

(a) "Abuse" means any unjustifiable intentional or grossly negligent act, exploitation or series of acts, or omission of acts by a staff member which causes physical or mental injury, or endangers the safety of a client, including but not limited to verbal abuse, assault or battery, failure to provide treatment or care, or sexual harassment;

(b) "Care" means diagnostic services; therapeutic services, including the administration of drugs; habilitation; and any other service for the treatment or habilitation of an individual pursuant to O.C.G.A. Chapters 37-2, 37-4, 37-5, and 26-5;

(c) "Chief Medical Officer" means the physician designated by the Program Director with overall responsibility for client treatment or habilitation at the facility receiving the client;

(d) "Client" means any person who receives treatment or habilitation for alcohol or drug abuse, mental illness, or mental retardation pursuant to O.C.G.A. Chapters 37-2, 37-4,
37-5, and 26-5 or any person accepted for evaluation;

(e) "Court" means, in the case of an individual who is 17 years of age or older, the probate court for the county of residence of the client or the county in which such client is found, and, in the case of an individual who is under the age of 17 years, the juvenile court for the county of residence of the client or the county in which such client is found;

(f) "Department" means the Georgia Department of Human Resources and includes its duly authorized agents and designees;

(g) "Director" means the Director of the Division of Mental Health, Mental Retardation and Substance Abuse of the Department of Human Resources;
(h) "Division" means the Division of Mental Health, Mental Retardation and Substance Abuse of the Department of Human Resources;
(i) "Guardian" means an individual appointed as provided by law to be legally responsible for the person of an adult or of a minor. Whenever the word "client" is used in these regulations, a guardian is entitled to exercise the client's rights on behalf of his ward;
(j) "Individualized Service/Program Plan"
1. "Individualized Service/Program Plan": An organized statement of the proposed treatment/habilitation process to guide the service provider and client throughout the duration of service at the Program.
2. Each plan shall clearly include but is not limited to:
(i) A statement of the goals or desired outcomes, based upon and related to a proper evaluation of the nature of the specific problem and the specific needs of the client, which can be reasonably expected to be achieved;
(ii) The kinds of services to be provided to obtain these goals and the frequency of services;
(iii) Identification of professional personnel who planned these services, including appropriate medical or other professional involvement by a physician;
(iv) Documentation of client involvement and, if applicable, the client's accordance with the individualized service/program plan;
(v) Compliance with the Program's written Quality Improvement Plan;
(k) "Mental Health, Mental Retardation and Substance Abuse Program (Program)" shall mean an organized program for the care and treatment of persons with mental illness, mental retardation, or individuals with an alcohol or drug dependence or addiction operated by a County Board of Health or Community Service Board or funded through contracts with a County Board of Health, Regional Board, Community Service Board or the Department of Human Resources.
(l) "Mental Health, Mental Retardation and Substance Abuse Program Director" shall mean the Director of a Mental Health, Mental Retardation and Substance Abuse Program.
(m) "Physical Restraint" means any mechanical device used to restrict a person's physical movement, except for those devices which are applied for protection from accidental injury or required for the medical treatment of the client's physical condition or for supportive or corrective needs of the client. These latter devices used in such situations must be authorized and applied in compliance with the Program's policies and procedures. The use of such devices shall be documented in the client's record;
(n) "Physician" means any person duly authorized to practice medicine in this State
pursuant to O.C.G.A. Chapter 43-34;
(o) "Psychologist" means any person duly authorized to practice applied psychology in
this State pursuant to O.C.G.A. Chapter 43-39.
(p) "Professional staff" means staff members who are psychiatrists, psychiatric nurses, physicians, social workers, clinical chaplains, psychologists, or persons who have met Division requirements for Mental Health Professional Equivalency or Mental Retardation Professional.
(q) "Quality Improvement Plan" means a written description of a clearly defined, organized program that is designed to promote quality client care through peer review and ongoing objective and systematic assessment of client care and the correction of identified problems. The plan describes the authority and responsibilities of program staff
responsible for review of client's rights, mechanisms for choosing representatives from
individuals served or their representatives, and individuals not otherwise affiliated with
the program to serve on the Quality Improvement Clients' Rights Subcommittee;
(r) "Regional Executive Director/Designee" means the person with overall responsibility
for the Mental Health, Mental Retardation and Substance Abuse Services.
(s) "Representative" means the person appointed, pursuant to section 290-4-9-.02(1)(h) of
these regulations, to receive notices;
(t) "Staff member" means, for the purpose of Chapter 290-4-9 only, any person who is an
employee, independent contractor, or other agent of the Department or of a County Board of Health, Regional Board or Community Service Board who provides services to persons with mental illness, mental retardation, or who are substance abusers. The use of "Staff member" in these regulations for such persons shall in no way alter the legal relationship of such persons and the Department, or subject the Department to any liability to which it is not otherwise subject;
(u) "Time-out" means a behavior modification procedure whereby a person is removed from the environment, or stimuli within the environment, which reinforces the undesired behavior which needs to be modified, and to an unlocked area where the client's movement is not restrained.

290-4-9-.02 Treatment or Habilitation.
(1) Appropriateness.

(a) General. Each client shall receive care that is suited to his needs in the least restrictive environment available offering appropriate care and treatment or habilitation. All clients have the right to a humane treatment or habilitation environment that affords reasonable protection from harm, exploitation or coercion. No client, whether voluntary or involuntary, shall be deprived of any civil, political, personal, or property rights or to be considered legally incompetent for any purpose without due process of law. Temporary restriction or denial or a client's rights may occur only when specific justification is documented, per these regulations. Protection of the client's well-being shall be of primary concern to all staff under all circumstances.
(b) Individual Service/Program Plans.
1. The development of an individualized service/program plan shall be governed as follows:
(i) Each client shall be evaluated and assessed by the staff as soon as possible after admission but within the time limits contained in the Community Service Board's Quality Improvement Plan or Division/Department minimum requirements, as appropriate.
(ii) Each individualized service/program plan shall be reviewed at regular intervals as specified in the Community Service Board's Quality Improvement Plan or Division/Department minimum requirements, as appropriate, to determine the client's progress toward the stated goals and to determine whether the plan should be modified because of the client's present condition. These reviews should be based upon relevant progress notes in the client's record and upon other related information.
(c) Receipt of Service (Day Services).
1. Each client shall have the right to receive prompt treatment services on a voluntary,confidential basis including:
(i) The right to care despite inability to pay;
(ii) The right to receive services in the least restrictive environment available;
(iii) The right to review and obtain copies of his service record, unless determined by the physician or such other staff as designated by the governing authority to be responsible for the client's treatment or habilitation to be contraindicated. Such determination shall be noted in the client's records along with the specific reason for any denial. A determination that a client may not review or obtain copies of his record shall expire after 30 days. Upon any new request after expiration, a new determination must be made and documented in the client's record. After any denial of his right to review or obtain copies of his record, a client may file a complaint under the procedures outlined in 290-4-9-.04. A client who is permitted to obtain copies of his record may be required to pay a reasonable fee to cover the costs of such copies.
(iv) The right to a written individualized service/program plan;
(v) The right to be involved in, to the extent possible, his own plan of care;
(vi) The right to refuse service, unless it is determined by a physician or licensed psychologist that the client is unable to care for himself, dangerous to himself or others, or mandated by a court.
(d) Receipt of Service (Residential Services).
1. Each client shall have the right to retain his own personal effects, clothing, and money.
2. Each client shall have the right to converse privately, have convenient and reasonable access to the telephone and mails, and to see visitors, except if denial is necessary for treatment or habilitation, as documented in the client's record by a physician or licensed psychologist.
3. Each client shall have the right to exercise the civil, political, personal, and property rights to which he is entitled.
4. Each client shall have the right to pursuit of employment, education, and religious expression.
(e) Restriction of any client's rights:
1. A client's rights may be restricted/denied only on a temporary basis and in order to protect the health and safety of the client or others;
2. If restriction, abridgement, or denial of a client's rights are instituted, other than those pursuant to 290-4-9-.02(1)(c)1.(iii) of these regulations, the nature, extent and reason shall be entered in the client's record as a written order approved by a physician or licensed psychologist. Review of such restriction will occur in the approved treatment or habilitation review process. Any continuing denial or restriction shall be reviewed every 15 calendar days and shall be entered into the client's treatment or habilitation record.
Such restriction, abridgement, denial of a right must be reviewed by the staff responsible for review of client rights as specified in the Program's Quality Improvement Plan.
(f) Physical Restraints and Time-out Utilization.
1. Physical restraints shall not be used in any program governed by these rules and regulations; provided, however, that emergency receiving, evaluating and treatment facilities may use restraints in accordance with Rules and Regulations for Patients' Rights, Chapter 290-4-6. For the purposes of this subsection, those devices which restrain movement, but are applied for the protection of accidental injury or required for medical treatment of the client's physical condition or for supportive or corrective needs of the client, shall not be considered physical restraints. However, such devices used in such situations must

be authorized and applied in compliance with the Program's policy and procedures. The use of such devices shall be a part of the client's Individual Service/Program Plan.
2. Time-out procedures shall be used solely for the purpose of providing effective treatment and protecting the safety of the client and other persons and shall not be used as punishment or for the convenience of staff. It shall be documented in the client's record, prior to the use of time-out procedures, that less restrictive methods of modifying the problem behavior have been systematically tried and found to be ineffective.
3. The use of time-out shall be governed as follows:
(i) Every use of time-out shall be under the supervision and observation of the Program's professional staff and limited to no more than 15 minutes per episode.
(ii) Every use of time-out shall be conducted in a unlocked well lighted, heated or cooled, ventilated area with a means of observation available. The area(s) to be used for time-out shall be identified in the Program's policy and procedure for time-out utilization.
(iii) Every use of time-out shall be documented in the client's record. Such documentation shall include but is not limited to:
(I) the reasons and justification for time-out utilization;
(II) the signature of the person authorizing the time-out.
(g) Medications.
1. The attending physician is responsible for assuring, and documenting in the client's record, that the benefits, side effects, and risks of psychotropic medication are explained to the individual, commensurate with the individual's abilities of comprehension and understanding.
2. All medications shall be administered or prescribed solely for the purpose of providing effective treatment or habilitation and/or protecting the safety of the client and other persons and shall not be used as punishment or for the convenience of staff.
3. If not judicially declared incompetent, all adults shall give signed consent to the administration of medication. If an adult client has been judicially determined to be incompetent to give signed consent or to make decisions of a similar nature, signed consent to the administration of medication shall be obtained from the client's guardian with capacity to make such decision. If the client is a minor, such signed consent shall be obtained from the minor's parent or legal guardian.
4. Only in cases of emergency, where the physician determines that immediate intervention is necessary to prevent the death of or serious consequences to a client and where delay in obtaining signed consent would be unsafe for the client or others then immediate essential intervention may be administered without the consent of the client or other person. In such emergency cases, a record of the determination of the physician shall be entered into the client's record, and this will be the prior consent for such intervention. An attempt to expeditiously resolve the emergency situation must then be demonstrated.
(h) Participation of representatives for persons ordered to receive involuntary outpatient treatment at a mental health center on an outpatient basis is governed by the Rules of the Department of Human Resources Rule 290-4-6-.02(3).

290-4-9-.03 Treatment or Habilitation Environment.
(1) General. The individual dignity of each client shall be respected at all times and upon all occasions. The provision of all services shall be offered in an environment, which is designed to assure the health and safety of all clients.
(2) Abuse and Sexual Activity.
(a) Abuse of any client is prohibited. A staff member shall use force only if necessary to prevent a client from threatening imminent harm or committing harm to himself or others. Such force as may be needed to prevent a client from threatening imminent harm or committing harm to self, staff, or others shall not constitute abuse. An incident report of such activity shall be filed with the Program Director and with the Clients' Rights program staff.
(b) No staff member shall engage in any sort of sexual activity with any client, or allow sexual activity between or among clients while the client remains under the care or supervision within a program operated or contracted by a County Board of Health, Regional Board, Community Service Board or the Department.
(c) No staff member shall abuse any client through physical or verbal attack, exploitation,
or coercion.
(d) A staff member who witnesses an incident of such abuse or sexual activity shall report the incident to the Program Director within 24 hours, and to the Program Clients' Rights staff as specified in the Program's Quality Improvement Plan as soon as possible, which staff shall notify the Personal Advocacy Unit of the Division within 5 working days.
Upon receiving such a report, the Program Clients' Rights Subcommittee shall assist the reporting staff or the client (or his guardian or parent, if applicable) in initiating a complaint pursuant to Section 290-4-9-.04 of these regulations. If the Program Director has reasonable cause to believe that the incident constitutes criminal conduct, he shall notify the Regional Executive Director. If the Regional Executive Director concurs, he shall report the incident to the appropriate law enforcement agency. A staff member who
fails to comply with the applicable requirements of this Section 290-4-9-.03(2) shall be subject to adverse action in accordance with personnel procedures of the Department or the governing authority.

(e) If a staff member of a program has reasonable cause to believe that a parent or caretaker of a minor has inflicted physical injuries other than by accident, has neglected, exploited sexually or assaulted the child, then the staff member shall notify the program's director or his delegate who in turn shall report the allegation to the appropriate County Department of Family and Children Services by telephone, as soon as possible, followed by a written report. The report shall include the names of the parent(s) or caretaker(s), the name of the client, his age, nature and extent of injuries including evidence of previous injuries and other pertinent information on the cause of injury and the identity of the perpetrator. Abuse or neglect of adult clients shall be reported in accordance with the provisions of O.C.G.A. 30-5-1 through 30-5-8.

290-4-9-.04 Remedies for Violations.

(1) Complaint Procedures. Any client (or his guardian or parent of a minor client, if applicable) or his representative or any staff member may file a complaint alleging that a client's rights under these regulations or other applicable law have been violated by staff members or persons under their control. Such complaints shall be governed by the procedure established in this Section 290-4-9-.04. A person who considers filing such a complaint is encouraged to resolve the matter informally by discussing it first with the staff members or other persons involved or Program Clients' Rights staff as specified in the Program's Quality Improvement Plan. The client is not required to use the procedures established by this Section 290-4-9-.04 in lieu of other available remedies, including the right to directly contact the Personal Advocacy Unit at the Division of Mental Health and Mental Retardation and Substance Abuse or to submit a written complaint to the Regional Executive Director or Program Director or Governor's Advisory Council as provided in O.C.G.A. Chapter 37-2-4.

(a) General. In order to ensure that such internal quality improvement investigations and monitoring activities are completed fully and in an in-depth manner, to encourage candid evaluations, and to ensure that adequate corrective action is taken in all cases, review actions taken and documentation made in furtherance of this Section 290-4-9-.04 shall remain confidential.

(b) Client complaint procedures in Programs funded directly or indirectly by the Department shall be governed as follows:

1. Each Program Director shall appoint a Clients' Rights Subcommittee to review the rights of the clients receiving services from programs contracted by the Department, a Regional Board, or a Community Service Board either directly or indirectly. The Clients' Rights Subcommittee functions as a part of the program's ongoing quality improvement program, as described in the Program's Quality Improvement Plan.

(i) The Clients' Rights Subcommittee staff is chosen from those staff responsible for the Program's Quality Improvement peer review system; and is a subcommittee of the Quality Improvement Committee. Members shall be composed primarily of professional staff and shall also include a service consumer or his representative or person not otherwise affiliated with the program.

(ii) The Clients' Rights Subcommittee shall have the authority to investigate complaints, use whatever means are available and appropriate to resolve complaints, and consult with Program management on the development of policies and procedures to safeguard the rights of clients served in the Program.

(iii) The Quality Improvement Clients' Rights Subcommittees in the Programs conduct their activities under the auspices of the Program Quality Improvement Committee, and all reports will be channeled through the Quality Improvement Committee to the appropriate Program Director/designee for appropriate corrective action. A copy of all reports will also be channeled to the Division Quality Improvement Committee through
the Division Personal Advocacy Unit.

(2) First Step.

(a) The complaint shall be filed with the Clients' Rights Subcommittee of the client's Program, and it may be filed on a form provided by the Program. If the client states the complaint orally, specific assistance should be given in proceeding with the complaint and completing the form. Complaints may be made by telephone to clients' rights staff persons, who will complete the form. Staff members whose alleged conduct gave rise to the complaint may be informed of the complaint.

(b) As soon as possible, but within seven working days after the complaint is filed, the Clients' Rights Subcommittee shall investigate the complaint, resolve it if possible, complete a disposition report, and file it with the Quality Improvement Committee's records. If after interviewing the complainant, however, it is found that the complaint does not state an allegation that, if true, would constitute a violation of these regulations or other applicable law, the complaint may be rejected in writing. In cases of such rejection, the original of the rejection notice shall be filed in the Quality Improvement Committee's records, and a copy shall be sent to the complainant. In all investigated complaints, the staff shall employ the investigatory method deemed most suitable to determine the facts. This method may include, but is not limited to, personal interviews, telephone calls, review of documents, and correspondence. The Quality Improvement Committee and its designees shall have access to all files, documents, records, and personnel of the Program deemed by the Committee to be relevant to its investigation.
The Committee shall resolve the complaint through mediation and conciliation whenever possible. The client whose rights are alleged to have been violated or someone in his behalf may appear before the committee.

(c) The Program's Quality Improvement Committee shall complete a brief disposition report on each investigated complaint and forward it to the Program Director for approval. The report shall state the parties involved, the gist of the complaint, and whether the complaint was resolved or not. The original report shall be filed on forms provided by the Division in the Committee records, and a copy shall be sent to the Regional Executive Director, the Director of the Program, and to the Division

Quality Improvement Committee through the Personal Advocacy Unit. The complainant shall be notified of the action taken by the Committee.
(3) Second Step.
(a) If the complaint is rejected or is not resolved by the Committee to the satisfaction of the client (or his guardian or parent of a minor client, if applicable) or the complainant, either the client (or his guardian or parent of a minor client, if applicable) or the complainant may file with the Program Director a written request for a review of the complaint. The request shall be filed no later than 15 working days after the person filing the request receives a copy of the rejection notice or the disposition report of the
Committee, which report includes notice of the necessity to file for review within 15 working days. The Program Director may reject the request in writing without a review if either the complaint or the request for review is not filed in a timely fashion, or if the complaint does not state an allegation that, if true, would constitute a violation of these regulations or other applicable law. The original of the rejection shall be filed in the Program Director's records, and a copy shall be sent to the complainant and to the
Regional Executive Director. In all other cases, the Program Director shall designate a staff member who is a member of the Quality Improvement Committee and has no connection with the complaint to conduct a review of the complaint.
(b) The person conducting the review of the complaint shall review all reports and documents which were utilized in Section 290-4-9-.04(2). In addition, the reviewer may interview any person who may have information related to the complaint. The complainant, shall be given an opportunity to discuss the complaint directly with the reviewer and present any information relevant to the complaint. Any staff member(s) whose alleged conduct gave rise to the complaint shall also be given an opportunity to discuss the complaint with the reviewer and present any information relevant to the complaint. This review process is designed to be an informal process and not a formal hearing. The reviewer shall document his findings. The review shall be completed as soon as possible, but within 10 working days after the request for review is filed.
(c) Within five working days after the conclusion of the review, the reviewer shall submit to the Program Director a written report of the review. The report shall contain a list of the pertinent provisions of these regulations or other applicable law, and a recommendation for disposition. Within three working days after receiving the reviewer's report, the Program Director shall issue a written decision disposing of the complaint. The Program Director's decision, in addition to the disposition, may incorporate by reference those lists contained in the reviewers report. In this decision, the Program Director may accept, reject, or modify the reviewer's recommendation, or he may return the case to the reviewer for further proceedings. If the Program Director returns the case to the reviewer, the Program Director shall specify the matters to be addressed in the further proceedings and shall specify the period within which those proceedings shall be concluded. In no event shall the period for completing the further proceedings, including the reviewer's submission of an additional report to the Program Director and the Program Director's issuance of a decision, exceed 10 working days. The original of the Program Director's decision shall be filed on forms provided by the Division in the Program Director's records, and a copy shall be sent to the Regional Executive Director, to the complainant, and the Division Quality Improvement Committee through the Division Personal Advocacy Unit.
(4) Third Step.
(a) The client (or his guardian or parent of minor client, if applicable) or the complainant may appeal the Program Director's rejection or other decision by filing a written request for review with the Regional Executive Director or his/her designee. The request for review shall be filed no later than 10 working days after the person filing the request receives a copy of the Program Director's rejection or other decision. Upon the filing of such a request, the Program Director shall be notified, and the Program Director shall
immediately transmit to the Regional Executive Director a copy of the Program Director's rejection or decision, together with a copy of the reviewer's recommendations, the Program Director's decision, and other documents utilized in the review, if any.
(b) Within 10 working days of the filing of the request for review the Regional Executive Director, or his/her designee, shall issue a decision disposing of the appeal. The Regional Executive Director may reject the request in writing without a review if either the complaint or the request for review is not filed in a timely fashion, or if the complaint does not state an allegation that, if true, would constitute a violation of these regulations or other applicable law. The original of the rejection shall be filed in the Regional
Executive Director's records and a copy sent to the complainant. In all other cases, the Regional Executive Director shall review the pertinent facts, reports, and reviews which were in Section 290-4-9-.04(2) and 290-4-9-.04(3), and issue a written decision disposing of the complaint. The original of the Regional Executive Director's decision shall be filed on forms provided by the Division in the Regional Executive Director's records, and a copy shall be sent to the complainant and to the Division Quality Improvement
Committee through the Division Personal Advocacy Unit.
(5) Fourth Step.
(a) The client (or his guardian or parent of a minor client, if applicable) or the complainant may appeal the Regional Executive Director's rejection or other decision by filing a written request for review with the Director of the Division of Mental Health, Mental Retardation and Substance Abuse. The request for review shall be filed no later than 10 working days after the person

filing the request receives a copy of the Regional Executive Director's rejection or other decision. Upon the filing of such a request, the
Regional Executive Director shall be notified, and the Regional Executive Director shall immediately transmit to the Director a copy of the Regional Executive Director's rejection or decision, together with a copy of the previous reviewer's recommendations, the Program Director's decision, and other documents utilized in the review, if any.
(b) Within 10 working days of the filing of the request for review; the Director or his designee shall issue a decision disposing of the appeal. This decision of the Director or his designee shall be based upon a review of the request for review and the documents forwarded by the Regional Executive Director; no evidentiary hearing shall be conducted by the Director or his designee. In the decision, the Director or his designee, may affirm, reverse, or modify the Regional Executive Director's rejection or other decision, or he may return the case to the Regional Executive Director for further proceedings. If the Director or his designee returns the case to the Regional Executive Director, the Director or his designee shall specify the matters to be addressed in the further proceedings and shall specify the period within which those proceedings shall be concluded. In no event shall the period for completing the further proceedings, including the reviewer's submission of an additional report, the Regional Executive Director's issuance of another rejection or other decision, and the Director's or his designee's issuance of a decision, exceed 14 working days. The original of the Director's or his designee's decision shall be filed in the Director's records, and copies shall be sent to the Regional Executive Director and to the complainant. The decision of the Director shall be final.
(6) General Provisions.
(a) Whenever the Program's Clients' Rights staff or the Division's Personal Advocacy Unit becomes aware of a situation that appears to require immediate action to protect the welfare and safety of any client, the Program's Clients' Rights staff or the Personal Advocacy Unit shall immediately notify the nearest available staff member with authority to correct the situation.
(b) In any situation that requires immediate action to protect a client's welfare or safety, the Regional Executive Director may be notified instead. If adequate corrective action is not taken by that staff member, the Clients' Rights staff or the Personal Advocacy Unit shall immediately notify the Regional Executive Director, or, if necessary, the Division Director or the Commissioner of the Department.
(c) No person shall be subject to any form of discipline or reprisal solely because he has sought a remedy through or participated in the procedures established by this Section 290-4-9-.04.
(d) Obstruction of the investigation or disposition of a complaint by any person shall be reported to the Program Director, who shall take action to eliminate the obstruction. Staff members are subject to adverse action for engaging in such obstruction, in accordance with personnel procedures of the Department or the personnel procedures of the governing authority.
(e) Time limits designated in this Section 290-4-9-.04 may be extended by the decision maker at each step for good cause only.
(f) This complaint procedure does not replace or invalidate any other Department policy or procedure pertaining to reporting requirements, disciplinary matters, or the like.
(g) Staff members who are involved in a complaint shall not be involved in the processing of that complaint.

290-4-9-.05 Confidentiality.
(1) A service record for each client shall be maintained. The record shall include data pertaining to admission and such other information as may be required under regulations and standards of the Department. The service record shall not be a public record and no part of it shall be released except:
(a) Service records of clients treated for alcohol and drug abuse shall be maintained in accordance with Volume 42 of the Code of Federal Regulations 42, Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records," as now or hereafter amended. Volume 42 of the Code of Federal Regulations Part 2 and O.C.G.A. 37-7-166 control the disclosure provisions for clients treated for alcohol and drug abuse;
(b) When the chief medical officer of the Program where the record is kept deems it essential for continued treatment or habilitation, a copy of the record or parts thereof may be released upon consent of the client to physicians or licensed applied psychologists when and as necessary for the treatment of or habilitation of the client;
(c) A copy of the record may be released to any person or entity as designated in writing by the client or, if appropriate, the parent of a minor, the legal guardian of an adult or minor, or a person to whom legal custody of a minor patient has been given by order of a court;
(d) When a client is admitted to a Program, a copy of the record or information contained in the record from another facility, community program, or a private practitioner may be released to the admitting Program. When the service/program plan of a client involves transfer of that client to another Program or hospital, a copy of the record or information contained in the record may be released to that Program or hospital;
(e) A copy of the record or any part thereof may be disclosed to any employee or staff member of the Program when it is necessary for the proper treatment of the client;
(f) A copy of the record shall be released to the client's attorney if the attorney so requests and the client, or the client's legal guardian, consents to the release;

(g) In a bona fide medical emergency, as determined by a physician treating the client, the chief medical officer may release a copy of the record to the treating physician or to the client's psychologist;
(h) The record shall be produced by the entity having custody thereof at any hearing held under O.C.G.A. Chapters 37-1, 37-3, 37-4, 37-5, or 37-7 at the request of the client, the client's legal guardian, or the client's attorney;
(i) A copy of the record shall be produced in response to a valid subpoena or order of any court of competent jurisdiction, except for matters privileged under the laws of this State; provided, however, that disclosure of alcohol abuse or drug abuse client information shall be produced in response to a court order issued by a court of competent jurisdiction pursuant to a full and fair show cause hearing;
(j) Notwithstanding any other provision of law to the contrary, a law enforcement officer in the course of a criminal investigation may be informed whether a person with mental illness or mental retardation is or has been a client in a Program as well as the client's current address, if known; provided, however, that disclosure of alcohol abuse or drug abuse client information is not authorized by this paragraph.
(k) Notwithstanding any other provision of law to the contrary, a law enforcement officer in the course of investigating the commission of a crime on the premises of a Program or against Program personnel or a threat to commit such a crime may be informed as to the circumstances of the incident, including whether the individual allegedly committing or threatening to commit a crime is or has been a client in the Program, and the name, address, and last known whereabouts of any alleged client perpetrator.
(2) Any disclosure authorized by this section or any unauthorized disclosure of confidential or privileged client information or communication shall not in any way abridge or destroy the confidential or privileged character thereof, except for the purpose for which such authorized disclosure is made. Any person making a disclosure authorized by this section shall not be liable to the client or any other person notwithstanding any contrary provision of O.C.G.A. Section 24-9, Article 2, as now or hereafter amended.

290-4-9-.06 Notification of Rights.

In addition to the provision of these Regulations Paragraph 290-4-9-.01(3), each Program shall display a notice in a prominent place of the availability and accessibility of these regulations Chapter 290-4-9 at each appropriate service site.
Authority O.C.G.A. Chap. 37-2; Secs. 37-1-23; 37-3-2; 37-4-3; 37-7-2. **History.** Original Rule entitled "Notification of Rights" was filed on January 9, 1987; effective January 29, 1987. **Repealed:** New Rule of same title adopted. F. Aug. 18, 1994; eff. Sept. 16, 1994, as specified by the Agency.

Clients' Responsibilities

As a Client of Love N Care Healthcare Services, Inc. you have the responsibility to:

- Give accurate information about your mental health, substance use, medical issues or any information that may influence the level of care you may need;
- Assist by making and keeping a safe environment;
- Notify the staff if you have the intentions of moving to a new location
- You need to have a change in your services
- Abide by the Rules to ensure the safety of yourself and others;
- Notify the agency if you feel your rights have been violated;
- Notify the agency if you are in need of other services not provided by the agency;
- Notify the agency if scheduled appointments need to be changed;
- Notify the agency if there is a change in your living arrangements;
- Work with staff in planning, reviewing and changing your Individual service plans;
- Inform staff immediately if you have any concerns or problems with the service you are receiving.

A SIGNED COPY OF THE RIGHTS AND RESPONSIBILITIES MUST BE PLACED IN CLIENT'S OR EMPLOYEE'S FILE

By signature below, I _____,

client ____ or employee ____ of Love N Care Healthcare Services, Inc. acknowledges that I have received a copy of the Clients' Rights and Responsibilities and that this information has been fully explained to me.

_____ (Signature)

_____ (Date)

Reporting Abuse or Exploitation of Residents

in Long Term Care Facilities

§ 31-8-80. Short title.

This article shall be known as the "Long-term Care Facility Resident Abuse Reporting Act."

§ 31-8-81. Definitions.

As used in this article, the term:

(1) "Abuse" means any intentional or grossly negligent act or series of acts or intentional or grossly negligent omission to act which causes injury to a resident, including, but not limited to, assault or battery, failure to provide treatment or care, or sexual harassment of the resident.

(2) "Exploitation" means an unjust or improper use of another person or the person's property through undue influence, coercion, harassment, duress, deception, false representation, false pretense, or other similar means for one's own profit or advantage. (3) "Long-term care facility" or "facility" means any skilled nursing home, intermediate care home, personal care home, or community living arrangement now or hereafter subject to regulation and licensure by the department.

(4) "Resident" means any person receiving treatment or care in a long-term care facility.

§ 31-8-82. Reporting abuse or exploitation; records.

(a) Any:

(1) Administrator, manager, physician, nurse, nurse's aide, orderly, or other employee in a hospital or facility;

(2) Medical examiner, dentist, osteopath, optometrist, chiropractor, podiatrist, social worker, coroner, clergyman, police officer, pharmacist, physical therapist, or psychologist; or

(3) Employee of a public or private agency engaged in professional services to residents or responsible for inspection of long-term care facilities

who has knowledge that any resident or former resident has been abused or exploited while residing in a long-term care facility shall immediately make a report as described in subsection (c) of this Code section by telephone or in person to the department. In the event that an immediate report to the department is not possible, the person shall make the report to the appropriate law enforcement agency. Such person shall also make a written report to the Department of Human Resources within 24 hours after making the initial report.

(b) Any other person who has knowledge that a resident or former resident has been abused or exploited while residing in a facility may report or cause a report to be made to the department or the appropriate law enforcement agency.

(c) A report of suspected abuse or exploitation shall include the following:

(1) The name and address of the person making the report unless such person is not required to make a report;

(2) The name and address of the resident or former resident;

(3) The name and address of the facility;

(4) The nature and extent of any injuries or the condition resulting from the suspected abuse or exploitation;

(5) The suspected cause of the abuse or exploitation; and

(6) Any other information which the reporter believes might be helpful in determining the cause of the resident's injuries or condition and in determining the identity of the person or persons responsible for the abuse or exploitation.

(d) Upon receipt of a report of abuse or exploitation, the department may notify the appropriate law enforcement agency. In the event a report is made directly to a law enforcement agency, under subsection (a) or (b) of this Code section, that agency shall immediately notify the department.

(e) The department shall maintain accurate records which shall include all reports of abuse or exploitation, the results of all investigations and administrative or judicial proceedings, and a summary of actions taken to assist the resident.

§ 31-8-83. Investigations.

(a) The department shall immediately initiate an investigation after the receipt of any report. The department shall direct and conduct all investigations; however, it may delegate the conduct of investigations to local police authorities or other appropriate agencies. If such delegation occurs, the agency to which authority has been delegated must report the results of its investigation to the department immediately upon completion.

(b) The investigation shall determine the nature, cause, and extent of the

reported abuse or exploitation, an assessment of the current condition of the resident, and an assessment of needed action and services. Where appropriate, the investigation shall include a prompt visit to the resident. (c) The investigating agency shall collect and preserve all evidence relating to

the suspected abuse or exploitation.

(d) All state, county, and municipal law enforcement agencies, employees of long-term care facilities, and other appropriate persons shall cooperate with the department or investigating agency in the administration of this article.

§ 31-8-84. Evaluation of results of investigation; protection of resident.

(a) Upon the receipt of the results of an investigation, the department, in cooperation with the investigating agency, shall immediately evaluate such results to determine what actions shall be taken to assist the resident.

(b) The department or an agency designated by the department shall assist and prevent further harm to a resident who has been abused or exploited. The department may also take appropriate legal actions to assure the safety and welfare of all other residents of the facility where necessary.

(c) Within a reasonable time not to exceed 30 days after it has initiated action to assist a resident, the department shall determine the current condition of the resident, whether the abuse or exploitation has been abated, and whether continued assistance is necessary.

(d) If as a result of an investigation a determination is made that a resident has been abused or exploited, the department shall contact the appropriate prosecuting

authority and provide all information and evidence to such prosecuting authority.

§ 31-8-85. Immunity from liability.

(a) Any agency or person who in good faith makes a report or provides information or evidence pursuant to this article shall be immune from liability for such actions.

(b) Neither the department nor its employees, when acting in good faith and with reasonable diligence, shall have any liability for defamation, invasion of privacy, negligence, or any other claim in connection with the collection or release of information pursuant to this article and neither shall be subject to suit based upon any such claims.

§ 31-8-86. Confidentiality.

The identities of the resident, the alleged perpetrator, and persons making a report or providing information or evidence shall not be disclosed to the public unless required to be revealed in court proceedings or upon the written consent of the person whose identity is to be revealed or as otherwise required by law. Upon the resident's or his representative's request, the department shall make information obtained in an abuse report or complaint and an investigation available to an allegedly abused or exploited resident or his representative for inspection or duplication, except that such disclosure shall be made without revealing the identity of any other resident, the person making the report, or persons providing information by name or inference. For the purpose of this Code section, the term "representative" shall include any person authorized in writing by the resident or appointed by an appropriate court to act upon the resident's behalf. The term "representative" also shall include a family member of a

deceased or physically or mentally impaired resident unable to grant authorization; provided, however, such family members who do not have written or court authorization shall not be authorized by this Code section to receive the resident's health records as defined in Code Section 31-33-1.

§ 31-8-87. Retaliation prohibited.

No person or facility shall discriminate or retaliate in any manner against any person for making a report or providing information pursuant to this article or against any resident who is the subject of a report. Nothing in this Code section shall be construed to prohibit the termination of the relationship between the facility and the resident for reasons other than that the facility has been made the subject of a report, that such a report has been made, or that information has been provided pursuant to this article.

§ 31-8-88. Notice of requirements of article.

The department shall prepare a written notice describing the reporting requirements set forth in this article. Such notice shall be distributed to all long-term care facilities and hospitals in the state and copies thereof shall be posted in conspicuous locations within facilities and hospitals.

********DETACH AND PLACE IN RESIDENT'S OR EMPLOYEE'S FILE*********

By signature below, I _____,an employee of Love N Care Healthcare Services, acknowledge that I have received a copy of the Long Term Care

Resident Abuse Reporting Act and that my responsibilities have been fully explained to me.

_____

Signature

Date_____

Medication Review

· Review all medications regularly to ensure they are achieving the desired results
· When conducting a medication review, consider the following:

1. Disclose all medications being used

· Staff and client should display:
Þ Their understanding of the indication for each medication
Þ Their method of administration
Þ Dose and time of taking medication
Þ Any side effects experienced

2. Identify medications by generic name and drug class

· Reduce drug name confusion by emphasizing generic identification
· Drugs of the same class may have a similar profile of side effects, and the requirements for monitoring may be similar

4. Know the side effect profile of each medication

· In order to recognize an adverse drug reaction, become familiar with the common side effects of each agent on a Patient's medication list. This is most easily achieved by identifying the side effects common to the drug class

5. Identify risk factors for an adverse drug reaction

· Elderly people are at greater risk of polypharmacy due to increased likelihood of multiple diseases, and an increased sensitivity to adverse effects and drug interactions
· Some medications are poorly suited for use in the elderly and should be avoided except under unusual circumstances
E.g. long –acting benzodiazepines, central-acting antihypertensive
· Patients often hoard drugs from previous treatment regimens and use them "as needed"

6. Eliminate medications with no demonstrable therapeutic benefit and no clinical indication

· Therapeutic benefit can be determined by questioning the patient (e.g. has this medication helped you?), or Performing a physical exam or diagnostic test for more objective information
· Patients receiving medications for no clinical indication are at risk of side effects with a very limited chance for Therapeutic benefit.

7. Substitute a safer medication

· To expose an adverse drug reaction, compare the patient's review of symptoms with the side effect profile of their
Medications. If these symptoms are significantly distressing or reflect potential serious sequel, consider eliminating
Agents that may be unnecessary or consider making drug substitutions

8. Avoid treating an adverse drug reaction with a drug

· Treating an adverse drug reaction with another medication may occur as a consequence of an unrecognized adverse
Drug reaction and can lead to a vicious cycle of one new medication after another being added simply to address a
Cascade of side effects

· Any adverse reaction that necessitates the addition of another drug should be a 'red flag', warning you to discontinue The therapy or find an alternative.

9. Use a single drug with an infrequent dosing schedule, if possible

· Patient non-compliance is directly related to the total number of medications and the daily dose frequency of each
Medication

What to do in a Medical Emergency…….. Adverse Drug Reactions

1.) Call 911
2.) Notify agency nurse
3.) Follow up with medical professional

Many drugs cause side effects, and certain medicines can trigger life-threatening reactions - allergic and non-allergic - in some people. Some medicines also interact with other medications and cause adverse drug reactions. People who take three or four medications each day are more likely to have reactions to drugs. In addition, the use of herbal supplements and alternative medicines, such as St. John's Worth, can interact with certain drugs and cause health problems.

Adverse drug reactions can occur within minutes or within hours of exposure. They are a leading cause of death in the United States, resulting in more than 100,000 deaths each year.

The most common symptoms of allergic reactions to drugs are:
•Skin rash or hives
•Itchy skin
•Wheezing or other breathing problems
•Swelling
•Diarrhea or constipation

The most common drug that can cause problems is penicillin. Antibiotics, sulfa drugs, barbiturates, and insulin also can cause adverse drug reactions. Some medicines trigger a response from the immune system in people with drug hypersensitivity. The body's immune system perceives the substance as attacking the body, so it attacks the system.

More than 90 percent of adverse drug reactions do not involve an allergic immune system response. Instead, these reactions may produce a range of symptoms involving virtually any system or part of the body - which often makes them difficult to recognize.

Reactions to drugs may range from mild, such as upset stomach or drowsiness, to severe, life-threatening conditions, such as anaphylaxis. These reactions can occur with

prescription medications, over-the-counter medications and supplements or herbal remedies.

Always tell your doctor if you have adverse reactions to medications and wear an identifying bracelet or jewelry such as a MedicAlert® bracelet.
Examples of serious side effects or adverse reactions include the following:
 Allergic reactions;
 Twitches or tics, changes in gait or difficulty walking;
 Severe drowsiness or decreased alertness;
 High fever.
4. Allergic reactions — these are serious side effects. Signs of an allergic reaction includes the following:
 Rashes or hives on the skin;
 Watery eyes, runny nose;
 Wheezing and coughing;
 Difficulty swallowing;
 Difficulty breathing.
5. Anaphylaxis reactions — Anaphylaxis is a severe, potentially fatal allergic reaction. It is a MEDICAL EMERGENCY!
 Anaphylaxis affects the entire body. It can start within seconds of exposure to a medication, food, insect bite or other allergen.
 Symptoms may quickly progress. The individual may first feel anxious and itchy. A rash and swelling on the face and body sets in. Finally, constriction of the airway from swelling of the throat and difficulty breathing develops. Respiratory failure (inability to breath) may soon follow.
 This is an emergency situation. Call 911 and follow the operator's instructions.
 If the individual has an epinephrine auto-injector (Epi-Pen) it should be administered as trained.
21
6. Medication interactions — Medications can interact with other medications. Taking multiple medications at the same time may result in a medication interaction. The licensed practitioner must know what other medications the individual is prescribed including any herbal or alternative medicine preparations
Example: Maalox decreases effectiveness of tetracycline because Maalox reduces stomach acid and tetracycline needs stomach acid to be absorbed.
7. Food interactions — Food may interact with medications by affecting the absorption process. Food changes the acidity (pH) of the stomach.
The pH of the stomach affects the absorption of medications. When a medication must be administered on an empty stomach, the medication should be given one hour before a meal or two hours after a meal.
Example: Grapefruit juice should not be given with certain medications as it

inhibits the proper absorption of fat. Some medications are fat-soluable.

Staff are best able to observe and report any and all suspected effects of med

Upon returning home from the appointment, do the following:

- Contact pharmacy staff and ensure they received the electronic order from the physician’s office. If they have not, fax a copy of the PVO/order to the pharmacy.
- Transcribe the new order onto the MAR and add signature, title, date and time below order
- Note the appointment in the Progress Notes or a T-Log. You do not need to restate everything that is on the PVO or Consultation Form.
- Put new medication/treatments or changes in doses in the Daily Log/Shift Report
- Update the PVO if necessary.
- Add follow-up appointment to house calendar/appointment book, Daily Log/Shift Report and/or Therap calendar per house procedures.
- Notify the site manager or oncoming shift if the medication has not arrived at the home by the end of the shift.
- Bracket the order with a signature, title, date and time the documentation loop was completed.
- File the order in the client record.

______________________________ ______________________

Signature of EMPLOYEE **Date**

____

Print Name

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

HIPAA

EMPLOYEE/CLIENT

Name: _____ Position:_____

Facility Name: LOVE N CARE HEALTHCARE SERVICES, Inc.

I have been given a copy of. *Notice of Privacy Practices ("Notice*"), which describes how the health information of the residents in the home is used and shared. I understand that has the right to change this policy *Notice* at any time. As a staff member of the facility, it is my duty and responsibility to be aware of any changes to ensure I am in compliance with adhering to the privacy rules.

I may obtain a current copy by contacting the Facility Privacy Official, (DDP).

My signature below acknowledges that I have been provided with a copy of the *Notice of Privacy Practices:*

_____ _____

Signature of EMPLOYEE Date

_____

Print Name

HIPAA PRIVACY RULE 45 CFR PARTS 160 AND 164

I, _____, an ___employee ___ individual of LOVE N CARE HEALTHCARE SERVICES, Inc. have reviewed HIPAA Privacy Rule 45 CFR Parts 160 and 164. I am aware of the privacy rule that dictates how the agency will maintain an individual's record. Any information released concerning an individual must be completed in the manner as stated in HIPAA Privacy Rule 45 CFR Parts 160 and 164. If I believe the privacy rule has been violated, I have the right to contact a member of management or inform him or her of my concern.

_____

Signature/Date

Acknowledgment of Receipt of Client's Rights

I, _____ acknowledge that I have received a copy of the Client's Rights and that I will read and understand the content. If I have any questions I will contact the Manager for further explanation.

Print Name: _____

Signature: _____

Date: _____

Hepatitis B Vaccination Consent/Waiver Form

Check only one section (A or B)

Employee Name:_____

(Please print)

Date of Birth:_____

(MM/DD/YYYY)

Section A. Previous Immunization with Hepatitis B Vaccine

(please provide documentation)

☐ I, have previously completed a three-dose series of the Hepatitis B Vaccine at _____in year_____

Section B. Refusal to Receive Hepatitis B Vaccine

☐ I, understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease.

_____

Employee Signature Date